**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

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

CIVID 140. 10-10 00-1
2023
Open to Public Inspection
mopection

<b>B</b> c	heck if pplicable	C Name of organization		D Employer identification number					
	Addres	SAW MILL RIVER AUDUBON SOCIETY INC							
	_change ¬Name			13-61614:	11				
	_change ☐Initial	<u> </u>	Room/suite	E Telephone number					
	_ return  Fiṇal ,	275 MILLWOOD ROAD	NUUIII/Suite	91466665					
	∟return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	375,200.				
	∏Amend								
	_return Applica  tion			H(a) Is this a group return for subordinates? Yes X No					
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	—				
	ax-exe	mpt status: $X = 501(c)(3)$ $= 501(c)($ ) (insert no.) $= 4947(a)(1) c$	or 527	1 ' '	list. See instructions				
	Vebsit			H(c) Group exemption					
		organization: X Corporation Trust Association Other	<b>L</b> Year		1 State of legal domicile: NY				
Pa		Summary	•	•	<u> </u>				
	1	Briefly describe the organization's mission or most significant activities: $ { m \underline{THE}} $ (	ORGANI	ZATION MAINT	TAINS				
Governance		SANCTUARIES AND USES THESE SANCTUARIES TO							
rna	2 (	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	22				
	4	Number of independent voting members of the governing body (Part VI, line 1b)			22				
es &		Fotal number of individuals employed in calendar year 2023 (Part V, line 2a)			4				
ξĖ		Total number of volunteers (estimate if necessary)			20				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.				
	_			Prior Year	Current Year				
ē		Contributions and grants (Part VIII, line 1h)		149,919.	100,999.				
Ju /		Program service revenue (Part VIII, line 2g)		152,537.	117,354.				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		29,679. 8,182.	41,484.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		340,317.	24,469. 284,306.				
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	204,300.				
		Grants and similar amounts paid (Part IX, column (A), lines 1·3)  Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
	45 (	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		108,256.	107,378.				
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Sen	h '	Fotal fundraising expenses (Part IX, column (D), line 25) 19, 84	19.	•	•				
Ä	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		212,722.	170,989.				
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		320,978.	278,367.				
		Revenue less expenses. Subtract line 18 from line 12		19,339.	5,939.				
or es				ginning of Current Year	End of Year				
ets	20	Total assets (Part X, line 16)		1,475,605.	1,623,160.				
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26)		17,382.	19,027.				
		Net assets or fund balances. Subtract line 21 from line 20		1,458,223.	1,604,133.				
Pa	rt II	Signature Block							
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is				
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.					
	}	Cimpature of officer		Data					
Sigi		Signature of officer		Date					
Her	e	LYNN SALMON, TREASURER Type or print name and title							
			Tr	Date Check C	PTIN				
<b>.</b>		Print/Type preparer's name Preparer's signature		if					
Paid Dron		JOSEPH A. ZAINO JOSEPH A. ZAINO		.0/24/24   "self-employ	P01313860 5-3229886				
	arer		LLC	Firm's EIN 8	J-3443000				
use	Only	Firm's address 3 INTERNATIONAL DRIVE, STE 110  RYE BROOK, NY 10573		Dhone no / Q	14) 468-0400				
Mar	the ID	S discuss this return with the preparer shown above? See instructions		Priorie no. ( 9	X Yes No				
		S discuss this return with the preparer shown above? See instructions			X_ Yes NO				

Pa	t 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:
	THE ORGANIZATION MAINTAINS SANCTUARIES AND USES THESE SANCTUARIES TO
	EDUCATE THE PUBLIC AND PROMOTE THE PROTECTION OF THE ENVIRONMENT
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
•	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported.  (Code:) (Expenses \$
4a	(Code:) (Expenses \$
	AND PUBLISH INFORMATIONAL BULLENTINS INCLUDING EDUCATIONAL "BIRDING"
	TRIPS.
	11110.
4b	(Code:) (Expenses \$
TU	(Code:) (Expenses a
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	The during grants of \$
4d	Other program services (Describe on Schedule O.)
Tu	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program sonice expenses 163, 881.

15141024 146677 SAWMILLRIVER

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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 I	3		Х
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 "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		122
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b>.</b>
	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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
		20a		<del></del> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<b>4</b> I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Fartin, column (A), line 1: II "Yes," complete Schedule I, Parts I and II	41		_ 22

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	1990 (2023) SAW MILL RIVER AUDUBON SOCIETY INC 13-6161	411	Р	age <b>4</b>
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	000		x
240	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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 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			, v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more than \$25,000 in norcash contributions? If Tyes, "complete schedule ivi	25		
30		30		Х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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?			
Da	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 1  1b 0			
b	Enter the Harmon of Fermi W 24 monded of time fat Enter of the dephicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	x	

332004 12-21-23

Form 990 (2023) SAW MILL RIVER AUDUBON SOCIETY INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	4	<u>.</u>					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
За				За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	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 Advanced Financial Financial Advanced Financial Financ	ccour	nts (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	ction?		5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization 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 contributi	ons o	r 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 ser	vices	provided to the payor?	7a		Х			
b				7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired						
	to file Form 8282?	i	 T	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	_					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		xt?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f 7g					
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•		8					
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			-					
а	Did the arranging agreement or really agree to able distributions and a castian 40000			9a					
b	Did the control in a control in the control of the			9b					
10	Section 501(c)(7) organizations. Enter:			0.0					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:		•						
а	Gross income from members or shareholders	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
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	12b							
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					
	<b>Note:</b> 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	ı	ı						
	organization is licensed to issue qualified health plans	13b		4					
С	Enter the amount of reserves on hand	13c							
14a				14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b	<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?			15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.					37			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	Inco	me?	16		X			
4-	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 ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

Form **990** (2023) 332005 12-21-23

SAW MILL RIVER AUDUBON SOCIETY INC 13-6161411 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X

Sec	tion A. Governing Body and Management							
		1			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22	4				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22	4				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other					
	officer, director, trustee, or key employee?			2		<u>X</u>		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision					
				3		<u>X</u>		
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		<u>5</u>	Х	X		
6								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately account to the control of the organization have members, stockholders, or other persons who had the power to elect or approximately account to the organization have members, stockholders, or other persons who had the power to elect or approximately account to the organization of the organization have members, stockholders, or other persons who had the power to elect or approximately account to the organization of	ppoint o	one or			37		
	more members of the governing body?			7a		<u>X</u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			l		37		
_	persons other than the governing body?			7b		<u>X</u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	-	-		v			
a	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			9		х		
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Λ_		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>evenue</u>	Code.)		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a	162	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	ιαρισισ	, armatos,	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	lv befor	e filing the form?	11a				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	<b>g</b>					
12a				12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If							
	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 approva	al by ind	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b		_X_		
	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 arrange	ment w	ith a					
	taxable entity during the year?			16a		_X_		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows as well as the procedure of the procedure requiring the organization of the procedure requiring the organization of the procedure requiring the organization of the procedure requirement of the pro	•	•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's					
200	exempt status with respect to such arrangements?			16b				
	tion C. Disclosure							
17 10	List the states with which a copy of this Form 990 is required to be filed NY  Costion 6104 requires on experiention to make its Forms 1002 (1004 or 1004 A. if applicable), 200, a	~4 000	T (ageties 501/-)(0)	اد با محاد ا	01/0! -!			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 990	· 1 (Section 501(c)(3)	only)	avallat	ле		
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request Other (explain)		(					
10				l finar	sia!			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.	Ji IIIICL O	i interest policy, and	ı ıırıanı	ıaı			
20	State the name, address, and telephone number of the person who possesses the organization's bo	nke and	l records					
20	LYNN SALMON - 914-666-6503	ono and	1,000103					
	275 MILLWOOD ROAD, CHAPPAQUA, NY 10514							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average			(C Pos	C) ition	1		(D)  Reportable	(E) Reportable	<b>(F)</b> Estimated
	hours per	box,	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) WILLIAM KELLNER	1.00							_	_	
SECRETARY		Х		Х				0.	0.	0.
(2) RICHARD SARAVAY	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(3) THOMAS RUTH DIRECTOR	1.00	x						0.	0.	0.
(4) THOMAS MCENERNEY	1.00									
DIRECTOR		Х						0.	0.	0.
(5) LYNN SALMON	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) PHILIP HEIDELBERGER	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ERIK ANDERSEN	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) MICHAEL MADIAS JR	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MITCHELL GOLDFARB	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) LARRY TRACHTENBERG	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) CARY ANDREWS	1.00	1						_		_
DIRECTOR		Х						0.	0.	0.
(12) JEAN SPARACIN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(13) JENNIFER STERN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(14) VALERIE LYLE	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(15) GINGER BERNARDIN	1.00	.,								0
DIRECTOR	1 00	Х						0.	0.	0.
(16) RICK KAUFMAN	1.00									_
DIRECTOR	1 00	Х						0.	0.	0.
(17) LOUISA GAGLIARDI	1.00	v						0.	0.	0.
DIRECTOR		Х				L	<u> </u>	1 0.	1 0.	Form <b>990</b> (2022)

332007 12-21-23

Part VII Section A. Officers, Directors, Trus (A)	(B)		,			<u>,</u>		(D)	(E)		(F)	
Name and title	Average	(C) Position			1		Reportable	Reportable		Estima		
Name and the	hours per		not cl					compensation	compensation		amour	
	week		cer an					from	from related		othe	
	(list any	ctor						the	organizations		compen	sation
	hours for	r dire				ted		organization	(W-2/1099-MISC	/	from	the
	related	stee o	rustee			ensa		(W-2/1099-MISC/	1099-NEC)		organiz	
	organizations	al trus	onal t		loyee	comp		1099-NEC)			and rel	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	ations
/10\ DEDDIE WAN EW	1.00	트	Ë	#0	, Ke	훈	요			$\dashv$		
(18) DEBBIE VAN ZYL	1.00	.,								、		0
DIRECTOR	1.00	Х						0.		) .		0.
(19) KATHLEEN WILLIAMSON DIRECTOR	1.00	х						0.	(	١.		0.
	1.00	^						0.		<del>' ·  </del>		0.
(20) KEN NOVENSTERN DIRECTOR	1.00	х						0.	(	١.		0.
(21) STEVE RAPPAPORT	1.00	^						0.		<del>' ·  </del>		0.
DIRECTOR	1.00	х						0.	(	١.		0.
	1.00	^						0.		<del>' ·  </del>		0.
(22) SUZANNE KAVIC	1.00	х		х				0.	(	١.		0.
VICE-PRESIDENT	+	A		Α				0.		<del>' ·  </del>		0.
		-										
	+									$\dashv$		
		1										
	+									$\dashv$		
		-										
	+									$\dashv$		
		-										
di. Octobri		<u> </u>		<u> </u>	<u> </u>		<u> </u>	0.		).		0.
1b Subtotal								0.		).		0.
c Total from continuation sheets to Part V								0.		).		0.
d Total (add lines 1b and 1c)										•		0.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,0	000 of reportable			0
compensation from the organization											Ye	
O Did the conservation link and formation file	-P 1 1 1						1-1-1	h t t t		ſ	16:	NO
3 Did the organization list any <b>former</b> officer	•		•		•		•	•	•			v
line 1a? If "Yes," complete Schedule J for										.	3	X
4 For any individual listed on line 1a, is the s												v
and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or	•				,			•			_	v
rendered to the organization? If "Yes." con	<u>nplete Schedul</u>	e J f	or su	ıch <u>ı</u>	oers	on .					5	X
Section B. Independent Contractors					_	_			100.000 (		. ,	
1 Complete this table for your five highest or	•	-							· · · · · · · · · · · · · · · · · · ·	nsat	ion from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	tnın T	-	ear.		(0)	
<b>(A)</b> Name and busines:	address	NT/	ONE	7				<b>(B)</b> Description of s	ervices	C	(C) ompensat	ion
- Traine and business		11/	JIVI	<u>.                                    </u>			$\dashv$	Description of S	CIVICOS		ompondat	1011
							$\dashv$					
							$\dashv$		+			
							$\dashv$					
							$\dashv$					
2 Total number of independent contractors (	including but n	ot IIr	nited	to t	thos ۲		ted	above) who received mo	ore than			

Form 990 (2023) SAW MIL
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
		Officer if deficació d'editains a respons	c of flote to arry inf	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
iz our		Membership dues 1b					
δ, m	(	Fundraising events1c					
ii ii	(	d Related organizations 1d					
ni,	•	e Government grants (contributions) 1e					
Sig		All other contributions, gifts, grants, and					
er Er		similar amounts not included above <b>1f</b>	100,999.				
들		Noncash contributions included in lines 1a-1f					
ou	•			100,999.			
O a	<u> </u>	Total. Add lines 1a-1f	Business Code	100,999.			
		NAMIDAL TON OLAGODO AND		117 254	117 254		
Se	2 8	A NATURALIST CLASSES AND	611710	117,354.	117,354.		
ēΞ	k	·					
S Z	(	·					
a a	(	d					
Program Service Revenue	•	•					
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f		117,354.			
	3	Investment income (including dividends, inte					
	Ü			29,701.			29,701.
		,		25,701.			25,701.
	4	Income from investment of tax-exempt bond	•				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k	Less: rental expenses 6b					
	(	Rental income or (loss) 6c					
	(	Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 11,783					
		Less: cost or other basis	-				
Ф	•						
ğ		and sales expenses					
Revenue	(	. ,	•	11 702			11 702
ĕ	•	Net gain or (loss)		11,783.			11,783.
her	8 8	a Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	a 115,363.				
	k	Less: direct expenses	ь 90,894.				
		Net income or (loss) from fundraising events		24,469.			24,469.
		a Gross income from gaming activities. See					
	•	• • •	a				
			b				
			ומי				
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 1	Da				
	k	Less: cost of goods sold1	Ob				
	(	Net income or (loss) from sales of inventory					
,			<b>Business Code</b>				
snc	11 a	ı					
ne Tue	k						
ella Ver							
Miscellaneous Revenue		All other revenue					
Ξ							
		Total Add lines 11a-11d		284,306.	117 254	0	65 052
	12	Total revenue. See instructions		404,300.	117,354.	0.	65,953.
33200	9 12-2	1-23					Form <b>990</b> (2023)

15141024 146677 SAWMILLRIVER

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 86,365. 36,766. 39,192. 10,407. Other salaries and wages 7 Pension plan accruals and contributions (include 9,592. 4,353. 4,083. 1,156. section 401(k) and 403(b) employer contributions) Other employee benefits 9 11,421. 4,862. 5,183 1,376. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 5,031. 855. 4,176. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 4,125. 4,125. 22 Depreciation, depletion, and amortization 10,604. 9,013. 1,591. 23 Other expenses. Itemize expenses not covered 24 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.) 77,871. 77,871. BIRDING TRIPS  $39,1\overline{39}$ OTHER 3,122. 36,017. 13,266. 13,266. SANCTUARIES  $8,\overline{457}$ EDUCATIONAL PROGRAMS 8,457. 12,496.5.586. 6,910. All other expenses 278,367. 94,637. 163,881. 19,849. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X | Balance Sheet

Part	tΧ	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			313.	1	25,526
	2	Savings and temporary cash investments				2	
	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, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		235,126.			
	b	Less: accumulated depreciation	. 10b	9,072.	216,722.		226,054
	11	Investments - publicly traded securities			417,974.	11	516,044
	12	Investments - other securities. See Part IV, line			831,951.	12	842,010
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			8,645.	15	13,526
	16	Total assets. Add lines 1 through 15 (must ed			1,475,605.	16	1,623,160
	17	Accounts payable and accrued expenses		10,000.	17	13,826	
	18	Grants payable		18			
	19	Deferred revenue				19	
- 1	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
<u>a</u>		controlled entity or family member of any of th	-			22	
-	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line		•	7 200		F 001
		of Schedule D			7,382.		5,201
+	26	Total liabilities. Add lines 17 through 25			17,382.	26	19,027
s l		Organizations that follow FASB ASC 958, ch	neck her	e X			
<u>ခ</u>		and complete lines 27, 28, 32, and 33.			1 270 600		1 510 406
<u>a</u>	27	Net assets without donor restrictions			1,370,609.		1,510,406
ř	28	Net assets with donor restrictions			87,614.	28	93,727
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
느		and complete lines 29 through 33.					
13	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
ا ب	31	Retained earnings, endowment, accumulated			1 450 000	31	1 604 122
	32	Total net assets or fund balances			1,458,223.	32	1,604,133
	33	Total liabilities and net assets/fund balances			1,475,605.	33	1,623,160 Form <b>990</b> (202

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>84,3</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	27	8,3			
3	Revenue less expenses. Subtract line 2 from line 1	3		5,9			
4	1						
5	Net unrealized gains (losses) on investments	5	13	9,9	71.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain 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	1,60	4,1	33.		
Pa	rt XIII 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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
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	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	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		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Forn	n <b>990</b>	(2023)		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SAW MILL RIVER AUDUBON SOCIETY INC.

Employer identification number

			AUDUBON SOC					3-6161411					
Part I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	i.						
The organ	nization is not a private found												
1	A church, convention of ch	nurches, or association	on of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).							
2	A school described in sect												
3	A hospital or a cooperative				(b)(1)(A)(ii	i).							
4 🕅	A medical research organiz					-	iii). Enter	the hospital's name,					
	city, and state:												
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
	section 170(b)(1)(A)(iv). (Complete Part II.)												
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7 X													
	section 170(b)(1)(A)(vi). (Complete Part II.)												
8	A community trust describe	•	(1)(A)(vi). (Complete Par	t II.)									
9 🔲	An agricultural research org			•	ed in conju	ınction with a l	and-grant	college					
	or university or a non-land-g	-			-		-	-					
	university:						· ·						
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membershi	o fees, an	d gross receipts from					
	activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment					
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.					
	See section 509(a)(2). (Co	mplete Part III.)											
11 🔲	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).							
12	An organization organized a	and operated exclus	ively for the benefit of, to	perform tl	ne functio	ns of, or to car	ry out the	purposes of one or					
	more publicly supported or	rganizations describe	ed in <b>section 509(a)(1)</b> o	r <b>section</b> :	509(a)(2).	See section 5	09(a)(3). (	Check the box on					
	lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.						
а	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its supp	orted org	anization(s), ty	oically by	giving					
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	upporting					
	organization. You must o	complete Part IV, Se	ections A and B.										
b	Type II. A supporting org	ganization supervised	or controlled in connect	tion with its	s supporte	d organization	(s), by hav	ving					
	control or management o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted					
	organization(s). You mus	st complete Part IV,	Sections A and C.										
С	Type III functionally inte	egrated. A supportin	g organization operated	in connect	ion with, a	and functionally	/ integrate	ed with,					
	its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ctions A,	D, and E.							
d _	Type III non-functionally	y integrated. A supp	oorting organization oper	ated in cor	nnection v	ith its support	ed organi:	zation(s)					
	that is not functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness					
	requirement (see instruct	tions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.							
e	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III						
	functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.								
	er the number of supported of	•											
	vide the following information (i) Name of supported	n about the supporte (ii) EIN	ed organization(s).  (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monotony	(vi) Amount of other					
	organization	(11) = 114	(described on lines 1-10	in your governi	ng document?	support (see ins	•	support (see instructions)					
			above (see instructions))	Yes	No			Copper (coe mendenens)					
Total													

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	120,638.	243,170.	131,539.	149,919.	100,999.	746,265.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	120,638.	243,170.	131,539.	149,919.	100,999.	746,265.
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.						746,265.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	120,638.	243,170.	131,539.	149,919.	100,999.	746,265.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	65,316.	42,290.	88,510.	46,776.	29,701.	272,593.
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						1018858.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	73.25 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	67 <b>.</b> 15 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	·
		<u> </u>					(Form 990) 2023

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

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

		Yes	No
ı	1		
	2		
-	20		
	3a		
-	3b		
ı	OD		
ı	3с		
ı			
	4a		
	4b		
ı	4c		
	5a		
-			
ŀ	5b		
•	5c		
	6		
	7		
Ì			
ı	8		
	9a		
	9b		
ŀ	30		
	9с		
	10a		
_	10b		
مار	A (Forn	n aan)	2023

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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 <b>Part VI</b> 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		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1

2

3

4 5

6

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

Current Year

Schedule A (Form 990) 2023

Section C - Distributable Amount

Enter greater of line 2 or line 3.

Income tax imposed in prior year

emergency temporary reduction (see instructions)

2 Enter 0.85 of line 1.

5

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2023

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

SAW MILL RIVER AUDUBON SOCIETY INC

**Employer identification number** 13-6161411

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		(h) Funda and ather accounts
	<del>-</del>	(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	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	, , ,	
Pai		ganization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organizati		artiv, inte 7.
•	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space	T TOOG VALION O	Ta continua motorio stractare
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
			l l
С	Number of conservation easements on a certified historic str		0-
	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the foots	note to the organization's financial statem	ents that describes the
Dai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections or	f Art Historical Treasures or Ot	har Similar Assats
ı aı	Complete if the organization answered "Yes" on Form		niei Oliillai Assets.
			and halance about works
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul	•	
	,	, ,	•
h	service, provide in Part XIII the text of the footnote to its final		
ь	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in furti	ierance of public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		•
2	If the organization received or held works of art, historical tre	easures or other similar assets for financia	
_	the following amounts required to be reported under FASB A		a gan, provide
a	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2023

332051 09-28-23

Par	t III Organizations Maintaining Col	llections of Ar	t, Histo	orical Tre	easures, or	Othe	r Simi	lar Asset	S (continu	ıed)	<u> 10 – </u>	
3	Using the organization's acquisition, accession								(OOTHITIC	<i></i>		
	collection items (check all that apply).	,	,	u, c			.9					
а	Public exhibition	d		l nan or exc	change progra	ım						
b												
c												
4												
5												
3	to be sold to raise funds rather than to be main				•	a			Yes		No	
Par	t IV Escrow and Custodial Arrange										140	
1 011	reported an amount on Form 990, Part		to ii tiic	organization	i answered	103 011	1 01111 0	50, 1 ait iv, i	1110 0, 01			
	Is the organization an agent, trustee, custodian		liary for	contribution	ns or other as	sets not	include	-d				
Iu	on Form 990, Part X?								Yes		No	
h	If "Yes," explain the arrangement in Part XIII an								_ 103		140	
b	in res, explain the arrangement in rait Am an	a complete the for	lowing to	abic.					Amount			
С	Beginning balance						10					
							—					
u o	Additions during the year											
f	Distributions during the year											
	Ending balance  Did the organization include an amount on Form								Yes		No	
	If "Yes," explain the arrangement in Part XIII. C						шу :		165	H	NO	
Par							Ω					
		(a) Current year		rior year	(c) Two year			ee years back	(e) Four	vears h	ack	
10	Beginning of year balance	(a) carrone year	(2):	nor your	(c) the year	o baok	(4)	o youro buon	(C) i dai	y our o b	uon	
b	Contributions											
ر م	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
Ť	Administrative expenses											
g	End of year balance		/!: <b>4</b> -		)) In all all and a							
2	Provide the estimated percentage of the currer	it year end balance	`	j, column (a	)) neid as:							
a	Board designated or quasi-endowment	0/	_%									
D	Permanent endowment	%										
С	Term endowment%											
	The percentages on lines 2a, 2b, and 2c should	•										
За	Are there endowment funds not in the possess	ion of the organiza	ition that	t are held ar	nd administer	ed for th	ne		Г	V	N <sub>a</sub>	
	organization by:									Yes	No	
	(i) Unrelated organizations?								3a(i)	+		
	(ii) Related organizations?								3a(ii)			
	If "Yes" on line 3a(ii), are the related organization								3b			
Day	Describe in Part XIII the intended uses of the or tVI Land, Buildings, and Equipment		wment fi	unds.								
Pai			Dort IV	lina 11a C	)	Dort V	line 10					
	Complete if the organization answered				T							
	Description of property	(a) Cost or o			t or other		ccumul	I	(d) Book	value		
		basis (investn	nent)		(other)	de	preciati	Off	100	4.4		
1a	Land			19	9,410.				199	,41	U •	
b	Buildings											
С	Leasehold improvements	I										
d	Equipment							0.70			4	
	Other				5,716.		9,	072.	26 226	,64	4.	
Total	Add lines 1a through 1e (Column (d) must on	al Farm OOO Dart	V 1:00 11	20 00/11000	(D))				226	しり	4.	

Schedule D (Form 990) 2023

CAU MILL DI	TOD ATIDITOM OF	2017007 1370	12 (1(1)11	
	VER AUDUBON SO	OCIETY INC	13-6161411	Page
Part VII Investments - Other Securities	on Form 000 Dort IV line:	11h Can Form 000 Dort V II	ina 10	
Complete if the organization answered "Yes"	· · · · · · · · · · · · · · · · · · ·	, , ,		-1
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation	: Cost or end-of-year market v	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) 1282.792 FIDELITY 500				
(B) INDEX FUND	212,289.	END-OF-YEAR	MARKET VALUE	
(C) 518.706 VANGUARD MID CAP				
(D) INDEX FUND	149,424.	END-OF-YEAR	MARKET VALUE	
(E) 1350.421 VANGUARD SMALL				
(F) CAP INDEX FUND	138,000.	END-OF-YEAR	MARKET VALUE	
(G) 2756.052 WELLINGTON FUND	-			
(H) ADMIRAL	196,782.	END-OF-YEAR	MARKET VALUE	
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	842,010.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, li	ine 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market v	alue
(1)				
(2)				
(3)				

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

(4) (5) (6) (7) (8) (9)

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 /h) must equal Form 990. Part V line 15, col. /P))	

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) PAYROLL TAXES PAYABLE	2,801.
(3) LEASE LIABILITY, FINANCE LEASE	2,400.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,201.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

Part	XI Rec	onciliation o	of Revenue	e per Au	dited Fi	nancial	Statem	ents With	n Rev	enue per F	Return		
	Comp	lete if the orga	nization answ	ered "Yes'	on Form	990, Part	IV, line 12	!a.					
1	Total revenue	e, gains, and ot	her support p	er audited	financial s	statement	:s				. 1	424,27	7.
2	Amounts incl	uded on line 1	but not on Fo	rm 990, P	art VIII, line	e 12:							
а	Net unrealize	d gains (losses	) on investme	nts				2a		139,971	. •		
		rices and use o											
		f prior year gra											
		be in Part XIII.)						1 - 1					
е.	Add lines 2a	through 2d									2e	139,97	1.
3	Subtract line	2e from line 1									3	284,30	6.
		uded on Form											
а	Investment e	xpenses not in	cluded on For	m 990, Pa	art VIII, line	7b		4a					
b	Other (Descr	be in Part XIII.)						4b					
C	Add lines 4a	and <b>4b</b>									4c		0.
	Total revenue	e. Add lines 3 a	nd 4c. (This r	nust equal	Form 990	Part I. lir	ne 12.)				5	284,30	6.
Part		onciliation o	=	-					tn Exp	penses pe	r Keturn		
		lete if the orga				990, Part	IV, line 12	la.				0.000	_
	•	es and losses p									. 1	278,36	7 •
		uded on line 1						1 1					
		rices and use o											
		iustments											
	Other losses												
	•	be in Part XIII.)											^
	Add lines 2a											278,36	0.
		2e from line 1									3	2/0,30	7 •
		uded on Form		•				1.1					
		xpenses not in											
	•	be in Part XIII.)									4-		0.
	Add lines <b>4a</b>											278,36	
5 Parl	XIII Suni	es. Add lines 3 Diemental Ir	and 4c. (Inis	<u>: must equ</u> 1	al Form 99	10, Part I,	line 18.)				3	270,50	<u> </u>
ines 2	d and 4b; an	d Part XII, lines	2d and 4b. A	Also compl	ete this pa	ırt to prov	ide any ac	Iditional info	ormation	1.			

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
5403.440 FIDELITY BALANCED	145,515.	EOY MARKET VALUE
	i .	I

### **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990) 2023

Name of the organization

Employer identification number 13-6161411 SAW MILL RIVER AUDUBON SOCIETY INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-13-23

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			NY BIRDERS	BIRD SEED		(add col. (a) through
			CONFERENCE	SALE	1	
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
eve	1	Gross receipts	90,097.	2,783.	22,483.	115,363.
٣					-	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	90,097.	2,783.	22,483.	115,363.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
beu	6	Rent/facility costs				
Ш						
ect	7	Food and beverages				
回	_					
		Entertainment		647.	13,295.	90,894.
		Other direct expenses  Direct expense summary. Add lines 4 through			•	90,894.
		Net income summary. Subtract line 10 from lines				24,469.
Pa			•			21/1031
		\$15,000 on Form 990-EZ, line 6a.		, , ,		
			(a) Dings	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
۳	1	Gross revenue				
တ္သ	2	Cash prizes				
SU						
Direct Expenses	3	Noncash prizes				
빙		<b>5</b> . 6				
Ë	4	Rent/facility costs				
_	_	Other direct expenses				
	5	Other direct expenses	Voc 0/	Yes %		
	6	Volunteer labor		Yes %	Yes %  No	
	Ü	volunteer labor	NO	I NO	140	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	•	Birect expense cummary, rad into 2 amough				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			, , , ,			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re			ear?	Yes No
b	lf "	Yes," explain:				
	_					

Schedule G (Form 990) 2023 332082 09-13-23

Sch	edule G (Form 990) 2023 SAW MILL RIVER AUDUBON SOCIETY INC 13-	61614	111	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\	es/	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		es/	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	Enter the harmound and address of the person who propares the organization's garming special events books and records.			
	Name			
	- Inditie			
	Address			
	Address			
				N
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L 1	es/	No
b	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	· · · · · · · · · · · · · · · · · · ·			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to			
٠	retain the state gaming license?		/es	☐ No
		. — •		
L	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ort III line	200	h 10h
		ur iii, iii le	:5 9, 8	ю, тою,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
				-

Schedule G	i (Form 990)	SAW	$\mathtt{MILL}$	RIVER	AUDUBON	SOCIETY	INC	13-6161411	Page 4
Part IV	i (Form 990) Supplemental Infor	mation	(continue	ad)					
			(COITIIII	<del>-u</del> )					

### 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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

SAW MILL RIVER AUDUBON SOCIETY INC

Employer identification number

DAW MIDD KIVEK ADDODON BOCIETI INC 15 0101411
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTE THE PROTECTION OF THE ENVIRONMENT
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE
TREASURER AND AUDIT COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 15A:
MEMBERS OF THE BOARD REVIEW THE COMPENSATION AND COMPARE TO OUTSIDE DATA.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION MAKES THE FORM 990 AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2023

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	SHED	10/27/17	SL	10.00	1	.6	9,279.				9,279.	4,794.		928.	5,722.
2	REFRIGERATOR	03/18/20	SL	5.00	1	.6	1,030.				1,030.	575.		206.	781.
3	GENERATOR	12/28/20	SL	5.00	1	6	3,429.				3,429.	1,372.		686.	2,058.
4	OIL TANK	06/28/21	SL	20.00	1	.6	6,113.				6,113.	306.		152.	458.
5	ROOF	12/01/23	SL	25.00	1	6	15,865.				15,865.			53.	53.
6	LAND	01/01/07	L				199,410.				199,410.			0.	
	* TOTAL 990 PAGE 10 DEPR						235,126.				235,126.	7,047.		2,025.	9,072.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						219,261.			0.	219,261.	7,047.			9,019.
	ACQUISITIONS						15,865.			0.	15,865.	0.			53.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						235,126.			0.	235,126.	7,047.			9,072.
	ENDING ACCUM DEPR											9,072.			
	ENDING BOOK VALUE											226,054.			

328111 04-01-23

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2023

Open to Public Inspection

### 1.General Information

For Fiscal Year Beginnin	g (mm/dd/yyyy) 01/01/	2023 and Ending (	mm/dd/yyyy) 12/31/	2023						
Check if Applicable:  Address Change	Name of Organization: SAW MILL RIVER	AUDUBON SOCI	ETY INC	Employer Identification Number (EIN): 13-6161411						
Name Change	Mailing Address: NY Registration Number:									
Initial Filing	275 MILLWOOD ROAD 01-95-41									
Final Filing	City / State / ZIP:			Telephone:						
Amended Filing	CHAPPAQUA, NY	10514-1422		914 666-6503						
Reg ID Pending										
	SAWMILLRIVERAU	DUBON.ORG		LYNN@THESALMONS.ORG						
Check your organization'	s			Confirm your Registration Category in the						
registration category:	7A only EPTL	. only $oxed{X}$ DUAL (7A &		Charities Registry at <u>www.CharitiesNYS.com</u> .						
2. Certification										
	ication requirements. Imprope	r certification is a violation	of law that may be subject	to penalties. The certification requires						
two signatories.										
	re true, correct and complete in			best of our knowledge and belief, pplicable to this report.						
	Signature		Print Nam <b>LYNN SALM</b> O	e and Title Date N						
Chief Financial Officer o	r Treasurer:		TREASURER							
	Signature		Print Nam	e and Title Date						
3. Annual Reporting										
				egory (7A or EPTL only filers) or both						
-				ed Char500. No fee, schedules, or						
		n an exemption or are a DU	AL filer that claims only on	e exemption, you must file applicable						
schedules and attachme	nts and pay applicable fees.									
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.										
	filing exemption: Gross receip e fiscal year.	ts did not exceed \$25,000	and the market value of ass	sets did not exceed \$25,000 at any time						
4. Schedules and A	ttachments									
See the following page										
for a checklist of	Yes X No 4a. Did y	our organization use a pro	fessional fund raiser, fund i	raising counsel or commercial co-venturer						
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.										
attachments to										
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.										
5. Fee										
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:							
		1	1	Males a simula ala ale se una suscitation						
next page to calculate vo				Make a single check or money order						
next page to calculate you fee(s). Indicate fee(s) you	our			payable to:						
next page to calculate you fee(s). Indicate fee(s) you are submitting here:	our	\$ 250.	\$ 275.							

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

The Exempt dategory folds to an organization's five registration status, it does not fold to its inditax designation.

368451 04-01-23 1019

<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

## **CHAR500**

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:				
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)			
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants				
Check the financial attachments you must submit with your CHAR500:  X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable  X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review.  Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenifiling year. We have included an IRS Form 990-EZ for state purposes only.				
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public X Review Report if you received total revenue and support greater than \$250,00 Audit Report if you received total revenue and support greater than \$1,000,00 If the fiscal year begins before that date, an Audit Report is required if total revenue No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	0 and up to \$1,000,000 0 and the fiscal year begins on or after July 1, 2021. venue and support is greater than \$750,000 port is less than \$250,000			
Calculate Your Fee				
For 7A and DUAL filers, calculate the 7A fee:  \$0, if you checked the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:  7A filers are registered to solicit contributions in New York			
X \$25, if you did not check the 7A exemption in Part 3a	under Article 7-A of the Executive Law ("7A")			
For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you checked the EPTL exemption in Part 3b	<b>EPTL</b> filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.			
\$25, if the NET WORTH is less than \$50,000	<b>DUAL</b> filers are registered under both 7A and EPTL.			
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	<b>EXEMPT</b> filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.			
	Confirm your Registration Category and learn more about NY law at <a href="https://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .			
Send Your Filing	www.onandosivio.com.			
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:			
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22 - IRS Form 990 FZ Part I, line 21			

#### Need Assistance?

28 Liberty Street

New York, NY 10005

www.CharitiesNYS.com Visit:

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Charities Bureau Registration Section

Total Liabilities (Part II, line 23(b)).

- IRS Form 990 PF, calculate the difference between

Total Assets at Fair Market Value (Part II, line 16(c)) and

368461 04-01-23 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)