Por calendary year 2000 or other tax year beginning JUL 1, 2020 and endering JUN 30, 2021 December to the Treasury beginning JUL 1, 2020 and endering JUN 30, 2021 December to the Treasury beginning JUL 1, 2020 and endering JUN 30, 2021 December to the Treasury beginning JUL 1, 2020 and endering JUN 30, 2021 December to the Treasury beginning JUL 1, 2020 and endering JUN 30, 2021 December to the Treasury beginning JUL 1, 2020 and endering JUN 30, 2021 December to the Treasury beginning JUL 1, 2020 and endering JUN 30, 2021 December to the JUN 30, 2021 December t	Form 990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	1	OMB No. 1545-0047
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B Exempt under section A Solic	Internal Revenue Service		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
X S01(c)(3			Name of organization (Check box if name changed and see instructions.)	D Empl	oyer identification number
Type 208 SOUTH GREAT ROAD Give rown, state or province, country, and ZIP or foreign postal code L1NCOLIN, MA 01773 F Check box if an amended return. C Book value of all assets at end of year 355,305,018. South of an amended return. Solicy trust 401(a) trust Other trust Applicable reinsurance entity Check if a 501(c)(3) organization filing a consolidated return with a 501(c) trust 401(a) trust Other trust Applicable reinsurance entity Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation D Chain redult from Form 990-T Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation D Ves No Window No Window No No Window	B Exempt under section	Print	MASSACHUSETTS AUDUBON SOCIETY, INC.	0	4-2104702
408A 530(a) 5298					
S29(a) S298	$=$ \cdot \cdot $=$ \cdot	Туре	208 SOUTH GREAT ROAD] `	,
C Book value of all assets at end of year	408A 530(a)				
G Check organization type ▶ X 501(c) corporation	529(a)529S		•	ļF ∟	Check box if
H Check if filing only to ▶ Claim credit from Form 8941			,		
Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation □ □ □ □ □ □ □ □ □				pplical	ble reinsurance entity
Enter the number of attached Schedules A (Form 990-T)					
Note				<u> </u>	<u></u> ▶□
It "Yes," enter the name and identifying number of the parent corporation. ▶ It he books are in care of ▶ BANCROFT POOR - MASSACHUSETTS AUTelephone number ▶ 781-259-9500 Part I					4
The books are in care of ▶ BANCROFT POOR - MASSACHUSETTS AUTelephone number ▶ 781-259-9500 Part I Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 2 Reserved 3 Add lines 1 and 2 3 128,761. 4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2 4 184. 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 128,577. 6 Deduction for net operating loss. See instructions STATEMENT 3 6 36,756. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 9 Trusts. Section 199A deduction. See instructions 1 Total deductions. Add lines 8 and 9 10 1,000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 90,821. Part II Tax Computation 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:	• • •			▶ ∟	」Yes LX No
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7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 19,072.			- Whater a second Constitution		
	•				19.072.

	90-1 (2020)		Page 2
Part	III Tax and Payments		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a	1000	
b	Other credits (see instructions) 1b		
С	General business credit. Attach Form 3800 (see instructions) 1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
e	Total credits. Add lines 1a through 1d	20000000	
2	Cubtract line 1 a from Dart II. line 7		19,072.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	. 2	15,012.
3	The first control of the control of		
	Other (attach statement)	. 3	
4	Total tax. Add lines 2 and 3 (see instructions).		10 070
<u></u>	section 1294. Enter tax amount here	4	19,072.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	. 5	0.
6a	Payments: A 2019 overpayment credited to 2020	_	
b	2020 estimated tax payments. Check if section 643(g) election applies 6b		
С	Tax deposited with Form 8868 6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
е	Backup withholding (see instructions) 6e		
f	Credit for small employer health insurance premiums (attach Form 8941) 6f		
g	Other credits, adjustments, and payments: Form 2439		
1071	□ Form 4136 □ Other Total ► 6g		
7	Total payments. Add lines 6a through 6g	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	443.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	19,515.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax		
Part			
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority	itu	Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fil	3.5	N Service
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here	у	X
2			A STATE OF THE STA
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		STREET, STREET
	foreign trust?		Х Х
	If "Yes," see instructions for other forms the organization may have to file.		2023 (20)
3	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$		
3 4a	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Did the organization change its method of accounting? (see instructions)		
	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		
4a b	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V	8	x
4a b Part	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Supplemental Information	8	x
4a b Part	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V	8	X
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4a b Part	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V V Supplemental Information the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.		X
4a b Part Provide	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V V Supplemental Information The explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. ASSISTANT TREASURER	nowledge and b	X X seller, it is true,
4a b Part Provide	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V V Supplemental Information The the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. ASSISTANT TREASURER ASSISTANT TREASURER	nowledge and b	relief, it is true,
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Part Provide Sign Here	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V V Supplemental Information The explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. ASSISTANT TREASURER Print/Type preparer's name Preparer's signature Date Preparer's signature Date Preparer's signature	nowledge and both May the IRS distinct the preparer should instructions)? [velief, it is true,
Part Provide Sign Here Paid	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V V Supplemental Information The explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k correct, and complete. Declaration of proposer (other than taxpayer) is based on all information of which preparer has any knowledge. ASSISTANT TREASURER Print/Type preparer's name Preparer's signature JOHN BUCKLEY, CPA Firm's name AAFCPAS, INC. Firm's sells I	nowledge and be May the IRS dis the preparer she instructions)? [if PTIN id P00	relief, it is true, scuss this return with own below (see X Yes No
Part Provide Sign Here	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V V Supplemental Information The explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k correct, and complete. Declaration of proposer (other than taxpayer) is based on all information of which preparer has any knowledge. ASSISTANT TREASURER Print/Type preparer's name Preparer's signature JOHN BUCKLEY, CPA Title Print/Type preparer's name Preparer's signature	nowledge and be May the IRS dis the preparer she instructions)? [if PTIN id P00	relief, it is true, scuss this return with own below (see X Yes No

Form **990-T** (2020)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - ABERDEEN VENTURE PARTNERS VII, L.P.	N/A	2.
CHARITABLE CONTRIBUTIONS - ABERDEEN GLOBAL PARTNERS, L.P. CHARITABLE CONTRIBUTIONS -	N/A N/A	58.
ABERDEEN U.S. PRIVATE EQUITY VII, LP CHARITABLE CONTRIBUTIONS - PARK STREET CAPITAL NATURAL	N/A	116.
RESOURCE FUND V, LP CHARITABLE CONTRIBUTIONS - PARK STREET CAPITAL PRIVATE	N/A	2.
EQUITY FUND XI, LP TOTAL TO FORM 990-T, PART I, LI	NE 4	184.

FORM 990-T CONTRIBUTIONS SUMMARY STATEMENT QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT OUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS 184 TOTAL CONTRIBUTIONS AVAILABLE 184 TAXABLE INCOME LIMITATION AS ADJUSTED 9,101 EXCESS CONTRIBUTIONS 0 EXCESS 100% CONTRIBUTIONS 0 0 TOTAL EXCESS CONTRIBUTIONS ALLOWABLE CONTRIBUTIONS DEDUCTION 184 184 TOTAL CONTRIBUTION DEDUCTION

FORM 990-T PRE 2018 NOL S	CHEDULE	STATEMENT	3
PRE-2018 NOL CARRY FORWARD FROM PRIOR YEA PRE-2018 NOL DEDUCTION INCLUDED IN PART I		36,756. 36,756.	
SCHEDULE A PORTION OF PRE-2018 NOL SCHEDULE A ENTITY SCHEDUL	E A SHARE		
1 2	0.		
TOTAL SCHEDULE A SHARE OF PRE-2018 NOL NET OPERATING DEDUCTION BALANCE AFTER PRE-2018 NOL DEDUCTION EXPIRING NET OPERATING LOSSES CARRY FORWARD OF NET OPERATING LOSS		0. 36,756. 91,821. 0. 0.	

B Employer identification number

04 - 2104702

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

Name of the organization

MASSACHUSETTS AUDUBON SOCIETY, INC.

 \blacktriangleright Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

c L	related business activity code (see instructions) > 532000					D Sequen	ce:	1 of	2
E 0	escribe the unrelated trade or business FACILITY REN	TAL	FOR W	EDD	INGS				
	t I Unrelated Trade or Business Income		(A) Inc			(B) Expens	ses	(C)	Net
1a	Gross receipts or sales								
b	Less returns and allowances c Balance ▶	1c							
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3							
4 a	Capital gain net income (attach Sch D (Form 1041 or Form								
	1120)) (see instructions)	4a			0.				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b							
С	Capital loss deduction for trusts	4c							
5	Income (loss) from a partnership or an S corporation (attach								
	statement)	5							
6	Rent income (Part IV)	6							
7	Unrelated debt-financed income (Part V)	7							
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Part VI)	8							
9	Investment income of section 501(c)(7), (9), or (17)								
	organizations (Part VII)	9							
10	Exploited exempt activity income (Part VIII)	10							
11	Advertising income (Part IX)	11							
12	Other income (see instructions; attach statement)	12							
13	Total. Combine lines 3 through 12	13			0.				
Par	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come						ns must c	e
2	Salaries and wages								
3	Repairs and maintenance								
4	Bad debts								
5	Interest (attach statement) (see instructions)								
6	Taxes and licenses								
7	Depreciation (attach Form 4562) (see instructions)								
8	Less depreciation claimed in Part III and elsewhere on return			8a			8b		
9	Depletion		_				9		
10	Contributions to deferred compensation plans						10		
11	Employee benefit programs								
12	Excess exempt expenses (Part VIII)								
13	Excess readership costs (Part IX)						13		
14							14		
15	Total deductions. Add lines 1 through 14								0.
16	Unrelated business income before net operating loss deduction. S								
	column (C)						16		0.
17	Deduction for net operating loss (see instructions)								0.
18	Unrelated business taxable income. Subtract line 17 from line 16								
ΙΗΔ	For Paperwork Reduction Act Notice, see instructions.							le A (Form	990-T) 2020

Part	III Cost of Goods Sold Enter meth	nod of inventory valuat	ion		. ago _
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	•			
9	Do the rules of section 263A (with respect to property				Yes No
Part	, , , , ,				
1	Description of property (property street address, city, s	state, ZIP code). Checl	k if a dual-use (see ins	ructions)	
	<u>A</u>				
	B				
	D				T
•	Doub was about an assured	Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
L	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
С	50% or if the rent is based on profit or income) Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	, taa iirloo za aria zo, oolariirlo , tarioagir b				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part Lline 6	column (A)	0.
•	Deductions directly connected with the income	t timoagn B. Entor nord	ara orr art, iiro o,	Solariir ()	
4	in lines 2(a) and 2(b) (attach statement)				
-					
5	Total deductions. Add line 4 columns A through D. En	iter here and on Part I,	line 6, column (B)		0.
Part			•		
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use (se	e instructions)	
	A				
	В				
	c <u> </u>				
	D 🗀				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	Ç	% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I, line 7, column (A)	▶_	0.
		1			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total dividends-received deductions included in line		d on Part I, line 7, colu	mn (B) 🟲	0.
11					

1

	ile A (Form 990-1) 2020										Page	<u> 3</u>
Part	VI Interest, Annu	uities, R	oyalties, and R	ents fro	m Contro			,				
						Е	xempt Contro	lled Org	anization	ıs		
	1. Name of controlled	d	2. Employer	3. Net unrelated 4. Tota		al of specified	5. Par	t of colur	mn 4 (6. Deductions directly	y	
	organization	anization identification		incom	ne (loss)	payn	nents made		included		connected with	
			number	(see ins	structions)				olling orga gross inc		income in column 5	,
(1)								110113	91033 1110	JOING		_
(2)												_
(3)												_
(4)												_
<u>.,,</u>			No	nexempt C	Controlled O	rganizati	ions					_
7	. Taxable Income	1.8	Net unrelated		otal of specif	-	10. Part (of colun	nn 9	11.	Deductions directly	_
_			come (loss)		yments mad		that is inc	luded ir	n the		connected with	
			e instructions)		,		controlling	organiza income			ome in column 10	
(1)							91033	moonic	,			_
(2)												_
(3)												_
(4)												_
(1)				<u> </u>			Add colum	ns 5 an	nd 10	bbA	columns 6 and 11.	_
							Enter here				r here and on Part I,	
							line 8, c	olumn ((A)	li	ne 8, column (B)	
Totals						>			0.		0	١.
Part	VII Investment	Income	of a Section 50)1(c)(7),	(9), or (17) Orga	nization (s	ee instr	uctions)			_
		ription of		(/(//	2. Amou		3. Deduction		4. Set-	asides	5. Total deduction	ns
					incor		directly conn		(attach st	tatemen	and set-asides	
							(attach state	ment)			(add cols 3 and 4	+)
(1)												
(2)												
(3)												
(4)												
					Add amo						Add amounts in	
					column 2 here and o						column 5. Enter here and on Part	
					line 9, colu						line 9, column (B	
Totals				>		0.					0	
Part	VIII Exploited E	xempt A	Activity Income	, Other	Than Adv	ertisir/	ng Income (see inst	tructions)			
1	Description of exploite											
2	Gross unrelated busin	ess incom	e from trade or busi	iness. Ente	er here and o	on Part I	, line 10, colum	nn (A)		2		
3	Expenses directly con	nected wit	th production of unr	elated bus	iness incom	ne. Enter	here and on F	art I,				
	line 10, column (B)									3		_
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	art II, line	12							7		

Schedule A (Form 990-T) 2020

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if repo	orting two or more periodicals on	a consolidated basis		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in t	he corresponding column.			
	•	A	В	С	D
2	Gross advertising income			-	
	Add columns A through D. Enter here and		•	<u> </u>	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and		•	<u> </u>	0.
	5	, , , , , ,			
4	Advertising gain (loss). Subtract line 3 from	n line			
	2. For any column in line 4 showing a gain,	l l			
	complete lines 5 through 8. For any column				
	line 4 showing a loss or zero, do not comp				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less th				
	line 5, subtract line 6 from line 5. If line 5 is				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gai	in on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the	e greater of the line 8a, columns t	otal or zero here and	on	
а	Part II, line 13	······		on	0.
a Part	Part II, line 13	······		on	0.
	Part II, line 13	······		3. Percentage	0. 4. Compensation
	Part II, line 13	······		>	
	X Compensation of Officers, I	Directors, and Trustees		3. Percentage	4. Compensation
	X Compensation of Officers, I	Directors, and Trustees		3. Percentage of time devoted	4. Compensation attributable to
Part	X Compensation of Officers, I	Directors, and Trustees		3. Percentage of time devoted to business	4. Compensation attributable to
Part (1)	X Compensation of Officers, I	Directors, and Trustees		3. Percentage of time devoted to business %	4. Compensation attributable to
Part (1) (2)	X Compensation of Officers, I	Directors, and Trustees		3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	Directors, and Trustees 2. Title		3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business

2

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A N	ame of the organization MASSACHUSETTS AUDUBON SOCIETY, I		B Employer identification number $04-2104702$			
c L	Inrelated business activity code (see instructions) > 90000	3		D Sequen	ce: 2	of 2
E D	escribe the unrelated trade or business PASSIVE INVE	STME	ENT INCOME			
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
12	Gross receipts or sales					
	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a	84,367.			84,367.
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b	, , , ,			. ,
	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
-	statement) STATEMENT 4	5	83,224.			83,224.
6	Rent income (Part IV)	6	,			· ,
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement) STMT 5	12	2,249.			2,249.
13	Total. Combine lines 3 through 12	13	169,840.			169,840.
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	come		•		s must be
1	Compensation of officers, directors, and trustees (Part X)					
2	Salaries and wages					
3	Repairs and maintenance					
4	Bad debts					
5	Interest (attach statement) (see instructions)					
6	Taxes and licenses				6	
<i>(</i>	Depreciation (attach Form 4562) (see instructions)				- o-	
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion Contributions to deformed componentian plans				9	
10	Contributions to deferred compensation plans					
11 12	Employee benefit programs Excess exempt expenses (Part VIII)					
13	Excess exempt expenses (Part VIII)					
13 14	Excess readership costs (Part IX) Other deductions (attach statement)		SEE STATEN	MENT 6	14	17,237.
15					1-	17,237.
16	Unrelated business income before net operating loss deduction. S		line 15 from Part I line 13			=: , = = ; .
	column (C)				16	152,603.
17	Deduction for net operating loss (see instructions)		STATEMEN	ут 7	17	23,842.
18	Unrelated business taxable income. Subtract line 17 from line 16	 3	······································			128,761.
	For Paperwork Reduction Act Notice, see instructions.					A (Form 990-T) 2020

	ıle A (Form 990-T) 2020				Page 2
Part		hod of inventory valuat			
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property				
Part					
1	Description of property (property street address, city,	state, ZIP code). Chec	k if a dual-use (see ins	tructions)	
	<u>A</u>				
	B				
	<u> </u>				
	D				
_		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	\ through D Entar hard	and an Dart Llina 6	oolumn (A)	0.
3	Deductions directly connected with the income	tillough b. Enter here	and on Fart I, line 0,	Column (A)	•
4	in lines 2(a) and 2(b) (attach statement)				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I	line 6 column (R)	•	0.
Part '			1110 0, 001a1111 (D)		
1	Description of debt-financed property (street address,		Check if a dual-use (se	ee instructions)	
-	A	,	(
	в				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6		·		
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I, line 7, column (A)		0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	rough D. Enter here an	d on Part I, line 7, colu	ımn (B)	0.
11	Total dividends-received deductions included in line	10		—	0.

											ENT	ITY	2
	ule A (Form 990-T) 2020											Page	3
Part	VI Interest, Annu	uities, R	loyalties, and R	ents fro	m Contro	lled O	rganization	ns (se	e instruct	ions)			
						E	xempt Contro	lled Org	anization	s			
	1. Name of controlled	d	2. Employer		unrelated	1	al of specified		t of colun		6. Deduction	-	y
	organization		identification		ne (loss)	payn	nents made		iliciuded Iling orga		connect		
			number	(see ins	structions)				gross inc		income in	column 5	_
1)													_
2)													_
3)													_
4)			No.	navamat (Controlled O		iono						_
	. Taxable Income	٥	Net unrelated		Controlled O	-	i	of colum	on Q	11	Deductions	diroctly	_
•	Taxable Income 8. Net unrelated income (loss) 9. Total of specified payments made 10. Part of column 9 that is included in the				connected	-							
		1	e instructions)		ymorno mac		controlling				come in col		
1)		,	· · · · · · · · · · · · · · · · · · ·	+			gross	income	*				-
-, 2)													_
-, 3)													_
-, 													_
•		ı					Add colum	ns 5 an	nd 10.	Add	l columns 6	and 11.	_
							Enter here		, ,		r here and	,	
							line 8, c	column ((A)	II	ine 8, colun	nn (B)	
otals						>			0.			0	•
Part	VII Investment	Income	of a Section 50	01(c)(7),	1		nization (s	ee instr	uctions)				
	1. Desc	cription of	income		2. Amou		3. Deduction		4. Set-			deduction	
					incor	ne	directly conn (attach state		(attach st	atemer	14/ [et-asides ols 3 and 4	
							(4.114.5)	,			`		_
1)													
2)													_
3)													_
4)					Add amo	ınts in					Add a	mounts in	
					column 2	. Enter						n 5. Enter	
					here and o line 9, colu							id on Part l column (B)	
otals				•	line 9, con	0.					lifle 9,	0 COIGITIIT	•
Part	VIII Exploited E	xempt /	Activity Income	. Other	Than Adv	ertisir	na Income	see inst	tructions)				Ť
1	Description of exploite			,		<u> </u>	.ge (000 11101	iraotiorio)				_
2	Gross unrelated busin	•		iness. Ente	er here and o	on Part I.	, line 10, colum	nn (A)		2			
3	Expenses directly con												_
	" ' ' (5)							•		3			
4	Net income (loss) from												
	lines 5 through 7									4			
5	Gross income from ac	tivity that	is not unrelated bus	siness inco	me					5			
6	Expenses attributable									6			
7	Excess exempt expen	ses. Subt	ract line 5 from line	6, but do n	ot enter mo	e than t	he amount on	line					

Schedule A (Form 990-T) 2020

4. Enter here and on Part II, line 12

		Form 990-T) 2020				Page 4
Part	IX	Advertising Income				
1	Nam	e(s) of periodical(s). Check box if reporting	ng two or more periodicals on a	consolidated basi	s.	
	A \Box					
	в					
	с□					
	D					
Enter a		ts for each periodical listed above in the	corresponding column			
	arriouri	to for each periodical noted above in the	A	В	С	D
2	Groo	a advertising income				
2		s advertising income				0.
_	Add	columns A through D. Enter here and or	n Part I, line 11, column (A)			
а	ς.		Г			
3		et advertising costs by periodical				
а	Add	columns A through D. Enter here and or	n Part I, line 11, column (B)		>	0.
4	Adve	ertising gain (loss). Subtract line 3 from li	ine			
	2. Fo	or any column in line 4 showing a gain,				
	comp	olete lines 5 through 8. For any column i	in			
	line 4	showing a loss or zero, do not complet	te			
	lines	5 through 7, and enter zero on line 8 \dots				
5	Read	dership costs				
6		ılation income				
7		ess readership costs. If line 6 is less than				
		5, subtract line 6 from line 5. If line 5 is le				
		line 6, enter zero				
8		ess readership costs allowed as a				
•		action. For each column showing a gain	on			
		I, enter the lesser of line 4 or line 7				
_		line 8, columns A through D. Enter the g		ral ar zara bara an	d on	
а					_	0.
Part		II, line 13 Compensation of Officers, Di	irectors and Trustees (so	oo inetructions)	······	
ı uıt	<u> </u>	Compensation of Officers, Di		e instructions)	2 Dercentage	4 Componentian
		1. Name	2. Title		3. Percentage of time devoted	4. Compensation
		i. Name	Z. Title			attributable to
7.41					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
						•
						0.
Part	XI	Supplemental Information (se	ee instructions)			_

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
	NET INCOME
DESCRIPTION	OR (LOSS)
ABERDEEN U.S. PRIVATE EQUITY IV, L.P ORDINARY BUSINESS	
INCOME (LOSS)	2,466.
ABERDEEN U.S. PRIVATE EQUITY IV, L.P INTEREST INCOME	402.
ABERDEEN U.S. PRIVATE EQUITY IV, L.P OTHER INCOME	10
(LOSS)	-19.
ABERDEEN VENTURE PARTNERS VII, L.P ORDINARY BUSINESS INCOME (LOSS)	-556.
ABERDEEN VENTURE PARTNERS VII, L.P NET RENTAL REAL	-330•
ESTATE INCOME	2.
ABERDEEN GLOBAL PARTNERS, L.P ORDINARY BUSINESS INCOME	
(LOSS)	-8,878.
ABERDEEN GLOBAL PARTNERS, L.P DIVIDEND INCOME	114.
ABERDEEN GLOBAL PARTNERS, L.P OTHER INCOME (LOSS)	-1,099.
ABERDEEN INTERNATIONAL PARTNERS, LP - OTHER INCOME (LOSS)	-12.
ABERDEEN U.S. PRIVATE EQUITY III, L.P ORDINARY BUSINESS	
INCOME (LOSS)	-2,992.
ABERDEEN U.S. PRIVATE EQUITY III, L.P INTEREST INCOME	2.
ABERDEEN U.S. PRIVATE EQUITY III, L.P DIVIDEND INCOME	96.
ABERDEEN U.S. PRIVATE EQUITY III, L.P OTHER INCOME	-43.
(LOSS) ABERDEEN U.S. PRIVATE EQUITY VII, LP - ORDINARY BUSINESS	-43.
INCOME (LOSS)	-98,506.
ABERDEEN U.S. PRIVATE EQUITY VII, LP - NET RENTAL REAL	50,500.
ESTATE INCOME	-146.
ABERDEEN U.S. PRIVATE EQUITY VII, LP - INTEREST INCOME	208.
ABERDEEN U.S. PRIVATE EQUITY VII, LP - DIVIDEND INCOME	3.
ABERDEEN U.S. PRIVATE EQUITY VII, LP - ROYALTIES	32.
ABERDEEN U.S. PRIVATE EQUITY VII, LP - OTHER PORTFOLIO	
INCOME (LOSS)	3.
ABERDEEN U.S. PRIVATE EQUITY VII, LP - OTHER INCOME (LOSS)	-12,851.
ABERDEEN VENTURE PARTNERS VI, L.P ORDINARY BUSINESS	0.1
INCOME (LOSS)	-21.
ACCOLADE PARTNERS VII, L.P ORDINARY BUSINESS INCOME (LOSS)	712.
EMINENCE PARTNERS, LP - INTEREST INCOME	/ 1 2 • 4 •
EMINENCE PARTNERS, LP - INTEREST INCOME EMINENCE PARTNERS, LP - DIVIDEND INCOME	925.
EMINENCE PARTNERS, LP - OTHER INCOME (LOSS)	193,792.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL V LP - ORDINARY	133,132.
BUSINESS INCOME (LO	-3,438.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - ORDINARY	-,
BUSINESS INCOME (26,534.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - NET	
RENTAL REAL ESTATE INC	6.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - INTEREST	
INCOME	64.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP -	007
ROYALTIES	887.

MASSACHUSETTS AUDUBON SOCIETY, INC.	04-2104702
MASSACHUSETTS AUDUBON SOCIETY, INC. PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - OTHER PORTFOLIO INCOME (LO PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - OTHER INCOME (LOSS) PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - ORDINARY BUSINESS INCOME (L PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - OTHER NET RENTAL INCOME (LO PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - INTEREST INCOME PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - DIVIDEND INCOME PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - ROYALTIES PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - OTHER PORTFOLIO INCOME (LOS PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - OTHER INCOME (LOSS) RCP FUND XIV, LP - ORDINARY BUSINESS INCOME (LOSS) SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV LP - ORDINARY BUSINESS INCOME SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV LP - DIVIDEND INCOME SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV LP - DIVIDEND INCOME SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV LP - ORDINARY BUSINESS INCOME SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV LP - ORDINARY BUSINESS INCOME SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV LP - ORDINARY BUSINESS INCOME SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV LP - ORDINARY BUSINESS INCOME SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV LP - ORDINARY BUSINESS INCOME SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV LP - ORDINARY BUSINESS INCOME SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV LP - ORDINARY BUSINESS INCOME SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV LP - ORDINARY BUSINESS INCOME SIGULER GUFF DISTRESSED OPPORTUNITIES FUND B BLACKROCK INSTITUTIONAL TR - OTHER POR DEVELOPED EX-FOSSIL FUEL INDEX FUND B BLACKROCK INSTITUTIONAL TR - OTHER INC	391. 3,79010,176. 1. 73. 29. 13512,2146,297. 37. 124. 8,9639,206.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	83,224.
FORM 990-T (A) OTHER INCOME	STATEMENT 5
DESCRIPTION	AMOUNT
CANCELLATION OF DEBT - PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP	2,249.
TOTAL TO SCHEDULE A, PART I, LINE 12	2,249.

				
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMEN	г 6
DESCRIPTION			AMOUN	Г
INTEREST EXPENSE	REST EXPENSE L TO SCHEDULE A, PART II, LINE 14	17	,237.	
TOTAL TO SCHEDULE A, P	ART II, LINE 14		17	,237.
FORM 990-T (A)	POST 2017	NOL SCHEDULE	STATEMEN	r 7
PRIOR YEAR POST 2017 NOL	NOL DEDUC	CTION	CARRYFORWARD OF POST 2017 NOL	
23,842.	23	,842.	0.	
				

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Manaa

Employer identification number

MASSACHUSETTS AUDUBON SOCIETY, INC. Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes X No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain (e) to enter on the lines below. (d) Subtract column (e) from Proceeds or loss from Form(s) 8949, Cost This form may be easier to complete if you round off cents to whole dollars. column (d) and combine the (or other basis) Part I. line 2. column (a) (sales price) result with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 10,033. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 10,033 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, This form may be easier to complete if you round off cents to whole dollars. column (d) and combine the (sales price) (or other basis) Part II, line 2, column (g) result with column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 52,202. Form(s) 8949 with Box F checked 22,132 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 **14** Capital gain distributions 14 74,334. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Summary of Parts I and II 10,033. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 74,334. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 84,367. 18

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions.

Schedule D (Form 1120) 2020

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Department of the Treasury Internal Revenue Service Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

04 - 2104702

MASSACHUSETTS AUDUBON SOCIETY, INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term | Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. ave more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) (g) see Column (e) in combine the result Amount of Code(s) the instructions with column (g) adjustment ABERDEEN GLOBAL 145. PARTNERS, L.P. EMINENCE PARTNERS, $\overline{\text{LP}}$ 9,787. PARK STREET CAPITAL NATURAL RESOURCE FUN 2. PARK STREET CAPITAL PRIVATE EQUITY FUND 99. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 10,033. above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

MASSACHUSETTS AUDUBON SOCIETY, INC.

04-2104702

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions,

see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Calculate B. line Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. \perp (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) \perp (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) see Column (e) in combine the result Amount of Code(s) the instructions with column (g) adjustment ABERDEEN GLOBAL PARTNERS, L.P. 26,202. ABERDEEN U.S. PRIVATE EQUITY III, L.P. 7,909. ABERDEEN U.S. PRIVATE EQUITY VII, LP <393·> EMINENCE PARTNERS $\overline{\text{LP}}$ 15,381. PARK STREET CAPITAL NATURAL RESOURCE FUN <22**.**: PARK STREET CAPITAL PRIVATE EQUITY FUND 3,039. SIGULER GUFF DISTRESSED OPPORTUNITIES FU 86. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 52,202. above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Manaa

Employer identification number

MASSACHUSETTS AUDUBON SOCIETY, INC. Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes X No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain (e) to enter on the lines below. (d) Subtract column (e) from Proceeds or loss from Form(s) 8949, Cost This form may be easier to complete if you round off cents to whole dollars. column (d) and combine the (or other basis) Part I. line 2. column (a) (sales price) result with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 10,033. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 10,033 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, This form may be easier to complete if you round off cents to whole dollars. column (d) and combine the (sales price) (or other basis) Part II, line 2, column (g) result with column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 52,202. Form(s) 8949 with Box F checked 22,132 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 **14** Capital gain distributions 14 74,334. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Summary of Parts I and II 10,033. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 74,334. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 84,367. 18

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions.

Schedule D (Form 1120) 2020

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Department of the Treasury Internal Revenue Service Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

04 - 2104702

MASSACHUSETTS AUDUBON SOCIETY, INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

MASSACHUSETTS AUDUBON SOCIETY, INC.

04-2104702

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Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions,

see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Calculate B. line Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. \perp (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) \perp (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) see Column (e) in combine the result Amount of Code(s) the instructions with column (g) adjustment ABERDEEN GLOBAL PARTNERS, L.P. 26,202. ABERDEEN U.S. PRIVATE EQUITY III, L.P. 7,909. ABERDEEN U.S. PRIVATE EQUITY VII, LP <393·> EMINENCE PARTNERS $\overline{\text{LP}}$ 15,381. PARK STREET CAPITAL NATURAL RESOURCE FUN <22**.**: PARK STREET CAPITAL PRIVATE EQUITY FUND 3,039. SIGULER GUFF DISTRESSED OPPORTUNITIES FU 86. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 52,202. above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-T

2020

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information.

Employer identification number

MASSACHUSETTS AUDUBON SOCIETY, INC.

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the

1 Total tax (see instructions) 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 2 a Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method 2 c Credit for federal tax paid on fuels (see instructions) 2 c c Credit for federal tax paid on fuels (see instructions) 2 c c Credit for federal tax paid on fuels (see instructions) 2 c c Credit for federal tax paid on fuels (see instructions) 3 cubract line 2 form line 1. If the result is less than \$500, do not complete or file this form. The corporation does not own the porally of the section of the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5. 8 Required annual payment. Enter the smaller of line 3 or line 4, if the corporation is required to skip line 4, and the tax year was for less than 12 months, skip this line and enter the amount from line 3 or line 4. 9 Required annual payment. Enter the smaller of line 3 or line 4, if the corporation is using me adjusted seasonal installment method. 9 The corporation is using me adjusted seasonal installment method. 1 The corporation is using me adjusted seasonal installment method. 1 The corporation is using me adjusted seasonal installment method. 1 The corporation is using the annualized seasonal installment method. 1 In the corporation is using the annualized seasonal installment method. 1 In the corporation is using the annualized decome installment method. 1 In the corporation is using the annualized decome installment method. 1 In the corporation is using the annualized decome installment method. 1 In the corporation is using the annualized decome installment method. 1 In the corporation is using the annualized decome installment method. 1 In the corporation is using the annualized decome installment method. 1 In the corporation is using the annualized annualized income installment method. 1 In the corporation is	_	imated tax penalty line of the corporation's income tax Part I Required Annual Payment	returr	n, but do not attach Fo	orm 2220.				
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9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions 10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts before oling 10, 200, 5 or line 5 above in each column 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column before going to the next column. 13 Add lines 11 and 12 14 Add amounts on lines 16 and 17 of the preceding column 14. Otherwise, enter -0- 15 Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column. 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column. 19 10/15/20 12/15/20 03/15/21 06/15/21 10 4,768. 4,768. 4,768. 4,768. 4,768. 4,768.	<u>8</u>		st requ	uired installment based on	the prior year's ta	Х.			
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column. Otherwise, go to line 18	17	Underpayment. If line 15 is less than or equal to line 10,							
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from line 15. Then go to line 12 of the next column 18			17	4,768.	4,76	8.	4,76	١٠ ٢	4,768.
	18								
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Form 2220 (2020)

Part IV Figuring the Penalty

						_	
			(a)	(b)	(c)		(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the	20					
	date shown on line 19	20					
21	Number of days on line 20 after 4/15/2020 and before 7/1/2020	21					
22	Underpayment on line 17 x Number of days on line 21 x 5% (0.05) \dots 366	22	\$	\$	\$	\$	
23	Number of days on line 20 after 6/30/2020 and before 10/1/2020	23					
24	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	\$	\$	\$	\$	
25	Number of days on line 20 after 9/30/2020 and before 1/1/2021	25					
	Underpayment on line 17 x Number of days on line 25 x 3% (0.03)	26	\$	\$	\$	\$	
27	Number of days on line 20 after 12/31/2020 and before 4/1/2021	27	SEE	ATTACHED W	ORKSHEET		
28	Underpayment on line 17 x Number of days on line 27 x 3% (0.03)	28	\$	\$	\$	\$	
29	Number of days on line 20 after 3/31/2021 and before 7/1/2021	29					
30	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$	\$	
31	Number of days on line 20 after 6/30/2021 and before 10/1/2021	31					
32	Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$	\$	
33	Number of days on line 20 after 9/30/2021 and before 1/1/2022	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$	
35	Number of days on line 20 after 12/31/2021 and before 3/16/2022	35					
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$	
38	Penalty . Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal h	ere and on Form 1120, lin	e 34; or the comparable	38	\$	443.

Form **2220** (2020)

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying N	umber
MASSACHUSET	TTS AUDUBON	SOCIETY, INC.		04-21	04702
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
Date	Amount	-0-	Dalance Duc	1 charty flato	ronally
10/15/20	4,768.	4,768.	61	.000081967	24.
12/15/20	4,768.	9,536.	16	.000081967	13
12/31/20	0.	9,536.	74	.000082192	58
03/15/21	4,768.	14,304.	92	.000082192	108
06/15/21	4,768.	19,072.	153	.000082192	240
Penalty Due (Sum of Colu	mn F).				443

^{*} Date of estimated tax payment, withholding credit date or installment due date.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No. 1545-0184

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Sequence No. **27**

MA	SSACHUSETTS AUDUBON	1 SOCIETY	, INC.				(04-2104702
1 [Enter the gross proceeds from sales o	r exchanges repo	orted to you for 2	2020 on Form(s) 1	099-B or 1099-S			
_	or substitute statement) that you are i						1	
Pa	Sales or Exchanges of						sion	s From Other
	Than Casualty or Thef	t-Most Prope	erty Heia Mic	re inan i Yea		instructions)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements ar expense of sale	nd	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
<u>~</u>	ID (M) MD) (D)							22 122
	E STATEMENT 8						_	22,132.
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment						4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other Combine lines 2 through 6. Enter the						6 7	22,132.
7	Partnerships and S corporations.						<u>/ </u>	22,132.
	line 10, or Form 1120-S, Schedule k			-	101 1 01111 1000, 301	leddle IX,		
	Individuals, partners, S corporation	•			a loss, enter the a	mount		
	from line 7 on line 11 below and ski							
	1231 losses, or they were recapture	,	,		long-term capital g	ain on		
	the Schedule D filed with your retur	n and skip lines 8	3, 9, 11, and 12	below.				
8	Nonrecaptured net section 1231 los	sses from prior ye	ears. See instruc	ctions			8	
9	Subtract line 8 from line 7. If zero or	r less, enter -0 If	line 9 is zero, er	nter the gain from	line 7 on line 12 be	low. If		
	line 9 is more than zero, enter the a	mount from line 8	3 on line 12 belo	w and enter the ga	ain from line 9 as a	long-term		
	capital gain on the Schedule D filed	with your return.	. See instruction	s			9	22,132.
Pá	art II Ordinary Gains and	Losses (see in	structions)					
10	Ordinary gains and losses not inclu	ded on lines 11 t	hrough 16 (inclu	de property held 1	l vear or less):			
_	eramary game and leaded flot mela		l l l l l l l l l l l l l l l l l l l		1 your or 1000).			
11	Loss, if any, from line 7					<u> </u>	11	()
12	Gain, if any, from line 7 or amount for						12	,
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, I	ines 31 and 38a					14	
15	Ordinary gain from installment sales	from Form 6252	, line 25 or 36				15	
16	Ordinary gain or (loss) from like-kind	l exchanges from	Form 8824				16	
17	Combine lines 10 through 16					1	17	
18	For all except individual returns, ent							
	a and b below. For individual return	s, complete lines	a and b below.					
a	If the loss on line 11 includes a loss	from Form 4684,	line 35, column	(b)(ii), enter that p	art of the loss here	. Enter the		
	loss from income-producing property							
	as an employee.) Identify as from "Fo						8a	
ł	Redetermine the gain or (loss) on line	_						
_	(Form 1040), Part I, line 4					1	8b	

For	m 4797 (2020) MASSACHUSETTS AUDUE	SON S	OCIETY, IN	C.		04-210	4702	Page 2
Pa	art III Gain From Disposition of Proper	ty Unc	ler Sections 12	15, 1250, 125	2, 12	254, and 125	5 (see i	nstructions)
19	(a) Description of section 1245, 1250, 1252, 1254,	or 1255	property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
Α								
В								
С								
D								
	These columns relate to the properties on							
	lines 19A through 19D.	•	Property A	Property	В	Property	С	Property D
20	Gross sales price (Note: See line 1 before completing.)	20	· · · · · ·					
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
	Total gain. Subtract line 23 from line 20	24						
24	If section 1245 property:	24						
25		05-						
	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b					\longrightarrow	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
_	Additional depreciation after 1975. See instructions	26a						
		200					-	
r	o Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					\rightarrow	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
c	Additional depreciation after 1969 and before 1976	26d						
	Enter the smaller of line 26c or 26d	26e						
	Enter the cinamer of line 200 of 200	1						
	Section 291 amount (corporations only)	26f						
	3 Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.	20g						
а	Soil, water, and land clearing expenses	27a						
b	Line 27a multiplied by applicable percentage	27b						
c	Enter the smaller of line 24 or 27b	27c						
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
k	Enter the smaller of line 24 or 28a	28b						
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
	Enter the smaller of line 24 or 29a. See instructions	29b						
Su	mmary of Part III Gains. Complete property of	columns	A through D througl	n line 29b before	going	to line 30.		
30	Total gains for all properties. Add property columns	s A throu	ıgh D, line 24				30	
31	Add property columns A through D, lines 25b, 26g,	. 27c. 28	b. and 29b. Enter he	ere and on line 13	3		31	
	Subtract line 31 from line 30. Enter the portion from		•				 • 	
-	from other than casualty or theft on Form 4797, line		•			-	32	
Pa	art IV Recapture Amounts Under Section	ons 17	9 and 280F(b)(2	When Busin	ness	Use Drops		or Less
	(see instructions)					(a) Section	n	(b) Section 280F(b)(2)
						119	\longrightarrow	2001 (1)(2)
33	Section 179 expense deduction or depreciation allo				33			
34					34			
35	Recapture amount. Subtract line 34 from line 33. S	ee the ir	structions for where	to report	35	l	1	

35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report ...

FORM 4797	PROI	PERTY HELI	MORE THAN	ONE YEAR	STA	ATEMENT 8
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ABERDEEN U.S. PRIVATE EQUITY III, L.P.						356.
ABERDEEN GLOBAL PARTNERS, L.P. ABERDEEN U.S. PRIVATE EQUITY						10,030.
VII, LP PARK STREET CAPITAL NATURAL						11,581.
RESOURCE FUN PARK STREET CAPITAL PRIVATE						267.
EQUITY FUND ABERDEEN U.S. PRIVATE EQUITY						-149.
IV, LP ACCOLADE PARTNERS						50.
VII, L.P.		_	 -			-3.
TOTAL TO 4797, PA	RT I, LINE	2				22,132.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

ΜA	SSACHUSETTS AUDUBON	SOCIETY	, INC.					04-2104702
	enter the gross proceeds from sales or	• .	•	2020 on Form(s) 10	099-B or 1099-S			
	or substitute statement) that you are in						1	
Pa	Sales or Exchanges of Than Casualty or Thef					ary Conver instructions)	sior	ns From Other
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements a expense of sa	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39)					3	
4	Section 1231 gain from installment	sales from Form	6252, line 26 or	37			4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter the						7	22,132.
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule K			-	for Form 1065, Scl	nedule K,		
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recapture the Schedule D filed with your return	o lines 8 and 9. If ed in an earlier ye	f line 7 is a gain a ear, enter the gai	and you didn't hav n from line 7 as a	ve any prior year se	ection		
8	Nonrecaptured net section 1231 los	ses from prior ve	ears. See instruc	tions			8	
9	Subtract line 8 from line 7. If zero or							
	line 9 is more than zero, enter the ar			-				
	capital gain on the Schedule D filed	with your return.	. See instruction	s			9	22,132.
Pa	ort II Ordinary Gains and	Losses (see in	structions)					
10	Ordinary gains and losses not include	ded on lines 11 t	hrough 16 (inclu	de property held 1	vear or less):			
				,,				
11	Loss, if any, from line 7						11	()
12	Gain, if any, from line 7 or amount fr						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, li						14	
15	Ordinary gain from installment sales						15	
16	Ordinary gain or (loss) from like-kind						16	
17 10	Combine lines 10 through 16						17	
18	For all except individual returns, ent a and b below. For individual returns			e appropriate line	or your return and	skip iiries		
а	If the loss on line 11 includes a loss f	•		(h)(ii) enter that n	art of the loss here	Enter the		
u	loss from income-producing property		,	. ,,,,				
	as an employee.) Identify as from "Fo						18a	
b	Redetermine the gain or (loss) on line							
	(Form 1040), Part I, line 4						18b	
LH								Form 4797 (2020)

For	m 4797 (2020) MASSACHUSETTS AUDUE	SON S	OCIETY, IN	C.		04-210	4702	Page 2
Pa	art III Gain From Disposition of Proper	ty Unc	ler Sections 12	15, 1250, 125	2, 12	254, and 125	5 (see i	nstructions)
19	(a) Description of section 1245, 1250, 1252, 1254,	or 1255	property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
Α								
В								
С								
D								
	These columns relate to the properties on							
	lines 19A through 19D.	•	Property A	Property	В	Property	С	Property D
20	Gross sales price (Note: See line 1 before completing.)	20	· · · · ·					
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
	Total gain. Subtract line 23 from line 20	24						
24	If section 1245 property:	24						
25		05-						
	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b					\longrightarrow	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
_	Additional depreciation after 1975. See instructions	26a						
		200					-	
r	o Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					\rightarrow	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
c	Additional depreciation after 1969 and before 1976	26d						
	Enter the smaller of line 26c or 26d	26e						
	Enter the cinamer of line 200 of 200	1						
	Section 291 amount (corporations only)	26f						
	3 Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.	20g						
а	Soil, water, and land clearing expenses	27a						
b	Line 27a multiplied by applicable percentage	27b						
c	Enter the smaller of line 24 or 27b	27c						
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
k	Enter the smaller of line 24 or 28a	28b						
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
	Enter the smaller of line 24 or 29a. See instructions	29b						
Su	mmary of Part III Gains. Complete property of	columns	A through D througl	n line 29b before	going	to line 30.		
30	Total gains for all properties. Add property columns	s A throu	ıgh D, line 24				30	
31	Add property columns A through D, lines 25b, 26g,	. 27c. 28	b. and 29b. Enter he	ere and on line 13	3		31	
	Subtract line 31 from line 30. Enter the portion from		•				 • 	
-	from other than casualty or theft on Form 4797, line		•			-	32	
Pa	art IV Recapture Amounts Under Section	ons 17	9 and 280F(b)(2	When Busin	ness	Use Drops		or Less
	(see instructions)					(a) Section	n	(b) Section 280F(b)(2)
						119	\longrightarrow	2001 (1)(2)
33	Section 179 expense deduction or depreciation allo				33			
34					34			
35	Recapture amount. Subtract line 34 from line 33. S	ee the ir	structions for where	to report	35	l	1	

35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report ...

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
All corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnersh	ns. RFMIC	s, and trusts		
	Form 7004 to request an extension of time to file incom			, , , , <u>_</u> , , , _	o, a a a a a a a		
	, , , , , , , , , , , , , , , , , , ,						
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identification	number (TIN)	
orint							
	MASSACHUSETTS AUDUBON SOCII	ETY,	INC.		04-210	4702	
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	•			
filling your return. See 208 SOUTH GREAT ROAD							
nstructions	City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.				
	LINCOLN, MA 01773	Ü	,				
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 7	
Applicat	ion	Return	Application			Return	
s For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
orm 990		02	Form 1041-A			08	
	orm 4720 (individual) 03 Form 4720 (other than individual)						
	orm 990-PF 04 Form 5227					10	
	0-T (sec. 401(a) or 408(a) trust)	Form 6069			11		
	O-T (trust other than above)	05 06	Form 8870			12	
	BANCROFT POOR -		SACHUSETTS AUDUBON	SOCI	ETY		
• The b	ooks are in the care of > 208 SOUTH GREA						
	none No. ► 781-259-9500		Fax No. ▶				
	organization does not have an office or place of business	s in the Ur					
	is for a Group Return, enter the organization's four digit					Check this	
oox ►	. If it is for part of the group, check this box	7	ach a list with the names and TINs o				
	g						
1 re	equest an automatic 6-month extension of time until	MA	Y 16, 2022 to fil	e the exem	ıpt organizatio	n return for	
	e organization named above. The extension is for the organization			0 1110 071011	ipt organization	Trotair io	
.	calendar year or	ameation	o retain 101.				
	X tax year beginning JUL 1, 2020	an	d ending JUN 30, 2021				
		, an			<u> </u>		
2 f t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
- "	Change in accounting period	incon rouc		i ii ai i otai			
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax, less				
	y nonrefundable credits. See instructions.	, 0, 0000,	onto the tentative tax, isse	За	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	v refundable credits and		7		
	imated tax payments made. Include any prior year overp	•	•	3b	\$	0.	
_	lance due. Subtract line 3b from line 3a. Include your pa				- +		
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.	
	If you are going to make an electronic funds withdrawal				-		
etructic	, ,	(unect de	with this Form 6000, see Form	J-JJ-LU al	10 1 01111 007 9-1	LO IOI PAYITIETIL	

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

Form 8868 (Rev. 1-2020)