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CLIENT'S COPY

LMHS, P.C.
80 WASHINGTON ST., BUILDING S
NORWELL, MASSACHUSETTS 02061
(781) 878-9111

NOVEMBER 5, 2021

NEW ENGLAND WILDLIFE CENTER, INC.
500 COLUMBIAN STREET
SOUTH WEYMOUTH, MA 02190

NEW ENGLAND WILDLIFE CENTER, INC.:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION
RETURN. THE STATE EXEMPT ORGANIZATION ANNUAL REPORT IS ALSO
ENCLOSED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A
PAPER COPY OF THE RETURN TO THE IRS.

MASSACHUSETTS FORM PC:

THE MASSACHUSETTS FORM PC SHOULD BE MAILED ON OR BEFORE
NOVEMBER 15, 2021 TO:

NON-PROFIT ORG/PUBLIC CHARITIES DIV
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MA 02108

YOU HAVE A BALANCE DUE OF \$500.00.

PAYMENT MUST BE MADE ELECTRONICALLY VIA THE COMMONWEALTH OF
MASSACHUSETTS WEBSITE AT:

[HTTPS://WWW.PAYBILL.COM/MAAGOCHARITIES](https://www.paybill.com/maagocharities)

THE REPORT MUST BE SIGNED AND DATED BY THE AUTHORIZED
INDIVIDUAL(S). ALSO BE SURE THAT ALL THE NECESSARY
ATTACHMENTS ARE INCLUDED WITH FORM PC BEFORE FILING.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE

SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

WILLIAM E. SYNAN, CPA

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

NEW ENGLAND WILDLIFE CENTER, INC.

04-2907561

Name and title of officer or person subject to tax

**GREGORY MERTZ
CHAIRMAN**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,434,504.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN **Enter five numbers, but do not enter all zeros**

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

04477900990

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ _____ Date ▶ **11/05/21**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to 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.

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.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** 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

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

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	C Name of organization NEW ENGLAND WILDLIFE CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 500 COLUMBIAN STREET City or town, state or province, country, and ZIP or foreign postal code SOUTH WEYMOUTH, MA 02190 F Name and address of principal officer: GREGORY MERTZ 500 COLUMBIAN STREET, SOUTH WEYMOUTH, MA 02	D Employer identification number 04-2907561 E Telephone number 781-682-4878 G Gross receipts \$ 2,434,504. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.NEWWILDLIFE.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1983		M State of legal domicile: MA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: PROMOTION OF POSITIVE VALUES, BEHAVIORS, AND POLICIES TOWARD WILDLIFE AND THE ENVIRONMENT THRU		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	34
6	Total number of volunteers (estimate if necessary)	6	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,492,717.	Current Year 2,092,342.
9	Program service revenue (Part VIII, line 2g)	545,786.	320,821.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5.	809.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,608.	20,532.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,095,116.	2,434,504.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,207,403.	1,304,401.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 126,680.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	711,483.	590,555.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,918,886.	1,894,956.
19	Revenue less expenses. Subtract line 18 from line 12	176,230.	539,548.
20	Total assets (Part X, line 16)	Beginning of Current Year 7,845,633.	End of Year 8,393,676.
21	Total liabilities (Part X, line 26)	33,140.	41,635.
22	Net assets or fund balances. Subtract line 21 from line 20	7,812,493.	8,352,041.

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.

Sign Here	Signature of officer GREGORY MERTZ, CHAIRMAN Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name WILLIAM E. SYNAN, CPA	Preparer's signature _____
	Date 11/05/21	Check <input type="checkbox"/> if self-employed PTIN P00595384
	Firm's name ▶ LMHS, P.C.	Firm's EIN ▶ 04-2971374
	Firm's address ▶ 80 WASHINGTON ST., BUILDING S NORWELL, MA 02061	Phone no. 7818789111

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.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 1,017,580. 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 \$ 250,112. including grants of \$) (Revenue \$ 61,352.) 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 \$ 264,461. including grants of \$) (Revenue \$ 259,469.) 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 1,532,153.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 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>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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 []

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), federal employment tax returns (2b), unrelated business gross income (3a), foreign accounts (4a), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), and Section 501(c)(7) and (12) organizations (10-11).

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGORY MERTZ CHAIRMAN	40.00	X						170,000.	0.	8,306.
(2) KATRINA M BANAGIS CHIEF EXECUTIVE OFFICER	40.00	X						130,447.	0.	0.
(3) SUSAN DELAHUNT PRESIDENT	2.00	X		X				0.	0.	0.
(4) PETER BROWN TREASURER	2.00	X		X				0.	0.	0.
(5) TERESA HILL VICE PRESIDENT	2.00	X		X				0.	0.	0.
(6) BEVERLY SMITH CLERK	2.00	X		X				0.	0.	0.
(7) JOSEPH FLAHERTY DIRECTOR	2.00	X		X				0.	0.	0.
(8) KEITH WELLS DIRECTOR	2.00	X						0.	0.	0.
(9) THOMAS SHIELDS DIRECTOR	2.00	X						0.	0.	0.

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	214,820.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,877,522.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,896.				
	h Total. Add lines 1a-1f			2,092,342.			
Program Service Revenue	2 a THE ODD PET	Business Code	900099	259,469.	259,469.		
	b EDUCATION & PROJECT FE	Business Code	900099	61,352.	61,352.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			320,821.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			809.		809.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		20,532.				
		b Less: direct expenses	8b	0.			
		c Net income or (loss) from fundraising events		20,532.		20,532.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,434,504.	320,821.	0.	21,341.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	305,647.	201,289.	52,179.	52,179.
7 Other salaries and wages	842,517.	695,466.	110,253.	36,798.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	56,003.	53,440.	2,404.	159.
10 Payroll taxes	100,234.	78,282.	14,183.	7,769.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	2,988.	2,400.	380.	208.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	175,384.	153,433.	15,155.	6,796.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	120,933.	97,145.	15,369.	8,419.
b MEDICAL AND FOOD SUPPLI	74,266.	74,266.	0.	0.
c INSURANCE	57,066.	45,841.	7,252.	3,973.
d REPAIRS & MAINTENANCE	54,848.	44,060.	6,970.	3,818.
e All other expenses	105,070.	86,531.	11,978.	6,561.
25 Total functional expenses. Add lines 1 through 24e	1,894,956.	1,532,153.	236,123.	126,680.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,336,528.	1	2,266,096.
	2 Savings and temporary cash investments	10,960.	2	10,962.
	3 Pledges and grants receivable, net	198,359.	3	0.
	4 Accounts receivable, net	28,300.	4	9,796.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,835.	9	2,835.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,578,566.		
	b Less: accumulated depreciation	10b 2,500,579.	6,242,651.	10c 6,077,987.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	26,000.	15	26,000.
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,845,633.	16	8,393,676.	
Liabilities	17 Accounts payable and accrued expenses	14,491.	17	14,083.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	18,649.	25	27,552.
	26 Total liabilities. Add lines 17 through 25	33,140.	26	41,635.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,791,807.	27	8,247,041.
	28 Net assets with donor restrictions	20,686.	28	105,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,812,493.	32	8,352,041.
33 Total liabilities and net assets/fund balances	7,845,633.	33	8,393,676.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,434,504.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,894,956.
3	Revenue less expenses. Subtract line 2 from line 1	3	539,548.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,812,493.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,352,041.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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	
3a 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 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 (2020)

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization <p style="text-align:center;">NEW ENGLAND WILDLIFE CENTER, INC.</p>	Employer identification number <p style="text-align:center;">04-2907561</p>
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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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	948,199.	1,323,192.	1,165,111.	1,492,717.	2,092,342.	7,021,561.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	948,199.	1,323,192.	1,165,111.	1,492,717.	2,092,342.	7,021,561.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						7,021,561.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	948,199.	1,323,192.	1,165,111.	1,492,717.	2,092,342.	7,021,561.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5.	340.	2.	5.	809.	1,161.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	19,181.	29,199.	26,916.	56,608.	20,532.	152,436.
11 Total support. Add lines 7 through 10						7,175,158.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	97.86 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.24 %

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2019. 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 **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2019. 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Multiple horizontal lines for supplemental information.

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 for the latest information.

OMB No. 1545-0047

2020

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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization NEW ENGLAND WILDLIFE CENTER, INC.	Employer identification number 04-2907561
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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	<u>BIRDSEY, BARBARA & CHARLES</u> <u>PO BOX 586</u> <u>HOBE SOUND, FL 33475</u>	\$ <u>100,057.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>NEW BREEZE FOUNDATION</u> <u>C/O ROBERT HALE, JR.</u> <u>HINGHAM, MA 02043</u>	\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>PATRICIA WILSON ESTATE</u> <u>JOSEPH BOLES LAW FIRM</u> <u>AUGUSTINE, FL 32084</u>	\$ <u>300,000.</u>	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.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW ENGLAND WILDLIFE CENTER, INC.	Employer identification number 04-2907561
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization NEW ENGLAND WILDLIFE CENTER, INC.	Employer identification number 04-2907561
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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 for instructions and the latest information.**

OMB No. 1545-0047

2020

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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 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?

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)?

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) 2020

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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					
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					

- 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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.		1,880,515.	4,234,944.
c Leasehold improvements	108,662.		87,012.	21,650.
d Equipment	561,845.		533,052.	28,793.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,077,987.

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)		
Total. (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)		
Total. (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)	
Total. (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) ACCRUED EXPENSES	27,552.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	27,552.

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...

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.

1	Total revenue, gains, and other support per audited financial statements		1	2,570,588.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	130,188.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	5,896.	
e	Add lines 2a through 2d	2e		136,084.
3	Subtract line 2e from line 1	3		2,434,504.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		2,434,504.

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.

1	Total expenses and losses per audited financial statements		1	2,031,040.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	130,188.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	5,896.	
e	Add lines 2a through 2d	2e		136,084.
3	Subtract line 2e from line 1	3		1,894,956.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,894,956.

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.

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 5,896.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DONATED MATERIALS 5,896.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations

e Solicitation of non-government grants

b Internet and email solicitations

f Solicitation of government grants

c Phone solicitations

g Special fundraising events

d In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HALLOWEEN FUNDRAISER (event type)	(event type)	NONE (total number)	
1	Gross receipts	20,532.			20,532.
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	20,532.			20,532.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)				20,532.

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))
1	Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 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.

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

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		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GREGORY MERTZ CHAIRMAN	(i)	170,000.	0.	0.	0.	8,306.	178,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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.

Multiple horizontal lines for providing supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 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 (SUPPLIES & EQ)	X	9	5,896.FMV	
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 V, Donee Acknowledgement **29**

	Yes	No
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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) 2020

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 for the latest information.

OMB No. 1545-0047

2020

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.

2020 DEPRECIATION AND AMORTIZATION REPORT

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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
	BUILDINGS														
1	LEASEHOLD IMPROVEMENTS	06/30/89	SL	40.00		16	3,690.				3,690.	3,040.		92.	3,132.
2	LEASEHOLD IMPROVEMENTS	06/30/90	SL	40.00		16	2,159.				2,159.	1,695.		54.	1,749.
3	LEASEHOLD IMPROVEMENTS	06/30/91	SL	40.00		16	4,660.				4,660.	3,511.		117.	3,628.
4	LEASEHOLD IMPROVEMENTS	06/30/94	SL	40.00		16	3,306.				3,306.	2,113.		83.	2,196.
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.	222.		9.	231.
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.	5,214.		226.	5,440.
10	INTERN HOUSE RENOVATIONS	02/28/97	SL	40.00		16	1,671.				1,671.	960.		42.	1,002.
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.	6,378.		348.	6,726.

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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.	14,328.		811.	15,139.
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.	20,279.		1,187.	21,466.
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.	1,745,942.		129,329.	1,875,271.
162	BOILER	01/04/08	SL	7.00		16	9,800.				9,800.	9,800.		0.	9,800.
186	CAPE WILD LIFE BUILDING	01/01/19	SL	39.00	MM	16	942,300.				942,300.			24,162.	24,162.
	* 990 PAGE 10 TOTAL BUILDINGS						6,233,920.				6,233,920.	1,835,230.		156,460.	1,991,690.
	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 PEPETTOR/DILUT	04/15/95	SL	20.00		16	11,900.				11,900.	11,900.		0.	11,900.

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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
31	ANALYST BENCHTOP CHEMISTRY SYSTEM	04/15/95	SL	20.00		16	5,500.				5,500.	5,500.		0.	5,500.
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.

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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
49	STAINLESS STEEL DOG & OPOSSUM CAGES	06/30/96	SL	10.00		16	14,000.				14,000.	14,000.		0.	14,000.
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.

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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
67	ANESTHESIA MACHINE	02/04/98	SL	10.00		16	3,041.				3,041.	3,041.		0.	3,041.
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.

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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
85	MAMAL ENCLOSURE (ALISON GRANT)	09/30/01	SL	10.00		16	10,425.				10,425.	10,425.		0.	10,425.
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.

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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
103	COMPUTER	10/20/00	SL	5.00		16	725.				725.	725.		0.	725.
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.

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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
121	ELECTRIC TYPEWRITER	06/30/97	SL	5.00		16	100.				100.	100.		0.	100.
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.

028111 04-01-20

(D) - Asset disposed

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

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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
139	HP COLOR LASER PRINTER	11/01/02	SL	5.00		16	1,930.				1,930.	1,930.		0.	1,930.
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	HY	17	1,969.		1,969.					0.	

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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
166	VIDEO CAMERA	12/12/11	200DB	5.00		17	3,000.				3,000.	3,000.		0.	3,000.
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.	39,748.		6,534.	46,282.
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.	450.		0.	450.
175	CAGING	02/26/14	SL	10.00		16	1,563.				1,563.	910.		156.	1,066.
177	LEADCARE ANALYZER	01/29/15	SL	5.00		16	4,016.				4,016.	3,948.		68.	4,016.
178	MEDICAL WASTE MACHINE	01/08/15	SL	5.00		16	3,594.				3,594.	3,594.		0.	3,594.
181	REFRIGERATOR, WASHER/DRYER	08/01/17	SL	5.00		16	1,373.				1,373.	664.		275.	939.
182	X-RAY MACHINE	03/19/19	SL	5.00		16	4,750.				4,750.	713.		950.	1,663.
183	NEW SERVER	07/10/20	SL	5.00		16	4,490.				4,490.			449.	449.
184	CAPE - FUJI PRIMA READER	07/24/20	SL	5.00		16	4,000.				4,000.			333.	333.
185	IPAD - MARYANN	08/07/20	SL	5.00		16	2,230.				2,230.			186.	186.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						503,221.		1,969.		501,252.	459,463.		8,951.	468,414.

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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
	TRANSPORTATION EQUIPMENT														
176	FORD F250	10/29/14	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
179	2017 DODGE CARAVAN	02/21/17	SL	5.00		16	22,000.				22,000.	12,467.		4,400.	16,867.
180	2016 FORD TRANSIT	02/27/17	SL	5.00		16	24,827.				24,827.	14,068.		4,965.	19,033.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						48,827.				48,827.	28,535.		9,365.	37,900.
	OTHER														
159	CAPITALIZED FINANCING	10/01/06		30M		HY43	74,682.				74,682.	74,682.		0.	74,682.
163	NON COMPETE O.P.V.	01/02/08		24M		HY43	14,000.				14,000.	14,000.		0.	14,000.
164	GOODWILL	01/02/08	NC	.000		HY	26,000.				26,000.			0.	
187	CAPE WILD LIFE LAND	01/01/19	NC	.000		HY	352,600.				352,600.			0.	
	* 990 PAGE 10 TOTAL OTHER						467,282.				467,282.	88,682.		0.	88,682.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						7,253,250.		1,969.		7,251,281.	2,411,910.		174,776.	2,586,686.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						7,242,530.			0.	7,240,561.	2,411,910.			2,585,718.
	ACQUISITIONS						10,720.			0.	10,720.	0.			968.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						7,253,250.			0.	7,251,281.	2,411,910.			2,586,686.

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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
	ENDING ACCUM DEPR											2,588,655.			
	ENDING BOOK VALUE											4,664,595.			

(D) - Asset disposed

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

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- 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.	3,040.		92.
2	LEASEHOLD IMPROVEMENTS	063090	SL	40.00	16	2,159.			2,159.	1,695.		54.
3	LEASEHOLD IMPROVEMENTS	063091	SL	40.00	16	4,660.			4,660.	3,511.		117.
4	LEASEHOLD IMPROVEMENTS	063094	SL	40.00	16	3,306.			3,306.	2,113.		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.	222.		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.	5,214.		226.
10	INTERN HOUSE RENOVATIONS	022897	SL	40.00	16	1,671.			1,671.	960.		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.	6,378.		348.

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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 IMPROVEM	042802	SL	10.00	16	638.			638.	638.		0.
19	INTERN HOUSE RENOVATIONS	051502	SL	30.00	16	24,334.			24,334.	14,328.		811.
20	ANIMAL RECOVERY WARD	061402	SL	10.00	16	735.			735.	735.		0.
21	BIRD AVIARY	062602	SL	10.00	16	800.			800.	800.		0.
22	NILES BUILDING AND CAGING	120702	SL	20.00	16	23,746.			23,746.	20,279.		1,187.
23	PLUMBING AND OTHER IMPROVEMENTS	030103	SL	10.00	16	3,259.			3,259.	3,259.		0.
160	BUILDING	042606	SL	40.00	16	5,173,159.			5,173,159.	1,745,942.		129,329.
162	BOILER	010408	SL	7.00	16	9,800.			9,800.	9,800.		0.
186	CAPE WILD LIFE BUILDING	010119	SL	39.00	16	942,300.			942,300.			24,162.
	* 990 PAGE 10 TOTAL BUILDINGS					6,233,920.		0.	6,233,920.	1,835,230.		156,460.
	MACHINERY & EQUIPMENT											
24	X-RAY MACHINE	123191	SL	10.00	16	885.			885.	885.		0.
25	APPLIANCES	081494	SL	10.00	16	1,650.			1,650.	1,650.		0.
26	DISHWASHER	081994	SL	10.00	16	2,614.			2,614.	2,614.		0.
27	GARBAGE DISPOSAL	091594	SL	10.00	16	220.			220.	220.		0.
28	MICROSCOPE VIDEO SYSTEM	022094	SL	10.00	16	3,442.			3,442.	3,442.		0.
29	SMALL REFRIGERATOR	032895	SL	10.00	16	50.			50.	50.		0.
30	BENCHTOP CHEMISTRY PEPECTOR/DILUT	041595	SL	20.00	16	11,900.			11,900.	11,900.		0.

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31	ANALYST BENCHTOP CHEMISTRY SYSTEM	041595	SL	20.00	16	5,500.			5,500.	5,500.		0.
32	ORTHOPEDIC EQUIPMENT	052595	SL	10.00	16	495.			495.	495.		0.
33	1994 B/D CBC AUTO READER	061595	SL	20.00	16	6,995.			6,995.	6,995.		0.
34	PARAKEET CAGES (3)	062695	SL	10.00	16	75.			75.	75.		0.
35	LIFE CARE PUMP	063095	SL	10.00	16	500.			500.	500.		0.
36	HEMATOCRIT CENTRIFUGE	063095	SL	10.00	16	500.			500.	500.		0.
37	DOG KENNEL	063095	SL	10.00	16	250.			250.	250.		0.
38	CHEST FREEZER	063095	SL	10.00	16	100.			100.	100.		0.
39	UPRIGHT FREEZER	063095	SL	10.00	16	100.			100.	100.		0.
40	CANOPY	063095	SL	10.00	16	400.			400.	400.		0.
41	IV POLE	070595	SL	10.00	16	50.			50.	50.		0.
42	RABBIT CAGE WAGON	071995	SL	10.00	16	50.			50.	50.		0.
43	CAT CARRIER	100995	SL	10.00	16	30.			30.	30.		0.
44	AQUARIUM	100995	SL	10.00	16	15.			15.	15.		0.
45	MSPCA	101395	SL	10.00	16	500.			500.	500.		0.
46	KENNEL CRATE	011895	SL	10.00	16	50.			50.	50.		0.
47	X-RAY MACHINE	063096	SL	10.00	16	5,000.			5,000.	5,000.		0.
48	FISH TANK	063096	SL	10.00	16	200.			200.	200.		0.

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49	STAINLESS STEEL DOG & OPOSSUM CAGES	063096	SL	10.00	16	14,000.			14,000.	14,000.		0.
50	PET CARRIER	063096	SL	10.00	16	25.			25.	25.		0.
51	MICROWAVE OVEN	063096	SL	10.00	16	100.			100.	100.		0.
52	PET CRATE	063096	SL	10.00	16	100.			100.	100.		0.
53	CBC MACHINE	063096	SL	10.00	16	7,300.			7,300.	7,300.		0.
54	ELECTRO CAUTERIZING UNIT	063096	SL	10.00	16	3,000.			3,000.	3,000.		0.
55	CRATE CAGE	063096	SL	10.00	16	150.			150.	150.		0.
56	ANIMAL CARRIERS	063096	SL	10.00	16	500.			500.	500.		0.
57	PET CARRIER	063096	SL	10.00	16	15.			15.	15.		0.
58	CAGING	063096	SL	10.00	16	12,000.			12,000.	12,000.		0.
59	PET CARRIER	063096	SL	10.00	16	100.			100.	100.		0.
60	SNAKE CAGE	093096	SL	10.00	16	600.			600.	600.		0.
61	DART PISTOLS	100896	SL	10.00	16	488.			488.	488.		0.
62	X-RAY MACHINE	111596	SL	10.00	16	4,298.			4,298.	4,298.		0.
63	FREEZER (SEARS	0111097	SL	10.00	16	380.			380.	380.		0.
64	ANESTHESIA DART RIFLE	041697	SL	10.00	16	707.			707.	707.		0.
65	X-RAY MACHINE	120197	SL	10.00	16	5,657.			5,657.	5,657.		0.
66	PULSE OXYMETER & THERMOMETER	120297	SL	10.00	16	1,005.			1,005.	1,005.		0.

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67	ANESTHESIA MACHINE	020498	SL	10.00	16	3,041.			3,041.	3,041.		0.
68	DIGITAL SCALE	021098	SL	5.00	16	266.			266.	266.		0.
69	CAGING	040198	SL	10.00	16	749.			749.	749.		0.
70	STEEL CAGES	063098	SL	10.00	16	12,000.			12,000.	12,000.		0.
71	NEBULIZER	063098	SL	5.00	16	475.			475.	475.		0.
72	HEATING PADS	091198	SL	5.00	16	148.			148.	148.		0.
73	X-RAY MACHINE	022398	SL	5.00	16	16,398.			16,398.	16,398.		0.
74	X-RAY MACHINE	010199	SL	5.00	16	2,936.			2,936.	2,936.		0.
75	BLOOD CHEMISTRY ANALYZER	022399	SL	5.00	16	7,675.			7,675.	7,675.		0.
76	BRINKMAN AUTOCLAVE	063099	SL	5.00	16	6,000.			6,000.	6,000.		0.
77	STAINLESS STEEL SURGICAL TABLE	063099	SL	5.00	16	3,500.			3,500.	3,500.		0.
78	PRE-RELEASE AVIARY	120199	SL	10.00	16	5,208.			5,208.	5,208.		0.
79	SURGICAL INSTRUMENTS	040400	SL	5.00	16	1,500.			1,500.	1,500.		0.
80	FREEZER	042900	SL	10.00	16	446.			446.	446.		0.
81	ANIMAL CRATES	063000	SL	10.00	16	1,750.			1,750.	1,750.		0.
82	CAGING AND SHEDS	063000	SL	10.00	16	1,420.			1,420.	1,420.		0.
83	SURGICAL INSTRUMENTS	110500	SL	5.00	16	1,282.			1,282.	1,282.		0.
84	COMMUNICATION EQUIPMENT (DONATED)	080101	SL	7.00	16	1,200.			1,200.	1,200.		0.

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85	MAMAL ENCLOSURE (ALISON GRANT)	093001	SL	10.00	16	10,425.			10,425.	10,425.		0.
86	WASHER AND DRYER	100102	SL	7.00	16	1,260.			1,260.	1,260.		0.
87	I-STATE MACHINE	120104	SL	7.00	16	4,000.			4,000.	4,000.		0.
88	TUB TABLE	011706	SL	10.00	16	2,070.			2,070.	2,070.		0.
89	TUB TABLE	011706	SL	10.00	16	2,070.			2,070.	2,070.		0.
90	TUB TABLE	011706	SL	10.00	16	2,069.			2,069.	2,069.		0.
91	BATHING TUB	031206	SL	10.00	16	729.			729.	729.		0.
92	BATHING TUB	031206	SL	10.00	16	729.			729.	729.		0.
93	X-RAY MACHINE	033106	SL	5.00	16	1,974.			1,974.	1,974.		0.
94	VIDEO RECORDER	063095	SL	10.00	16	230.			230.	230.		0.
95	SONY TV	063096	SL	5.00	16	50.			50.	50.		0.
96	PARK BENCHES	063097	SL	10.00	16	160.			160.	160.		0.
97	NATURE TRAIL CAGES	063097	SL	5.00	16	500.			500.	500.		0.
98	SONY DIGITAL CAMERA	020399	SL	5.00	16	1,040.			1,040.	1,040.		0.
99	REFRIGERATOR AT INTERN HOUSE	062900	SL	10.00	16	720.			720.	720.		0.
100	STOVE FOR INTERN HOUSE	072700	SL	10.00	16	681.			681.	681.		0.
101	WASHER AND DRYER TV, ETC. FOR INTERN	071401	SL	10.00	16	920.			920.	905.		0.
102	HOUSE	092601	SL	5.00	16	970.			970.	970.		0.

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103	COMPUTER	102000	SL	5.00	16	725.			725.	725.		0.
104	OFFICE EQUIPMENT	123188	SL	7.00	16	9,971.			9,971.	9,971.		0.
105	COPIER	123188	SL	7.00	16	4,735.			4,735.	4,735.		0.
106	COMPUTER	123188	SL	7.00	16	2,174.			2,174.	2,174.		0.
107	CABINET	070194	SL	10.00	16	500.			500.	500.		0.
108	GATEWAY	031595	SL	5.00	16	3,000.			3,000.	3,000.		0.
109	FACSIMILE	063095	SL	10.00	16	315.			315.	315.		0.
110	FAX & ANSWERING MACHINE	011796	SL	10.00	16	966.			966.	966.		0.
111	FILE CABINET	063096	SL	10.00	16	25.			25.	25.		0.
112	NORTHGATE COMPUTER & PRINTER	063096	SL	5.00	16	750.			750.	750.		0.
113	GE MICROWAVE	063096	SL	10.00	16	100.			100.	100.		0.
114	COMPUTER NETWORKING	063096	SL	5.00	16	1,125.			1,125.	1,125.		0.
115	FAX MACHINE	063096	SL	5.00	16	250.			250.	250.		0.
116	OFFICE CHAIR	063096	SL	10.00	16	150.			150.	150.		0.
117	PRESSURE WASHER	070596	SL	5.00	16	492.			492.	492.		0.
118	PRINTER	120596	SL	5.00	16	320.			320.	320.		0.
119	PRINTER	121296	SL	5.00	16	814.			814.	814.		0.
120	PANASONIC A/C	123097	SL	5.00	16	100.			100.	100.		0.

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121	ELECTRIC TYPEWRITER	063097	SL	5.00	16	100.			100.	100.		0.
122	XEROX, TABLETOP	063097	SL	5.00	16	500.			500.	500.		0.
123	486 PC'S (2)	063097	SL	5.00	16	500.			500.	500.		0.
124	DELL PENTIUM PC'S (3) AND PRINTERS	110797	SL	5.00	16	9,700.			9,700.	9,700.		0.
125	COUNTER TOP DESKS	020698	SL	10.00	16	634.			634.	634.		0.
126	MISC OFFICE - SCANJET; LABELER	063098	SL	5.00	16	1,195.			1,195.	1,195.		0.
127	COMPUTER EQUIPMENT	060499	SL	5.00	16	5,329.			5,329.	5,329.		0.
128	COMPUTER EQUIPMENT	092299	SL	5.00	16	5,920.			5,920.	5,920.		0.
129	DESK	040600	SL	10.00	16	347.			347.	347.		0.
130	COPIER FOR CLINIC	072600	SL	5.00	16	500.			500.	500.		0.
131	OFFICE EQUIPMENT	020301	SL	5.00	16	1,061.			1,061.	1,061.		0.
132	COMPUTERS, PRINTERS & OTHER	063001	SL	5.00	16	5,605.			5,605.	5,605.		0.
133	PRINTER	020102	SL	5.00	16	247.			247.	247.		0.
134	FAX/COPIER MACHINE	020402	SL	5.00	16	529.			529.	529.		0.
135	AIR CONDITIONER	071002	SL	7.00	16	630.			630.	630.		0.
136	DESKJET 960CS PRINTER	091202	SL	5.00	16	214.			214.	214.		0.
137	LASERJET 1200	091202	SL	5.00	16	372.			372.	372.		0.
138	INSPIRON 8200 LAPTOP	091202	SL	5.00	16	2,617.			2,617.	2,617.		0.

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139	HP COLOR LASER PRINTER	110102	SL	5.00	16	1,930.			1,930.	1,930.		0.
140	DELL LAPTOP (KATRINA)	010903	SL	5.00	16	2,725.			2,725.	2,725.		0.
141	DELL INSPIRON 5150 NOTEBOOK COMPUTER	063004	SL	5.00	16	1,490.			1,490.	1,490.		0.
142	DELL DIMENSION DESKTOP (GREG)	102204	SL	5.00	16	1,268.			1,268.	1,268.		0.
143	HOBART DISHWASHER	031306	SL	10.00	16	4,300.			4,300.	4,300.		0.
144	X-RAY LIGHT BOX	031406	SL	5.00	16	723.			723.	723.		0.
145	GE WASHING MACHINES (2)	032306	SL	10.00	16	1,300.			1,300.	1,300.		0.
146	GE ELECTRIC DRYERS	032306	SL	10.00	16	900.			900.	900.		0.
147	METAL EXAM TABLES	061206	SL	10.00	16	699.			699.	699.		0.
148	WINDOW BLINDS	061506	SL	10.00	16	4,782.			4,782.	4,782.		0.
149	NEC PHONE SYSTEM	080706	SL	10.00	16	9,621.			9,621.	9,621.		0.
150	NETWORK SUPPLIES	080706	SL	5.00	16	9,671.			9,671.	9,671.		0.
151	RECYCLING BINS	091206	SL	10.00	16	1,150.			1,150.	1,150.		0.
152	DONATED FURNITURE	123106	SL	10.00	16	27,925.			27,925.	27,925.		0.
157	X-RAY LIGHT BOX	031406	SL	5.00	16	288.			288.	288.		0.
158	DESK	111596	SL	10.00	16	210.			210.	210.		0.
161	PRO SOUND	070107	SL	5.00	16	2,692.			2,692.	2,692.		0.
165	AUTOCLAVE	021909200	DB	5.00	17	1,969.		1,969.				0.

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166	VIDEO CAMERA	12/21/11	200DB	5.00	17	3,000.			3,000.	3,000.		0.
167	XRAY EQUIPMENT	10/11/12	SL	5.00	16	34,500.			34,500.	34,500.		0.
168	ANESTHESIA SYSTEM	10/24/12	SL	5.00	16	6,490.			6,490.	6,490.		0.
169	RAPTOR FLIGHT PEN	12/15/13	SL	10.00	16	65,335.			65,335.	39,748.		6,534.
170	ULTRASOUND EQUIPMENT	03/08/13	SL	5.00	16	19,240.			19,240.	19,240.		0.
171	COMPUTER EQUIPMENT	09/06/13	SL	5.00	16	13,092.			13,092.	13,092.		0.
172	IPAD	06/05/13	SL	5.00	16	529.			529.	529.		0.
173	IPADS & COVERS	09/12/13	SL	5.00	16	9,827.			9,827.	9,827.		0.
174	PROJECTOR	10/13/14	SL	5.00	16	450.			450.	450.		0.
175	CAGING	02/26/14	SL	10.00	16	1,563.			1,563.	910.		156.
177	LEADCARE ANALYZER	01/29/15	SL	5.00	16	4,016.			4,016.	3,948.		68.
178	MEDICAL WASTE MACHINE	01/08/15	SL	5.00	16	3,594.			3,594.	3,594.		0.
181	REFRIGERATOR, WASHER/DRYER	08/01/17	SL	5.00	16	1,373.			1,373.	664.		275.
182	X-RAY MACHINE	03/19/19	SL	5.00	16	4,750.			4,750.	713.		950.
183	NEW SERVER	07/10/20	SL	5.00	16	4,490.			4,490.			449.
184	CAPE - FUJI PRIMA READER	07/24/20	SL	5.00	16	4,000.			4,000.			333.
185	IPAD - MARYANN	08/07/20	SL	5.00	16	2,230.			2,230.			186.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					503,221.		1,969.	501,252.	459,463.		8,951.

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	TRANSPORTATION EQUIPMENT											
176	FORD F250	102914	SL	5.00	16	2,000.			2,000.	2,000.		0.
179	2017 DODGE CARAVAN	022117	SL	5.00	16	22,000.			22,000.	12,467.		4,400.
180	2016 FORD TRANSIT	022717	SL	5.00	16	24,827.			24,827.	14,068.		4,965.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					48,827.		0.	48,827.	28,535.		9,365.
	OTHER CAPITALIZED FINANCING	100106		30M	43	74,682.			74,682.	74,682.		0.
163	NON COMPETE O.P.V.	010208		24M	43	14,000.			14,000.	14,000.		0.
164	GOODWILL	010208	NC	.000		26,000.			26,000.			0.
187	CAPE WILD LIFE LAND	010119	NC	.000		352,600.			352,600.			0.
	* 990 PAGE 10 TOTAL OTHER					467,282.		0.	467,282.	88,682.		0.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					7,253,250.		1,969.	7,251,281.	2,411,910.		174,776.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					7,242,530.		1,969.	7,240,561.	2,411,910.		
	ACQUISITIONS					10,720.		0.	10,720.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					7,253,250.		1,969.	7,251,281.	2,411,910.		

Office Use Only: Fiscal Year

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

Form PC

Report for the Fiscal Period: 01/01/20 to 12/31/20

AG Account #: 017825 Federal ID #: 04-2907561

Electronic Payment Confirmation #:
Attach printout of electronic payment confirmation.

Electronic Payment Date:

When did the organization first engage in charitable work in Massachusetts? 07/17/1983

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [] No

If yes, date of application OR date of determination letter: 04/01/1984

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [] No

- Check all items attached (if applicable)
[X] Filing Fee or Printout of Electronic Payment Confirmation
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[] Schedule RO
[] Schedule VCO
[] Probate Account

Organization Data

Name: NEW ENGLAND WILDLIFE CENTER, INC.

Mailing Address: 500 COLUMBIAN STREET

City: SOUTH WEYMOUTH State: MA ZIP: 02190

Phone Number: 781-682-4878 Fax Number:

Email: Website: WWW.NEWILDLIFE.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)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 12, and Type of Organization (Table 2) with code 4. Organization Purpose Code 1 has code 53, and Organization Purpose Code 2 has code 8.

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? 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	2,092,342.
B.	Gross support and revenue	2,434,504.
C.	Program services and similar amounts paid out	1,532,153.
D.	Fundraising expenses	126,680.
E.	Management and general expenses	236,123.
F.	Payments to affiliates	0.
G.	Total expenses	1,894,956.
H.	Net assets or fund balances at the end of the year	8,352,041.

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	170,000.	8,306.	0.
2.	KATRINA BANAGIS CHIEF EXECUTIVE OFFICER	40.00	130,447.	0.	0.
3.	ZACHARY MERTZ EXECUTIVE DIRECTOR - CAPE	40.00	87,500.	7,957.	0.
4.	PRIYA PATEL VETERINARIAN	40.00	82,000.	7,957.	0.
5.	HEATHER BYRNES FUNDRAISING	40.00	69,130.	0.	0.

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	9,381.	INTERNET CONSULTANT
3.			
4.			
5.			

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
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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 ADDRESS	AREA 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"/>

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"/>

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