

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NEW ENGLAND WILDLIFE CENTER, INC.</b>		<b>D</b> Employer identification number <b>04-2907561</b>
	Doing business as		<b>E</b> Telephone number <b>781-682-4878</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>500 COLUMBIAN STREET</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>SOUTH WEYMOUTH, MA 02190</b>		<b>G</b> Gross receipts \$ <b>2,095,116.</b>
<b>F</b> Name and address of principal officer: <b>GREGORY MERTZ</b> <b>500 COLUMBIAN STREET, SOUTH WEYMOUTH, MA 02190</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.NEWWILDLIFE.COM</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1983</b>
			<b>M</b> State of legal domicile: <b>MA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROMOTION OF POSITIVE VALUES, BEHAVIORS, AND POLICIES TOWARD WILDLIFE AND THE ENVIRONMENT THRU</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>41</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>90</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>2,460,011.</b>	<b>Current Year</b> <b>1,492,717.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>425,448.</b>	<b>545,786.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2.</b>	<b>5.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>88,524.</b>	<b>56,608.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,973,985.</b>	<b>2,095,116.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,152,569.</b>	<b>1,207,403.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>101,790.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>624,950.</b>	<b>711,483.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,777,519.</b>	<b>1,918,886.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,196,466.</b>	<b>176,230.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>7,670,734.</b>	<b>End of Year</b> <b>7,845,633.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>34,471.</b>	<b>33,140.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>7,636,263.</b>	<b>7,812,493.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>GREGORY MERTZ, CHAIRMAN</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>WILLIAM E. SYNAN, CPA</b>		<b>11/13/20</b>		<b>P00595384</b>
<b>Use Only</b>	Firm's name ▶ <b>LMHS, P.C.</b>	Firm's EIN ▶ <b>04-2971374</b>			
	Firm's address ▶ <b>80 WASHINGTON ST., BUILDING S</b> <b>NORWELL, MA 02061</b>		Phone no. <b>7818789111</b>		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part 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:  
**PROMOTION OF POSITIVE VALUES, BEHAVIORS, AND POLICIES TOWARD WILDLIFE AND THE ENVIRONMENT THRU EDUCATION, RESEARCH AND MEDICAL TREATMENT, AND REHAB OF WILDLIFE.**
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- 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 ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code: ) (Expenses \$ 1,121,973. including grants of \$ ) (Revenue \$ )  
**ANIMAL CARE AND TEACHING HOSPITAL: ANNUAL TREATMENT OF 1,000-2,000 INJURED WILD ANIMALS TEACHING HOSPITAL PROVIDERS INTERNSHIPS TO APPROX. SIXTY UNDERGRADUATE AND HIGH SCHOOL STUDENTS PER YEAR.**
- 
- 4b** (Code: ) (Expenses \$ 210,884. including grants of \$ ) (Revenue \$ 130,025.)  
**PUBLIC EDUCATION AND INFORMATION: IN-CLASSROOM EDUCATIONAL PROGRAMS FOR APPROX. 15,000 GRADESCHOOLERS AND ON-SITE EDUCATION TO SEVERAL THOUSAND VISITERS AND VOLUNTEERS PER YEAR ALONG WITH ANSWERING APPROX. 15,000 TELEPHONE CALLS A YEAR CONCERNING PROBLEM WILDLIFE AND PUBLIC HEALTH.**
- 
- 4c** (Code: ) (Expenses \$ 255,972. including grants of \$ ) (Revenue \$ 415,761.)  
**THE ODD PET VET: IN-HOUSE VETERINARIAN SERVICES FOR EXOTIC ANIMALS INCLUDING EDUCATION TO PUBLIC INTERNS AND VOLUNTEERS ABOUT PET CARE AND PUBLIC HEALTH**
- 
- 4d** Other program services (Describe on Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )
- 4e** Total program service expenses **1,588,829.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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		X
<b>26</b> 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		X
<b>27</b> 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		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> 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		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part 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 ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		



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

	Yes	No
<b>2a</b> 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		
<b>2a</b> 41		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b> If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2019)

**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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 9		
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>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 7		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ..... <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **MA**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**KRISTIN WALSH, FINANCE DIRECTOR - 781-682-4878**  
**500 COLUMBIAN STREET, WEYMOUTH, MA 02190**

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

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

2019.04030 NEW ENGLAND WILDLIFE CENTER NEWC 1



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,492,717.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 31,659.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		1,492,717.			
<b>Program Service Revenue</b>	<b>2 a</b>	THE ODD PET	Business Code	900099	415,761.	415,761.	
	<b>b</b>	EDUCATION & PROJECT FE	900099	130,025.	130,025.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		545,786.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		5.		
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real	(ii) Personal			
<b>b</b>		Less: rental expenses .....					
<b>c</b>		Rental income or (loss) .....					
<b>d</b>		Net rental income or (loss) .....					
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
<b>b</b>		Less: cost or other basis and sales expenses .....					
<b>c</b>		Gain or (loss) .....					
<b>d</b>		Net gain or (loss) .....					
<b>8 a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		56,608.			
<b>b</b>		Less: direct expenses .....		0.			
<b>c</b>		Net income or (loss) from fundraising events .....		56,608.			56,608.
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>		Business Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
	<b>12</b>	<b>Total revenue.</b> See instructions .....		2,095,116.	545,786.	0.	56,613.

**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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	300,631.	195,699.	52,466.	52,466.
<b>7</b> Other salaries and wages	766,679.	644,006.	104,676.	17,997.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	48,878.	47,525.	1,325.	28.
<b>10</b> Payroll taxes	91,215.	71,763.	13,430.	6,022.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	3,053.	2,610.	306.	137.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	151,262.	129,311.	15,155.	6,796.
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a UTILITIES</b>	129,679.	110,860.	12,993.	5,826.
<b>b MEDICAL AND FOOD SUPPLI</b>	123,595.	123,595.	0.	0.
<b>c REPAIRS &amp; MAINTENANCE</b>	76,376.	65,293.	7,652.	3,431.
<b>d INSURANCE</b>	61,602.	52,662.	6,172.	2,768.
<b>e</b> All other expenses	165,916.	145,505.	14,092.	6,319.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,918,886.	1,588,829.	228,267.	101,790.
<b>26 Joint costs.</b> 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)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	828,214.	<b>1</b>	1,336,528.
	<b>2</b> Savings and temporary cash investments .....	10,958.	<b>2</b>	10,960.
	<b>3</b> Pledges and grants receivable, net .....	399,320.	<b>3</b>	198,359.
	<b>4</b> Accounts receivable, net .....	4,826.	<b>4</b>	28,300.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	12,253.	<b>9</b>	2,835.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 8,567,846.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,325,195.		
		6,389,163.	<b>10c</b>	6,242,651.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	26,000.	<b>15</b>	26,000.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,670,734.	<b>16</b>	7,845,633.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,825.	<b>17</b>	14,491.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	25,646.	<b>25</b>	18,649.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	34,471.	<b>26</b>	33,140.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	7,522,023.	<b>27</b>	7,791,807.
	<b>28</b> Net assets with donor restrictions .....	114,240.	<b>28</b>	20,686.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	7,636,263.	<b>32</b>	7,812,493.
	<b>33</b> Total liabilities and net assets/fund balances .....	7,670,734.	<b>33</b>	7,845,633.

Form 990 (2019)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,095,116.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,918,886.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	176,230.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	7,636,263.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	7,812,493.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

NEW ENGLAND WILDLIFE CENTER, INC.

Employer identification number

04-2907561

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(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 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	797,125.	948,199.	1,323,192.	1,165,111.	1,492,717.	5,726,344.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	797,125.	948,199.	1,323,192.	1,165,111.	1,492,717.	5,726,344.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						5,726,344.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	797,125.	948,199.	1,323,192.	1,165,111.	1,492,717.	5,726,344.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	6.	5.	340.	2.	5.	358.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	30,259.	19,181.	29,199.	26,916.	56,608.	162,163.
<b>11 Total support.</b> Add lines 7 through 10						5,888,865.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....	12					
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.24 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	97.38 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2019

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</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.)		

**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

### Supplemental Information.

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



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

NEW ENGLAND WILDLIFE CENTER, INC.

Employer identification number

04-2907561

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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

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

Name of organization	Employer identification number
NEW ENGLAND WILDLIFE CENTER, INC.	04-2907561

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT & MARIA REISMAN CHARITABLE TRUST 131 WINDING RIVER ROAD NEEDHAM, MA 02494	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FOUNDATION M P.O. BOX 3219 ANDOVER, MA 01810	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROBERT & KAREN HALE 8 OLMSTEAD DRIVE HINGHAM, MA 02043	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ELINOR PATTERSON BAKER TRUST 10 MASON ST GREENWICH, CT 06830	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	WEEZIE FOUNDATION 10 S DEARBORN ST CHICAGO, IL 60603	\$ 134,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BIRDSEY, BARBARA & CHARLES PO BOX 586 HOBE SOUND, FL 33475	\$ 174,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
NEW ENGLAND WILDLIFE CENTER, INC.	04-2907561

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LORING, THOMAS 5 BRIGANTINE LANE NO QUINCY, MA 02171	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DEVELLIS, JOAN E TRUST RANDALL J. KATCHIS, TRUSTEE MARSTON MILLS, MA 02648	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TWOMEY, YVONNE 38 GREENFIELD LANE SCITUATE, MA 02066	\$ 33,746.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SALAH FOUNDATION 2805 EAST OAKLAND PARK BOULEVARD #289 FORT LAUDERDALE, FL 33306	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

04-2907561

## Part II

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

Name of organization

Employer identification number

NEW ENGLAND WILDLIFE CENTER, INC.

04-2907561

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

NEW ENGLAND WILDLIFE CENTER, INC.

Employer identification number

04-2907561

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019

932051 10-02-19

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					7,500.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					7,500.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,792,600.			1,792,600.
b Buildings	6,115,459.		1,748,565.	4,366,894.
c Leasehold improvements	108,662.		86,664.	21,998.
d Equipment	551,125.		489,966.	61,159.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,242,651.

Schedule D (Form 990) 2019

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**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) <b>ACCRUED EXPENSES</b>	18,649.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	18,649.

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) 2019



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,627,886.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	501,111.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	31,659.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	532,770.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,095,116.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,095,116.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,451,656.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	501,111.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	31,659.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	532,770.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,918,886.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	1,918,886.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

PART X, LINE 2:

UNCERTAINTY IN INCOME TAXES - THE ORGANIZATION ADOPTED THE NEW STANDARDS FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (INCOME, SALES, USE AND PAYROLL), WHICH REQUIRED THE ORGANIZATION TO REPORT ANY UNCERTAIN TAX POSITIONS AND TO ADJUST ITS FINANCIAL STATEMENTS FOR THE IMPACT THEREOF. AS OF DECEMBER 31, 2018 AND 2017, THE ORGANIZATION DETERMINED THAT IT HAD NO TAX POSITIONS THAT DID NOT MEET THE "MORE LIKELY THAN NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. THE ORGANIZATION FILES TAX AND INFORMATION RETURNS IN THE UNITED STATES FEDERAL AND MASSACHUSETTS JURISDICTIONS. THESE RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE LAST THREE YEARS.

**Part XIII** Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DONATED MATERIALS 31,659.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DONATED MATERIALS 31,659.



**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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 <b>HALLOWEEN FUNDRAISER</b>	(b) Event #2	(c) Other events <b>NONE</b>	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	<b>56,608.</b>			<b>56,608.</b>
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	<b>56,608.</b>			<b>56,608.</b>
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				<b>56,608.</b>

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No**b** If "No," explain: \_\_\_\_\_**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** 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? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "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:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
----------------	----------------------------------------------------

[illegible]

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**NEW ENGLAND WILDLIFE CENTER, INC.**

Employer identification number

**04-2907561**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

**1b**

**2**

**4a**

**4b**

**4c**

**5a**

**5b**

**6a**

**6b**

**7**

**8**

**9**

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

Schedule J (Form 990) 2019





<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

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

[illegible]

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**NEW ENGLAND WILDLIFE CENTER, INC.**

Employer identification number

**04-2907561**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <b>SUPPLIES &amp; EQ</b> )	<b>X</b>	<b>11</b>	<b>31,659.FMV</b>	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

**29**

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

**b** If "Yes," describe the arrangement in Part II.

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

**b** If "Yes," describe in Part II.

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
<b>30a</b>		<b>X</b>
<b>31</b>	<b>X</b>	
<b>32a</b>		<b>X</b>
<b>33</b>		

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

**Schedule M (Form 990) 2019**

## Part II

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

NEW ENGLAND WILDLIFE CENTER, INC.

Employer identification number

04-2907561

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

EDUCATION, RESEARCH AND MEDICAL TREATMENT AND REHAB OF WILDLIFE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDITOR PREPARES THE FORM 990. THE DIRECTOR OF FINANCE REVIEWS THE  
FORM 990 THEN SENDS THE FORM 990 TO THE TREASURER AND CEO FOR THEIR REVIEW  
AND FINAL SIGNATURES.

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

THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THIER CONFLICT OF  
INTEREST POLICY THROUGHOUT THE YEAR.

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

COMPENSATION OF OFFICERS OR KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY  
THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line 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
	BUILDINGS														
1	LEASEHOLD IMPROVEMENTS	06/30/89	SL	40.00		16	3,690.				3,690.	2,948.		92.	3,040.
2	LEASEHOLD IMPROVEMENTS	06/30/90	SL	40.00		16	2,159.				2,159.	1,641.		54.	1,695.
3	LEASEHOLD IMPROVEMENTS	06/30/91	SL	40.00		16	4,660.				4,660.	3,394.		117.	3,511.
4	LEASEHOLD IMPROVEMENTS	06/30/94	SL	40.00		16	3,306.				3,306.	2,030.		83.	2,113.
5	FIRE ALARM & WIRING	04/06/95	SL	20.00		16	3,714.				3,714.	3,714.		0.	3,714.
6	DONATED FENCING	06/21/95	SL	20.00		16	69.				69.	66.		0.	66.
7	MISC IMPROVEMENTS	06/30/95	SL	40.00		16	362.				362.	213.		9.	222.
8	NEW SHELVING	12/30/95	SL	10.00		16	200.				200.	200.		0.	200.
9	INTERN HOUSE RENOVATIONS	12/15/96	SL	40.00		16	9,027.				9,027.	4,988.		226.	5,214.
10	INTERN HOUSE RENOVATIONS	02/28/97	SL	40.00		16	1,671.				1,671.	918.		42.	960.
11	CLINIC FLOOR RENOVATION	06/21/97	SL	20.00		16	5,975.				5,975.	5,975.		0.	5,975.
12	GRANITE BENCH	06/30/98	SL	5.00		16	200.				200.	200.		0.	200.
13	ROOF ON INTERN HOUSE	09/04/98	SL	20.00		16	4,350.				4,350.	4,350.		0.	4,350.
14	HEATING OIL TANK	01/10/98	SL	10.00		16	600.				600.	550.		0.	550.
15	REFRIGERATOR	05/07/99	SL	10.00		16	840.				840.	840.		0.	840.
16	FENCING	10/02/00	SL	10.00		16	421.				421.	421.		0.	421.
17	INTERN HOUSE RENOVATIONS	09/30/01	SL	40.00		16	13,905.				13,905.	6,030.		348.	6,378.

928111 04-01-19

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line 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
18	MAMMAL HOUSE - ELECTRICAL IMPROVEMENT	04/28/02	SL	10.00		16	638.				638.	638.		0.	638.
19	INTERN HOUSE RENOVATIONS	05/15/02	SL	30.00		16	24,334.				24,334.	13,517.		811.	14,328.
20	ANIMAL RECOVERY WARD	06/14/02	SL	10.00		16	735.				735.	735.		0.	735.
21	BIRD AVIARY	06/26/02	SL	10.00		16	800.				800.	800.		0.	800.
22	NILES BUILDING AND CAGING	12/07/02	SL	20.00		16	23,746.				23,746.	19,092.		1,187.	20,279.
23	PLUMBING AND OTHER IMPROVEMENTS	03/01/03	SL	10.00		16	3,259.				3,259.	3,259.		0.	3,259.
160	BUILDING	04/26/06	SL	40.00		16	5,173,159.				5,173,159.	1,616,613.		129,329.	1,745,942.
162	BOILER	01/04/08	SL	7.00		16	9,800.				9,800.	9,800.		0.	9,800.
	* 990 PAGE 10 TOTAL BUILDINGS						5,291,620.				5,291,620.	1,702,932.		132,298.	1,835,230.
	MACHINERY & EQUIPMENT														
24	X-RAY MACHINE	12/31/91	SL	10.00		16	885.				885.	885.		0.	885.
25	APPLIANCES	08/14/94	SL	10.00		16	1,650.				1,650.	1,650.		0.	1,650.
26	DISHWASHER	08/19/94	SL	10.00		16	2,614.				2,614.	2,614.		0.	2,614.
27	GARBAGE DISPOSAL	09/15/94	SL	10.00		16	220.				220.	220.		0.	220.
28	MICROSCOPE VIDEO SYSTEM	02/20/94	SL	10.00		16	3,442.				3,442.	3,442.		0.	3,442.
29	SMALL REFRIGERATOR	03/28/95	SL	10.00		16	50.				50.	50.		0.	50.
30	BENCHTOP CHEMISTRY PEPTATOR/DILUT	04/15/95	SL	20.00		16	11,900.				11,900.	11,900.		0.	11,900.
31	ANALYST BENCHTOP CHEMISTRY SYSTEM	04/15/95	SL	20.00		16	5,500.				5,500.	5,500.		0.	5,500.

928111 04-01-19

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Convention	Line 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
32	ORTHOPEDIC EQUIPMENT	05/25/95	SL	10.00		16	495.				495.	495.		0.	495.
33	1994 B/D CBC AUTO READER	06/15/95	SL	20.00		16	6,995.				6,995.	6,995.		0.	6,995.
34	PARAKEET CAGES (3)	06/26/95	SL	10.00		16	75.				75.	75.		0.	75.
35	LIFE CARE PUMP	06/30/95	SL	10.00		16	500.				500.	500.		0.	500.
36	HEMATOCRIT CENTRIFUGE	06/30/95	SL	10.00		16	500.				500.	500.		0.	500.
37	DOG KENNEL	06/30/95	SL	10.00		16	250.				250.	250.		0.	250.
38	CHEST FREEZER	06/30/95	SL	10.00		16	100.				100.	100.		0.	100.
39	UPRIGHT FREEZER	06/30/95	SL	10.00		16	100.				100.	100.		0.	100.
40	CANOPY	06/30/95	SL	10.00		16	400.				400.	400.		0.	400.
41	IV POLE	07/05/95	SL	10.00		16	50.				50.	50.		0.	50.
42	RABBIT CAGE WAGON	07/19/95	SL	10.00		16	50.				50.	50.		0.	50.
43	CAT CARRIER	10/09/95	SL	10.00		16	30.				30.	30.		0.	30.
44	AQUARIUM	10/09/95	SL	10.00		16	15.				15.	15.		0.	15.
45	MSPCA	10/13/95	SL	10.00		16	500.				500.	500.		0.	500.
46	KENNEL CRATE	01/18/95	SL	10.00		16	50.				50.	50.		0.	50.
47	X-RAY MACHINE	06/30/96	SL	10.00		16	5,000.				5,000.	5,000.		0.	5,000.
48	FISH TANK	06/30/96	SL	10.00		16	200.				200.	200.		0.	200.
49	STAINLESS STEEL DOG & OPOSSUM CAGES	06/30/96	SL	10.00		16	14,000.				14,000.	14,000.		0.	14,000.

928111 04-01-19

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line 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
50	PET CARRIER	06/30/96	SL	10.00		16	25.				25.	25.		0.	25.
51	MICROWAVE OVEN	06/30/96	SL	10.00		16	100.				100.	100.		0.	100.
52	PET CRATE	06/30/96	SL	10.00		16	100.				100.	100.		0.	100.
53	CBC MACHINE	06/30/96	SL	10.00		16	7,300.				7,300.	7,300.		0.	7,300.
54	ELECTRO CAUTERIZING UNIT	06/30/96	SL	10.00		16	3,000.				3,000.	3,000.		0.	3,000.
55	CRATE CAGE	06/30/96	SL	10.00		16	150.				150.	150.		0.	150.
56	ANIMAL CARRIERS	06/30/96	SL	10.00		16	500.				500.	500.		0.	500.
57	PET CARRIER	06/30/96	SL	10.00		16	15.				15.	15.		0.	15.
58	CAGING	06/30/96	SL	10.00		16	12,000.				12,000.	12,000.		0.	12,000.
59	PET CARRIER	06/30/96	SL	10.00		16	100.				100.	100.		0.	100.
60	SNAKE CAGE	09/30/96	SL	10.00		16	600.				600.	600.		0.	600.
61	DART PISTOLS	10/08/96	SL	10.00		16	488.				488.	488.		0.	488.
62	X-RAY MACHINE	11/15/96	SL	10.00		16	4,298.				4,298.	4,298.		0.	4,298.
63	FREEZER (SEARS	01/10/97	SL	10.00		16	380.				380.	380.		0.	380.
64	ANESTHESIA DART RIFLE	04/16/97	SL	10.00		16	707.				707.	707.		0.	707.
65	X-RAY MACHINE	12/01/97	SL	10.00		16	5,657.				5,657.	5,657.		0.	5,657.
66	PULSE OXYMETER & THERMOMETER	12/02/97	SL	10.00		16	1,005.				1,005.	1,005.		0.	1,005.
67	ANESTHESIA MACHINE	02/04/98	SL	10.00		16	3,041.				3,041.	3,041.		0.	3,041.

928111 04-01-19

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



## 2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line 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
68	DIGITAL SCALE	02/10/98	SL	5.00		16	266.				266.	266.		0.	266.
69	CAGING	04/01/98	SL	10.00		16	749.				749.	749.		0.	749.
70	STEEL CAGES	06/30/98	SL	10.00		16	12,000.				12,000.	12,000.		0.	12,000.
71	NEBULIZER	06/30/98	SL	5.00		16	475.				475.	475.		0.	475.
72	HEATING PADS	09/11/98	SL	5.00		16	148.				148.	148.		0.	148.
73	X-RAY MACHINE	02/23/98	SL	5.00		16	16,398.				16,398.	16,398.		0.	16,398.
74	X-RAY MACHINE	01/01/99	SL	5.00		16	2,936.				2,936.	2,936.		0.	2,936.
75	BLOOD CHEMISTRY ANALYZER	02/23/99	SL	5.00		16	7,675.				7,675.	7,675.		0.	7,675.
76	BRINKMAN AUTOCLAVE	06/30/99	SL	5.00		16	6,000.				6,000.	6,000.		0.	6,000.
77	STAINLESS STEEL SURGICAL TABLE	06/30/99	SL	5.00		16	3,500.				3,500.	3,500.		0.	3,500.
78	PRE-RELEASE AVIARY	12/01/99	SL	10.00		16	5,208.				5,208.	5,208.		0.	5,208.
79	SURGICAL INSTRUMENTS	04/04/00	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
80	FREEZER	04/29/00	SL	10.00		16	446.				446.	446.		0.	446.
81	ANIMAL CRATES	06/30/00	SL	10.00		16	1,750.				1,750.	1,750.		0.	1,750.
82	CAGING AND SHEDS	06/30/00	SL	10.00		16	1,420.				1,420.	1,420.		0.	1,420.
83	SURGICAL INSTRUMENTS	11/05/00	SL	5.00		16	1,282.				1,282.	1,282.		0.	1,282.
84	COMMUNICATION EQUIPMENT (DONATED)	08/01/01	SL	7.00		16	1,200.				1,200.	1,200.		0.	1,200.
85	MAMAL ENCLOSURE (ALISON GRANT)	09/30/01	SL	10.00		16	10,425.				10,425.	10,425.		0.	10,425.

928111 04-01-19

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line 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
86	WASHER AND DRYER	10/01/02	SL	7.00		16	1,260.				1,260.	1,260.		0.	1,260.
87	I-STATE MACHINE	12/01/04	SL	7.00		16	4,000.				4,000.	4,000.		0.	4,000.
88	TUB TABLE	01/17/06	SL	10.00		16	2,070.				2,070.	2,070.		0.	2,070.
89	TUB TABLE	01/17/06	SL	10.00		16	2,070.				2,070.	2,070.		0.	2,070.
90	TUB TABLE	01/17/06	SL	10.00		16	2,069.				2,069.	2,069.		0.	2,069.
91	BATHING TUB	03/12/06	SL	10.00		16	729.				729.	729.		0.	729.
92	BATHING TUB	03/12/06	SL	10.00		16	729.				729.	729.		0.	729.
93	X-RAY MACHINE	03/31/06	SL	5.00		16	1,974.				1,974.	1,974.		0.	1,974.
94	VIDEO RECORDER	06/30/95	SL	10.00		16	230.				230.	230.		0.	230.
95	SONY TV	06/30/96	SL	5.00		16	50.				50.	50.		0.	50.
96	PARK BENCHES	06/30/97	SL	10.00		16	160.				160.	160.		0.	160.
97	NATURE TRAIL CAGES	06/30/97	SL	5.00		16	500.				500.	500.		0.	500.
98	SONY DIGITAL CAMERA	02/03/99	SL	5.00		16	1,040.				1,040.	1,040.		0.	1,040.
99	REFRIGERATOR AT INTERN HOUSE	06/29/00	SL	10.00		16	720.				720.	720.		0.	720.
100	STOVE FOR INTERN HOUSE	07/27/00	SL	10.00		16	681.				681.	681.		0.	681.
101	WASHER AND DRYER	07/14/01	SL	10.00		16	920.				920.	905.		0.	905.
102	TV, ETC. FOR INTERN HOUSE	09/26/01	SL	5.00		16	970.				970.	970.		0.	970.
103	COMPUTER	10/20/00	SL	5.00		16	725.				725.	725.		0.	725.

928111 04-01-19

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line 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
104	OFFICE EQUIPMENT	12/31/88	SL	7.00		16	9,971.				9,971.	9,971.		0.	9,971.
105	COPIER	12/31/88	SL	7.00		16	4,735.				4,735.	4,735.		0.	4,735.
106	COMPUTER	12/31/88	SL	7.00		16	2,174.				2,174.	2,174.		0.	2,174.
107	CABINET	07/01/94	SL	10.00		16	500.				500.	500.		0.	500.
108	GATEWAY	03/15/95	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
109	FACSIMILE	06/30/95	SL	10.00		16	315.				315.	315.		0.	315.
110	FAX & ANSWERING MACHINE	01/17/96	SL	10.00		16	966.				966.	966.		0.	966.
111	FILE CABINET	06/30/96	SL	10.00		16	25.				25.	25.		0.	25.
112	NORTHGATE COMPUTER & PRINTER	06/30/96	SL	5.00		16	750.				750.	750.		0.	750.
113	GE MICROWAVE	06/30/96	SL	10.00		16	100.				100.	100.		0.	100.
114	COMPUTER NETWORKING	06/30/96	SL	5.00		16	1,125.				1,125.	1,125.		0.	1,125.
115	FAX MACHINE	06/30/96	SL	5.00		16	250.				250.	250.		0.	250.
116	OFFICE CHAIR	06/30/96	SL	10.00		16	150.				150.	150.		0.	150.
117	PRESSURE WASHER	07/05/96	SL	5.00		16	492.				492.	492.		0.	492.
118	PRINTER	12/05/96	SL	5.00		16	320.				320.	320.		0.	320.
119	PRINTER	12/12/96	SL	5.00		16	814.				814.	814.		0.	814.
120	PANASONIC A/C	12/30/97	SL	5.00		16	100.				100.	100.		0.	100.
121	ELECTRIC TYPEWRITER	06/30/97	SL	5.00		16	100.				100.	100.		0.	100.

928111 04-01-19

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line 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
122	XEROX, TABLETOP	06/30/97	SL	5.00		16	500.				500.	500.		0.	500.
123	486 PC'S (2)	06/30/97	SL	5.00		16	500.				500.	500.		0.	500.
124	DELL PENTIUM PC'S (3) AND PRINTERS	11/07/97	SL	5.00		16	9,700.				9,700.	9,700.		0.	9,700.
125	COUNTER TOP DESKS	02/06/98	SL	10.00		16	634.				634.	634.		0.	634.
126	MISC OFFICE - SCANJET; LABELER	06/30/98	SL	5.00		16	1,195.				1,195.	1,195.		0.	1,195.
127	COMPUTER EQUIPMENT	06/04/99	SL	5.00		16	5,329.				5,329.	5,329.		0.	5,329.
128	COMPUTER EQUIPMENT	09/22/99	SL	5.00		16	5,920.				5,920.	5,920.		0.	5,920.
129	DESK	04/06/00	SL	10.00		16	347.				347.	347.		0.	347.
130	COPIER FOR CLINIC	07/26/00	SL	5.00		16	500.				500.	500.		0.	500.
131	OFFICE EQUIPMENT	02/03/01	SL	5.00		16	1,061.				1,061.	1,061.		0.	1,061.
132	COMPUTERS, PRINTERS & OTHER	06/30/01	SL	5.00		16	5,605.				5,605.	5,605.		0.	5,605.
133	PRINTER	02/01/02	SL	5.00		16	247.				247.	247.		0.	247.
134	FAX/COPIER MACHINE	02/04/02	SL	5.00		16	529.				529.	529.		0.	529.
135	AIR CONDITIONER	07/10/02	SL	7.00		16	630.				630.	630.		0.	630.
136	DESKJET 960CS PRINTER	09/12/02	SL	5.00		16	214.				214.	214.		0.	214.
137	LASERJET 1200	09/12/02	SL	5.00		16	372.				372.	372.		0.	372.
138	INSPIRON 8200 LAPTOP	09/12/02	SL	5.00		16	2,617.				2,617.	2,617.		0.	2,617.
139	HP COLOR LASER PRINTER	11/01/02	SL	5.00		16	1,930.				1,930.	1,930.		0.	1,930.

928111 04-01-19

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line 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
140	DELL LAPTOP (KATRINA)	01/09/03	SL	5.00		16	2,725.				2,725.	2,725.		0.	2,725.
141	DELL INSPIRON 5150 NOTEBOOK COMPUTER	06/30/04	SL	5.00		16	1,490.				1,490.	1,490.		0.	1,490.
142	DELL DIMENSION DESKTOP (GREG)	10/22/04	SL	5.00		16	1,268.				1,268.	1,268.		0.	1,268.
143	HOBART DISHWASHER	03/13/06	SL	10.00		16	4,300.				4,300.	4,300.		0.	4,300.
144	X-RAY LIGHT BOX	03/14/06	SL	5.00		16	723.				723.	723.		0.	723.
145	GE WASHING MACHINES (2)	03/23/06	SL	10.00		16	1,300.				1,300.	1,300.		0.	1,300.
146	GE ELECTRIC DRYERS	03/23/06	SL	10.00		16	900.				900.	900.		0.	900.
147	METAL EXAM TABLES	06/12/06	SL	10.00		16	699.				699.	699.		0.	699.
148	WINDOW BLINDS	06/15/06	SL	10.00		16	4,782.				4,782.	4,782.		0.	4,782.
149	NEC PHONE SYSTEM	08/07/06	SL	10.00		16	9,621.				9,621.	9,621.		0.	9,621.
150	NETWORK SUPPLIES	08/07/06	SL	5.00		16	9,671.				9,671.	9,671.		0.	9,671.
151	RECYCLING BINS	09/12/06	SL	10.00		16	1,150.				1,150.	1,150.		0.	1,150.
152	DONATED FURNITURE	12/31/06	SL	10.00		16	27,925.				27,925.	27,925.		0.	27,925.
157	X-RAY LIGHT BOX	03/14/06	SL	5.00		16	288.				288.	288.		0.	288.
158	DESK	11/15/96	SL	10.00		16	210.				210.	210.		0.	210.
161	PRO SOUND	07/01/07	SL	5.00		16	2,692.				2,692.	2,692.		0.	2,692.
165	AUTOClave	02/19/09	200DB	5.00	HY17		1,969.		1,969.					0.	
166	VIDEO CAMERA	12/12/11	200DB	5.00	MQ17		3,000.				3,000.	3,000.		0.	3,000.

928111 04-01-19

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line 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
167	XRAY EQUIPMENT	10/11/12	SL	5.00		16	34,500.				34,500.	34,500.		0.	34,500.
168	ANESTHESIA SYSTEM	10/24/12	SL	5.00		16	6,490.				6,490.	6,490.		0.	6,490.
169	RAPTOR FLIGHT PEN	12/15/13	SL	10.00		16	65,335.				65,335.	33,214.		6,534.	39,748.
170	ULTRASOUND EQUIPMENT	03/08/13	SL	5.00		16	19,240.				19,240.	19,240.		0.	19,240.
171	COMPUTER EQUIPMENT	09/06/13	SL	5.00		16	13,092.				13,092.	13,092.		0.	13,092.
172	IPAD	06/05/13	SL	5.00		16	529.				529.	529.		0.	529.
173	IPADS & COVERS	09/12/13	SL	5.00		16	9,827.				9,827.	9,827.		0.	9,827.
174	PROJECTOR	10/13/14	SL	5.00		16	450.				450.	383.		67.	450.
175	CAGING	02/26/14	SL	10.00		16	1,563.				1,563.	754.		156.	910.
177	LEADCARE ANALYZER	01/29/15	SL	5.00		16	4,016.				4,016.	3,145.		803.	3,948.
178	MEDICAL WASTE MACHINE	01/08/15	SL	5.00		16	3,594.				3,594.	2,876.		718.	3,594.
181	REFRIGERATOR, WASHER/DRYER	08/01/17	SL	5.00		16	1,373.				1,373.	389.		275.	664.
182	X-RAY MACHINE	03/19/19	SL	5.00		16	4,750.				4,750.			713.	713.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						492,501.		1,969.		490,532.	450,197.		9,266.	459,463.
	TRANSPORTATION EQUIPMENT														
176	FORD F250	10/29/14	SL	5.00		16	2,000.				2,000.	1,667.		333.	2,000.
179	2017 DODGE CARAVAN	02/21/17	SL	5.00		16	22,000.				22,000.	8,067.		4,400.	12,467.
180	2016 FORD TRANSIT	02/27/17	SL	5.00		16	24,827.				24,827.	9,103.		4,965.	14,068.

928111 04-01-19

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line 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
	* 990 PAGE 10 TOTAL						48,827.				48,827.	18,837.		9,698.	28,535.
	TRANSPORTATION EQUIPMENT														
	OTHER														
159	CAPITALIZED FINANCING	10/01/06		30M	HY	43	74,682.				74,682.	74,682.		0.	74,682.
163	NON COMPETE O.P.V.	01/02/08		24M	HY	43	14,000.				14,000.	14,000.		0.	14,000.
164	GOODWILL	01/02/08	NC	.000	HY		26,000.				26,000.			0.	
	* 990 PAGE 10 TOTAL OTHER						114,682.				114,682.	88,682.		0.	88,682.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						5,947,630.		1,969.		5,945,661.	2,260,648.		151,262.	2,411,910.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						5,942,880.			0.	5,940,911.	2,260,648.			2,411,197.
	ACQUISITIONS						4,750.			0.	4,750.	0.			713.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						5,947,630.			0.	5,945,661.	2,260,648.			2,411,910.
	ENDING ACCUM DEPR											2,413,879.			
	ENDING BOOK VALUE											8,533,751.			

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

OMB No. 1545-0047

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>NEW ENGLAND WILDLIFE CENTER, INC.</b>	Taxpayer identification number (TIN)  <b>04-2907561</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>500 COLUMBIAN STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SOUTH WEYMOUTH, MA 02190</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KRISTIN WALSH, FINANCE DIRECTOR**

- The books are in the care of ► **500 COLUMBIAN STREET - WEYMOUTH, MA 02190**

Telephone No. ► **781-682-4878**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2019** or► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



**2019 DEPRECIATION AND AMORTIZATION REPORT**  
**- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.**

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	LEASEHOLD IMPROVEMENTS	063089	SL	40.00	16	3,690.			3,690.	2,948.		92.
2	LEASEHOLD IMPROVEMENTS	063090	SL	40.00	16	2,159.			2,159.	1,641.		54.
3	LEASEHOLD IMPROVEMENTS	063091	SL	40.00	16	4,660.			4,660.	3,394.		117.
4	LEASEHOLD IMPROVEMENTS	063094	SL	40.00	16	3,306.			3,306.	2,030.		83.
5	FIRE ALARM & WIRING	040695	SL	20.00	16	3,714.			3,714.	3,714.		0.
6	DONATED FENCING	062195	SL	20.00	16	69.			69.	66.		0.
7	MISC IMPROVEMENTS	063095	SL	40.00	16	362.			362.	213.		9.
8	NEW SHELVING	123095	SL	10.00	16	200.			200.	200.		0.
9	INTERN HOUSE RENOVATIONS	121596	SL	40.00	16	9,027.			9,027.	4,988.		226.
10	INTERN HOUSE RENOVATIONS	022897	SL	40.00	16	1,671.			1,671.	918.		42.
11	CLINIC FLOOR RENOVATION	062197	SL	20.00	16	5,975.			5,975.	5,975.		0.
12	GRANITE BENCH	063098	SL	5.00	16	200.			200.	200.		0.
13	ROOF ON INTERN HOUSE	090498	SL	20.00	16	4,350.			4,350.	4,350.		0.
14	HEATING OIL TANK	011098	SL	10.00	16	600.			600.	550.		0.
15	REFRIGERATOR	050799	SL	10.00	16	840.			840.	840.		0.
16	FENCING	100200	SL	10.00	16	421.			421.	421.		0.
17	INTERN HOUSE RENOVATIONS	093001	SL	40.00	16	13,905.			13,905.	6,030.		348.

**2019 DEPRECIATION AND AMORTIZATION REPORT**  
**- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.**

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	MAMMAL HOUSE - ELECTRICAL IMPROVEMENTS	042802SL		10.00	16	638.			638.	638.		0.
19	INTERN HOUSE RENOVATIONS	051502SL		30.00	16	24,334.			24,334.	13,517.		811.
20	ANIMAL RECOVERY WARD	061402SL		10.00	16	735.			735.	735.		0.
21	BIRD AVIARY	062602SL		10.00	16	800.			800.	800.		0.
22	NILES BUILDING AND CAGING	120702SL		20.00	16	23,746.			23,746.	19,092.		1,187.
23	PLUMBING AND OTHER IMPROVEMENTS	030103SL		10.00	16	3,259.			3,259.	3,259.		0.
160	BUILDING	042606SL		40.00	16	5,173,159.			5,173,159.	1,616,613.		129,329.
162	BOILER	010408SL		7.00	16	9,800.			9,800.	9,800.		0.
	* 990 PAGE 10 TOTAL BUILDINGS					5,291,620.		0.	5,291,620.	1,702,932.		132,298.
	MACHINERY & EQUIPMENT											
24	X-RAY MACHINE	123191SL		10.00	16	885.			885.	885.		0.
25	APPLIANCES	081494SL		10.00	16	1,650.			1,650.	1,650.		0.
26	DISHWASHER	081994SL		10.00	16	2,614.			2,614.	2,614.		0.
27	GARBAGE DISPOSAL	091594SL		10.00	16	220.			220.	220.		0.
28	MICROSCOPE VIDEO SYSTEM	022094SL		10.00	16	3,442.			3,442.	3,442.		0.
29	SMALL REFRIGERATOR	032895SL		10.00	16	50.			50.	50.		0.
30	BENCHTOP CHEMISTRY PEPPER/TOP/DILUT	041595SL		20.00	16	11,900.			11,900.	11,900.		0.
31	CHEMISTRY SYSTEM	041595SL		20.00	16	5,500.			5,500.	5,500.		0.

**2019 DEPRECIATION AND AMORTIZATION REPORT**  
**- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.**

Asset No.	Description	Date Acquired		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
32	ORTHOPEDIC EQUIPMENT	0525	95	SL	10.00	16	495.			495.	495.		0.
33	1994 B/D CBC AUTO READER	0615	95	SL	20.00	16	6,995.			6,995.	6,995.		0.
34	PARAKEET CAGES (3)	0626	95	SL	10.00	16	75.			75.	75.		0.
35	LIFE CARE PUMP	0630	95	SL	10.00	16	500.			500.	500.		0.
36	HEMATOCRIT CENTRIFUGE	0630	95	SL	10.00	16	500.			500.	500.		0.
37	DOG KENNEL	0630	95	SL	10.00	16	250.			250.	250.		0.
38	CHEST FREEZER	0630	95	SL	10.00	16	100.			100.	100.		0.
39	UPRIGHT FREEZER	0630	95	SL	10.00	16	100.			100.	100.		0.
40	CANOPY	0630	95	SL	10.00	16	400.			400.	400.		0.
41	IIV POLE	0705	95	SL	10.00	16	50.			50.	50.		0.
42	RABBIT CAGE WAGON	0719	95	SL	10.00	16	50.			50.	50.		0.
43	CAT CARRIER	1009	95	SL	10.00	16	30.			30.	30.		0.
44	AQUARIUM	1009	95	SL	10.00	16	15.			15.	15.		0.
45	MSPCA	1013	95	SL	10.00	16	500.			500.	500.		0.
46	KENNEL CRATE	0118	95	SL	10.00	16	50.			50.	50.		0.
47	X-RAY MACHINE	0630	96	SL	10.00	16	5,000.			5,000.	5,000.		0.
48	FISH TANK	0630	96	SL	10.00	16	200.			200.	200.		0.
49	STAINLESS STEEL DOG CAGES	0630	96	SL	10.00	16	14,000.			14,000.	14,000.		0.

**2019 DEPRECIATION AND AMORTIZATION REPORT**  
**- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.**

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
50	PET CARRIER	063096SL		10.00	16	25.			25.	25.		0.
51	MICROWAVE OVEN	063096SL		10.00	16	100.			100.	100.		0.
52	PET CRATE	063096SL		10.00	16	100.			100.	100.		0.
53	CBC MACHINE	063096SL		10.00	16	7,300.			7,300.	7,300.		0.
54	ELECTRO CAUTERIZING UNIT	063096SL		10.00	16	3,000.			3,000.	3,000.		0.
55	CRATE CAGE	063096SL		10.00	16	150.			150.	150.		0.
56	ANIMAL CARRIERS	063096SL		10.00	16	500.			500.	500.		0.
57	PET CARRIER	063096SL		10.00	16	15.			15.	15.		0.
58	CAGING	063096SL		10.00	16	12,000.			12,000.	12,000.		0.
59	PET CARRIER	063096SL		10.00	16	100.			100.	100.		0.
60	SNAKE CAGE	093096SL		10.00	16	600.			600.	600.		0.
61	DART PISTOLS	100896SL		10.00	16	488.			488.	488.		0.
62	X-RAY MACHINE	111596SL		10.00	16	4,298.			4,298.	4,298.		0.
63	FREEZER (SEARS	011097SL		10.00	16	380.			380.	380.		0.
64	ANESTHESIA DART RIFLE	041697SL		10.00	16	707.			707.	707.		0.
65	X-RAY MACHINE	120197SL		10.00	16	5,657.			5,657.	5,657.		0.
66	PULSE OXYMETER & THERMOMETER	120297SL		10.00	16	1,005.			1,005.	1,005.		0.
67	ANESTHESIA MACHINE	020498SL		10.00	16	3,041.			3,041.	3,041.		0.

**2019 DEPRECIATION AND AMORTIZATION REPORT**  
**- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.**

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis *	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
68	DIGITAL SCALE	021098SL		5.00	16	266.			266.	266.		0.
69	CAGING	040198SL		10.00	16	749.			749.	749.		0.
70	STEEL CAGES	063098SL		10.00	16	12,000.			12,000.	12,000.		0.
71	NEBULIZER	063098SL		5.00	16	475.			475.	475.		0.
72	HEATING PADS	091198SL		5.00	16	148.			148.	148.		0.
73	X-RAY MACHINE	022398SL		5.00	16	16,398.			16,398.	16,398.		0.
74	X-RAY MACHINE	010199SL		5.00	16	2,936.			2,936.	2,936.		0.
75	BLOOD CHEMISTRY ANALYZER	022399SL		5.00	16	7,675.			7,675.	7,675.		0.
76	BRINKMAN AUTOCLAVE	063099SL		5.00	16	6,000.			6,000.	6,000.		0.
77	STAINLESS STEEL SURGICAL TABLE	063099SL		5.00	16	3,500.			3,500.	3,500.		0.
78	PRE-RELEASE AVIARY	120199SL		10.00	16	5,208.			5,208.	5,208.		0.
79	SURGICAL INSTRUMENTS	040400SL		5.00	16	1,500.			1,500.	1,500.		0.
80	FREEZER	042900SL		10.00	16	446.			446.	446.		0.
81	ANIMAL CRATES	063000SL		10.00	16	1,750.			1,750.	1,750.		0.
82	CAGING AND SHEDS	063000SL		10.00	16	1,420.			1,420.	1,420.		0.
83	SURGICAL INSTRUMENTS	110500SL		5.00	16	1,282.			1,282.	1,282.		0.
84	COMMUNICATION EQUIPMENT (DONATED)	080101SL		7.00	16	1,200.			1,200.	1,200.		0.
85	MAMAL ENCLOSURE (ALISON GRANT)	093001SL		10.00	16	10,425.			10,425.	10,425.		0.

**2019 DEPRECIATION AND AMORTIZATION REPORT**  
**- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.**

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
86	WASHER AND DRYER	1001102SL		7.00	16	1,260.			1,260.	1,260.		0.
87	I-STATE MACHINE	1201104SL		7.00	16	4,000.			4,000.	4,000.		0.
88	TUB TABLE	0111706SL		10.00	16	2,070.			2,070.	2,070.		0.
89	TUB TABLE	0111706SL		10.00	16	2,070.			2,070.	2,070.		0.
90	TUB TABLE	0111706SL		10.00	16	2,069.			2,069.	2,069.		0.
91	BATHING TUB	031206SL		10.00	16	729.			729.	729.		0.
92	BATHING TUB	031206SL		10.00	16	729.			729.	729.		0.
93	X-RAY MACHINE	033106SL		5.00	16	1,974.			1,974.	1,974.		0.
94	VIDEO RECORDER	063095SL		10.00	16	230.			230.	230.		0.
95	SONY TV	063096SL		5.00	16	50.			50.	50.		0.
96	PARK BENCHES	063097SL		10.00	16	160.			160.	160.		0.
97	NATURE TRAIL CAGES	063097SL		5.00	16	500.			500.	500.		0.
98	SONY DIGITAL CAMERA	020399SL		5.00	16	1,040.			1,040.	1,040.		0.
99	REFRIGERATOR AT INTERN HOUSE	062900SL		10.00	16	720.			720.	720.		0.
100	STOVE FOR INTERN HOUSE	072700SL		10.00	16	681.			681.	681.		0.
101	WASHER AND DRYER	071401SL		10.00	16	920.			920.	905.		0.
102	TV, ETC. FOR INTERN HOUSE	092601SL		5.00	16	970.			970.	970.		0.
103	COMPUTER	102000SL		5.00	16	725.			725.	725.		0.

**2019 DEPRECIATION AND AMORTIZATION REPORT**  
**- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.**

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
104	OFFICE EQUIPMENT	123188SL		7.00	16	9,971.			9,971.	9,971.		0.
105	COPIER	123188SL		7.00	16	4,735.			4,735.	4,735.		0.
106	COMPUTER	123188SL		7.00	16	2,174.			2,174.	2,174.		0.
107	CABINET	070194SL		10.00	16	500.			500.	500.		0.
108	GATEWAY	031595SL		5.00	16	3,000.			3,000.	3,000.		0.
109	FACSIMILE	063095SL		10.00	16	315.			315.	315.		0.
110	FAX & ANSWERING MACHINE	011796SL		10.00	16	966.			966.	966.		0.
111	FILE CABINET	063096SL		10.00	16	25.			25.	25.		0.
112	NORTHGATE COMPUTER & PRINTER	063096SL		5.00	16	750.			750.	750.		0.
113	GE MICROWAVE	063096SL		10.00	16	100.			100.	100.		0.
114	COMPUTER NETWORKING	063096SL		5.00	16	1,125.			1,125.	1,125.		0.
115	FAX MACHINE	063096SL		5.00	16	250.			250.	250.		0.
116	OFFICE CHAIR	063096SL		10.00	16	150.			150.	150.		0.
117	PRESSURE WASHER	070596SL		5.00	16	492.			492.	492.		0.
118	PRINTER	120596SL		5.00	16	320.			320.	320.		0.
119	PRINTER	121296SL		5.00	16	814.			814.	814.		0.
120	PANASONIC A/C	123097SL		5.00	16	100.			100.	100.		0.
121	ELECTRIC TYPEWRITER	063097SL		5.00	16	100.			100.	100.		0.

**2019 DEPRECIATION AND AMORTIZATION REPORT**  
**- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.**

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
122	XEROX, TABLETOP	063097SL		5.00	16	500.			500.	500.		0.
123	486 PC'S (2)	063097SL		5.00	16	500.			500.	500.		0.
124	DELL PENTIUM PC'S (3) AND PRINTERS	110797SL		5.00	16	9,700.			9,700.	9,700.		0.
125	COUNTER TOP DESKS	020698SL		10.00	16	634.			634.	634.		0.
126	MISC OFFICE - SCANJET; LABELER	063098SL		5.00	16	1,195.			1,195.	1,195.		0.
127	COMPUTER EQUIPMENT	060499SL		5.00	16	5,329.			5,329.	5,329.		0.
128	COMPUTER EQUIPMENT	092299SL		5.00	16	5,920.			5,920.	5,920.		0.
129	DESK	040600SL		10.00	16	347.			347.	347.		0.
130	COPIER FOR CLINIC	072600SL		5.00	16	500.			500.	500.		0.
131	OFFICE EQUIPMENT	020301SL		5.00	16	1,061.			1,061.	1,061.		0.
132	COMPUTERS, PRINTERS & OTHER	063001SL		5.00	16	5,605.			5,605.	5,605.		0.
133	PRINTER	020102SL		5.00	16	247.			247.	247.		0.
134	FAX/COPIER MACHINE	020402SL		5.00	16	529.			529.	529.		0.
135	AIR CONDITIONER	071002SL		7.00	16	630.			630.	630.		0.
136	DESKJET 960CS PRINTER	091202SL		5.00	16	214.			214.	214.		0.
137	LASERJET 1200	091202SL		5.00	16	372.			372.	372.		0.
138	INSPIRON 8200 LAPTOP	091202SL		5.00	16	2,617.			2,617.	2,617.		0.
139	HP COLOR LASER PRINTER	110102SL		5.00	16	1,930.			1,930.	1,930.		0.



**2019 DEPRECIATION AND AMORTIZATION REPORT**  
**- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.**

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
140	DELL LAPTOP (KATRINA)	010903SL		5.00	16	2,725.			2,725.	2,725.		0.
141	DELL INSPIRON 5150	063004SL		5.00	16	1,490.			1,490.	1,490.		0.
142	DELL NOTEBOOK COMPUTER	102204SL		5.00	16	1,268.			1,268.	1,268.		0.
143	DELL DIMENSION	031306SL		10.00	16	4,300.			4,300.	4,300.		0.
144	DELL DESKTOP (GREG)	031406SL		5.00	16	723.			723.	723.		0.
145	HOBART DISHWASHER	032306SL		10.00	16	1,300.			1,300.	1,300.		0.
146	X-RAY LIGHT BOX	032306SL		10.00	16	900.			900.	900.		0.
147	GE WASHING MACHINES	061206SL		10.00	16	699.			699.	699.		0.
148	ELECTRIC DRYERS	061506SL		10.00	16	4,782.			4,782.	4,782.		0.
149	METAL EXAM TABLES	080706SL		10.00	16	9,621.			9,621.	9,621.		0.
150	WINDOW BLINDS	080706SL		5.00	16	9,671.			9,671.	9,671.		0.
151	NEC PHONE SYSTEM	091206SL		10.00	16	1,150.			1,150.	1,150.		0.
152	RECYCLING BINS	123106SL		10.00	16	27,925.			27,925.	27,925.		0.
157	DONATED FURNITURE	031406SL		5.00	16	288.			288.	288.		0.
158	X-RAY LIGHT BOX	111596SL		10.00	16	210.			210.	210.		0.
161	DESK	070107SL		5.00	16	2,692.			2,692.	2,692.		0.
165	PRO SOUND	021909200DB		5.00	17	1,969.		1,969.				0.
166	AUTOCLAVE	121211200DB		5.00	17	3,000.			3,000.	3,000.		0.
166	VIDEO CAMERA	121211200DB		5.00	17	3,000.			3,000.	3,000.		0.

**2019 DEPRECIATION AND AMORTIZATION REPORT**  
**- CURRENT YEAR FEDERAL - NEW ENGLAND WILDLIFE CENTER, INC.**

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
167	XRAY EQUIPMENT	101112SL		5.00	16	34,500.			34,500.	34,500.		0.
168	ANESTHESIA SYSTEM	102412SL		5.00	16	6,490.			6,490.	6,490.		0.
169	RAPTOR FLIGHT PEN	121513SL		10.00	16	65,335.			65,335.	33,214.		6,534.
170	ULTRASOUND EQUIPMENT	030813SL		5.00	16	19,240.			19,240.	19,240.		0.
171	COMPUTER EQUIPMENT	090613SL		5.00	16	13,092.			13,092.	13,092.		0.
172	IPAD	060513SL		5.00	16	529.			529.	529.		0.
173	IPADS & COVERS	091213SL		5.00	16	9,827.			9,827.	9,827.		0.
174	PROJECTOR	101314SL		5.00	16	450.			450.	383.		67.
175	CAGING	022614SL		10.00	16	1,563.			1,563.	754.		156.
177	LEADCARE ANALYZER	012915SL		5.00	16	4,016.			4,016.	3,145.		803.
178	MEDICAL WASTE MACHINE	010815SL		5.00	16	3,594.			3,594.	2,876.		718.
181	REFRIGERATOR, WASHER/DRYER	080117SL		5.00	16	1,373.			1,373.	389.		275.
182	X-RAY MACHINE	031919SL		5.00	16	4,750.			4,750.			713.
	* 990 PAGE 10 TOTAL					492,501.		1,969.	490,532.	450,197.		9,266.
	MACHINERY & EQUIPMENT											
	TRANSPORTATION EQUIPMENT											
176	FORD F250	102914SL		5.00	16	2,000.			2,000.	1,667.		333.
179	2017 DODGE CARAVAN	022117SL		5.00	16	22,000.			22,000.	8,067.		4,400.
180	2016 FORD TRANSIT	022717SL		5.00	16	24,827.			24,827.	9,103.		4,965.

[illegible]

**THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL  
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION  
ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108**

(617) 727-2200, ext. 2101  
[www.mass.gov/ago/charities](http://www.mass.gov/ago/charities)

## Form PC

Report for the Fiscal Period: 01/01/19 to 12/31/19Attorney General's Account #: 017825Federal ID #: 04-2907561

Electronic Payment Confirmation #: \_\_\_\_\_

*Attach printout of electronic payment confirmation.*When did the organization first engage in  
charitable work in Massachusetts?07/17/1983Has the organization applied for or been granted  
IRS tax exempt status?☒ Yes ☐ NoIf yes, date of application **OR** date of determination letter:04/01/1984

IRS Exemption under 501(c):

3If exempt under 501(c), are contributions to the organization  
tax deductible as charitable contributions?☐ Yes ☒ No**Check all items attached  
(if applicable)**

- ☒ Filing Fee or Printout of  
Electronic Payment  
Confirmation
- ☒ Copy of IRS Return
- ☒ Audited Financial  
Statements/Review
- ☐ Amended Articles/  
By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☐ Schedule RO
- ☐ Schedule VCO
- ☐ Probate Account

**Organization Data**Name: NEW ENGLAND WILDLIFE CENTER, INC.Mailing Address: 500 COLUMBIAN STREETCity: SOUTH WEYMOUTH State: MA ZIP: 02190Phone Number: 781-682-4878

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: WWW.NEWWILDLIFE.COM

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.  
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	<u>12</u>	Organization Purpose Code 1	<u>53</u>
Type of Organization (Table 2)	<u>4</u>	Organization Purpose Code 2	<u>8</u>

Please check box if final return prior to dissolution: ☐

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 07/17/1983

2. Where was the organization created? HINGHAM MA

3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): \_\_\_\_\_

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. ☐ Yes ☐ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	1,492,717.
B.	Gross support and revenue	2,095,116.
C.	Program services and similar amounts paid out	1,588,829.
D.	Fundraising expenses	101,790.
E.	Management and general expenses	228,267.
F.	Payments to affiliates	0.
G.	Total expenses	1,918,886.
H.	Net assets or fund balances at the end of the year	7,812,493.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	GREG MERTZ EXEC. DIRECTOR	40.00	169,465.	13,198.	0.
2.	KATRINA BANAGIS CHIEF EXECUTIVE OFFICER	40.00	131,166.	61.	0.
3.	ZACHARY MERTZ EXECUTIVE DIRECTOR - CAPE	40.00	79,672.	7,861.	0.
4.	PRIYA PATEL VETERINARIAN	40.00	74,701.	7,861.	0.
5.	KRISTIN WALSH FINANCE	30.00	56,981.	0.	4,691.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). ☐ Yes ☒ No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	LMHS PC	12,000.	AUDITING AND TAX SERVICES
2.	FLDDBROOK SOLUTIONS	6,491.	INTERNET CONSULTANT
3.	AMELIA BOWEN	7,100.	FUNDRAISING
4.	FABIANA BAPTISTA	13,095.	CLEANING
5.	JACK BANAGIS	6,560.	GRANT WRITING

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
SOUTH SHORE SAVINGS BANK	530 MAIN STREET, WEYMOUTH, MA 02190	781-337-3000
EASTERN BANK	1265 BELMOT ST, BROCKTON, MA 02301	508-587-3210

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other (specify): \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

12. Contact Person Name: KRISTIN WALSH

Street Address: 500 COLUMBIAN STREET

City: WEYMOUTH State: MA ZIP Code: 02190

Phone Number: 781-682-4278

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? ☐ Yes ☒ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? ☐ Yes ☒ No

*If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.*

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i>	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

**STATEMENT 1**

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

**STATEMENT 2**

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

**STATEMENT 3**

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? ☐ Yes ☒ No

*If yes attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.*

FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT	1
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## NAME AND ADDRESS

## PHONE NUMBER

CAPE WILDLIFE CENTER  
4011 MAIN STREET  
BARNSTABLE, MA 02630

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	2
---------	----------------------------------------------	-----------	---

## NAME AND ADDRESS

## TITLE

GREGORY MERTZ  
500 COLUMBIAN STREET  
SOUTH WEYMOUTH, MA 02190

CHAIRMAN

KATRINA M BANAGIS  
500 COLUMBIAN STREET  
SOUTH WEYMOUTH, MA 02190

CHIEF EXECUTIVE OFFICER

SUSAN DELAHUNT  
500 COLUMBIAN STREET  
SOUTH WEYMOUTH, MA 02190

PRESIDENT

PETER BROWN  
500 COLUMBIAN STREET  
SOUTH WEYMOUTH, MA 02190

TREASURER

TERESA HILL  
500 COLUMBIAN STREET  
SOUTH WEYMOUTH, MA 02190

VICE PRESIDENT

BEVERLY SMITH  
500 COLUMBIAN STREET  
SOUTH WEYMOUTH, MA 02190

CLERK

JOSEPH FLAHERTY  
500 COLUMBIAN STREET  
SOUTH WEYMOUTH, MA 02190

DIRECTOR

KEITH WELLS  
500 COLUMBIAN STREET  
SOUTH WEYMOUTH, MA 02190

DIRECTOR

THOMAS SHIELDS  
500 COLUMBIAN STREET  
SOUTH WEYMOUTH, MA 02190

DIRECTOR



FORM PC

PAGE 4, LINE 18

STATEMENT 3

NAME AND ADDRESSAREA OF RESPONSIBILITY

KATRINA M BANAGIS  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

RESPONSIBLE FOR CUSTODY OF FUNDS

GREGORY MERTZ  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

RESPONSIBLE FOR CUSTODY OF FUNDS

KRISTIN WALSH  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

RESPONSIBLE FOR CUSTODY OF FUNDS

KATRINA M BANAGIS  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

GREGORY MERTZ  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

KRISTIN WALSH  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

KATRINA M BANAGIS  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

RESPONSIBLE FOR FUNDRAISING

NINA FLAHERTY-BELLOTTI  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

RESPONSIBLE FOR FUNDRAISING

HEATHER BYRNES  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

RESPONSIBLE FOR FUNDRAISING

KATRINA M BANAGIS  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

CUSTODY OF FINANCIAL RECORDS

KRISTIN WALSH  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

CUSTODY OF FINANCIAL RECORDS

KATRINA M BANAGIS  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

AUTHORIZED TO SIGN CHECKS

GREGORY MERTZ  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

AUTHORIZED TO SIGN CHECKS

NINA FLAHERTY-BELLOTTI  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

AUTHORIZED TO SIGN CHECKS

ZAK MERTZ  
500 COLUMBIAN STREET  
WEYMOUTH, MA 02190

RESPONSIBLE FOR CUSTODY OF FUNDS

20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

*If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Signature Required**

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: GREGORY MERTZ

Title: CHAIRMAN

Name of Preparer: LMHS, P.C.

Address 80 WASHINGTON ST., BUILDING S

City NORWELL State MA ZIP Code 02061

Phone Number 7818789111

## Schedule A-1

## Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NEW ENGLAND WILDLIFE CENTER

NEWC

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## Schedule A-1 ctd.

## Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

GREGORY MERTZ

Name and Title: CHAIRMAN

Address 500 COLUMBIAN STREET

City WEYMOUTH

State MA

ZIP Code 02190

KATRINA M BANAGIS

Name and Title: CHIEF EXECUTIVE OFFICER

Address 500 COLUMBIAN STREET

City WEYMOUTH

State MA

ZIP Code 02190

KRISTIN WALSH

Name and Title: ACCOUNTANT

Address 500 COLUMBIAN STREET

City WEYMOUTH

State MA

ZIP Code 02190

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

GREGORY MERTZ

Name and Title: CHAIRMAN

Address 500 COLUMBIAN STREET

City WEYMOUTH

State MA

ZIP Code 02190

KATRINA M BANAGIS

Name and Title: CHIEF EXECUTIVE OFFICER

Address 500 COLUMBIAN STREET

City WEYMOUTH

State MA

ZIP Code 02190

KRISTIN WALSH

Name and Title: ACCOUNTANT

Address 500 COLUMBIAN STREET

City WEYMOUTH

State MA

ZIP Code 02190

## Schedule A-2

## Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NEW ENGLAND WILDLIFE CENTER

NEWC

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_



## Schedule A-2 ctd.

## Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

GREGORY MERTZ

Name and Title: CHAIRMAN

Address 500 COLUMBIAN STREET

City WEYMOUTH

State MA

ZIP Code 02190

KATRINA M BANAGIS

Name and Title: CHIEF EXECUTIVE OFFICER

Address 500 COLUMBIAN STREET

City WEYMOUTH

State MA

ZIP Code 02190

KRISTIN WALSH

Name and Title: ACCOUNTANT

Address 500 COLUMBIAN STREET

City WEYMOUTH

State MA

ZIP Code 02190

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

GREGORY MERTZ

Name and Title: CHAIRMAN

Address 500 COLUMBIAN STREET

City WEYMOUTH

State MA

ZIP Code 02190

KATRINA M BANAGIS

Name and Title: CHIEF EXECUTIVE OFFICER

Address 500 COLUMBIAN STREET

City WEYMOUTH

State MA

ZIP Code 02190

KRISTIN WALSH

Name and Title: ACCOUNTANT

Address 500 COLUMBIAN STREET

City WEYMOUTH

State MA

ZIP Code 02190

### Certification by Organization

***Two different signatures required.*** Signers must be organization president or other authorized officer or trustee.

**Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: GREGORY MERTZ

Title: CHAIRMAN

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

## Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. *(If you have more than five Related Organizations, please attach a list.)*

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

## Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?

☐ Yes

☒ No