990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A I	or the	2011 calendar	year, or tax year beginning		09-01	, 2011, and en	dina .	08-31	1 , 20 12	
		-		tern Cuyahoga Audubon Socie		, = 0 , 0	g	-	Employer identifica	ation no
	Address		Doing Business As	nem Gayanoga Madabon Goole	Jty				34-1522665	uomno.
		, ,		how if world in not delivered to atreat	- d dua a a \		Doom/ouite		Telephone numb	
	Name cha	Ť	,	box if mail is not delivered to street a	address)		Room/suite		·	Jei
$\overline{\Box}$	nitial reti	F	4310 Bush Ave					(4	216)741-2352	
$\overline{\Box}$	Terminate		City or town, state or countr	y, and ∠IP + 4					10,072	
$\overline{\Box}$	Amended	-	Cleveland, OH 44109					G	Gross receipts	\$
□ <i>F</i>	Application	on pending	F Name and address of prince	•			H(a) Is this a	group retu	urn for	₩
			4310 Bush Ave, Cleve	·			` affiliates'	?	∐ Ye:	s 💹 No
	Tax-exen			(insert no.) 4947(a)(1)	or 52	7	H(b) Are all af	filiates in	cluded? \square Yes	s
	Nebsite:		W.WCASOHIO.ORG				H(c) Group ex	emption	number	
		organization: 🛚	Corporation Trust Ass	ociation Other	L	Year of formation:	1980 M Stat	e of legal	domicile: OH	
Pa	rt I	Summary								
	1	Briefly describ	e the organization's missior	or most significant activities:	ENVIR	ONMENTAL EDU	JCATION			
A C G										
t o										
v e	2	Check this box	x if the organization	discontinued its operations or dis	sposed of m	ore than 25% of its	s net assets.			
l r t n	3		ting members of the govern	·	•			3		12
i a	4			of the governing body (Part VI, lir				4		12
e n	5			alendar year 2011 (Part V, line 2	,			5		0
е &			of volunteers (estimate if ne		-a) .		•	6		
u	6		•	•,						
			d business revenue from Pa					7a		0
	d b	Net unrelated	business taxable income from	om Form 990-1, line 34				7b		0
R	1_					_	Prior Year		Current Year	
е	8		and grants (Part VIII, line 1h		• • •	_		9,413		10,072
e e	9	_	ice revenue (Part VIII, line 2	=:		_				0
n u	10	Investment inc	come (Part VIII, column (A),	lines 3, 4, and 7d)						0
e	11	Other revenue	e (Part VIII, column (A), lines	s 5, 6d, 8c, 9c, 10c, and 11e)						0
	12	Total revenue	- add lines 8 through 11 (m	ust equal Part VIII, column (A), li	ine 12)		9	9,413		10,072
	13	Grants and sir	milar amounts paid (Part IX,	column (A), lines 1-3)						0
Е	14	Benefits paid t	to or for members (Part IX,	column (A), line 4)						0
x	15	Salaries, other	r compensation, employee	penefits (Part IX, column (A), line	es 5-10)					0
p e	16a	Professional fo	undraising fees (Part IX, col	umn (A), line 11e)						0
n			ing expenses (Part IX, colur			0				
s e	17		es (Part IX, column (A), line	· · · · · · · · · · · · · · · · · · ·			6	5,147		7,765
S				qual Part IX, column (A), line 25)				5,147		7,765
	19		expenses. Subtract line 18					3,266		2,307
Net	+	. 1010	onponeder Guerraer mie 10				Beginning of Current Yo		End of Year	
Assets	20	Total assets (F	Part X line 16)			<u> </u>		,423		13,730
or Fund	21	,	·- · · · · · · · · · · · · · · · · · ·					, 120		0
Bal-	22		fund balances. Subtract lin				11	,423		13,730
Pa		Signature		e 21 HOITIMe 20				,423		13,730
				return, including accompanying sche	edules and st	atements, and to the	hest of my knowled	lge and h	elief it is	
				n officer) is based on all information				igo ana b	onor, it is	
Siar	,		s M Romito							
Sigr		l.	e of officer					Date		
Her	е		s M Romito, President							
		Type or	print name and title							
		Print/Type pre	eparer's name	Preparer's signature		Date	Check 🔀	∮ if PT	ΓIN	
Paid	k	Mary Anne	Romito			9-06-2012	self-emplo	yed		
Pre	parer	Firm's name	Mary Anne F	Romito, EA			Firm's EIN			
	Only	Firm's addres	4310 Bush A	ve			Phone no.			
	·		Cleveland O	H 44109				2	16-741-2352	
Mav	the IRS	discuss this re	eturn with the preparer show	n above? (see instructions)					X Yes	No

Form	n 990 (2011) Western Cuyahoga Audubon Society	34-1522665	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	ENVIRONMENTAL EDUCATION		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	(Code:) (Expenses \$ 3,825 including grants of \$) (Revenue	\$	
4 a	NEWSLETTER AND BROCHURES AND WEBSITE.	Ψ	/
	TO INCREASE MEMBER INVOLVEMENT IN		
	ACTIVITIES OF CHAPTER.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
40	ROCKY RIVER IMPORTANTANT BIRD AREA.	Ψ	/
	ENVIRONMENTAL EDUCATION TO LOCAL COMMUNITITES		
	WEEDERS IN THE WILD. CONSERVATION THROUGH REMOVAL OF INVASIVE SPECIES. HANDS ON EDUCATION	N.	
	-		
4c	(Code:) (Expenses \$ 3,266 including grants of \$) (Revenue	Ф.	
40	(Code:) (Expenses \$3,266_ including grants of \$) (Revenue PROGRAMS AND FIELD TRIPS. TO EDUCATE THE PUBLIC	\$)
	ABOUT NATURE AND THE ENVIRONMENT.		
	ABOUT WHO THE EXCITABILITY.		
4d	Other program services. (Describe in Schedule O.)	\	
1-	(Expenses \$ 320 including grants of \$) (Revenue \$ Total program service expenses 7,411)	
<u>4e</u>	Total program service expenses 7,411		

1) Western Cuyahoga Audubon Society
Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)?	2	, ,	Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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? If "Yes," complete Schedule C,	_		
6	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			Χ
7	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	'		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
0		-		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		Х
10	complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		Х
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
h		Па		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
Ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
124	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	124		
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		-
	fundraising, business, investmetnt, and program service activities outisde the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		-
10	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			-
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		<u> </u>
.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	.0		<u> </u>
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	20b		· •
<u>~</u>	The state of the s	,		

Part IV

Checklist of Required Schedules

Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ 24a through 24d and complete Schedule K. If "No," go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule R. Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV. and V. line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 37 Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38

Part V

	Check if Schedule O contains a response to any question in this Part V					<u>Ш</u>
		ı	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)					V
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					\ \
	account)?			4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					V
5a				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	• • •		5b		_ X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					\ \
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			l		
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			7-		Х
h	and services provided to the payor?			7a 7b		_^
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			70		
С	required to file Form 8282?			7c		X
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		$\stackrel{\wedge}{\vdash}$
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_ / u		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C			7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	,				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? .		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	ı				
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				V
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		1

X

Form 990 (2011) 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 in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Sec	tion A. Governing Body and Management			ı
4 -			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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_	V	
_	any other officer, director, trustee, or key employee?	2	Χ	
3	Did the organization delegate control over management duties customarily performed by or under the direct			\ \
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
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 in Schedule O	9		X
Sec	tion 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?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	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	12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Χ
	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Another's website ☐ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ Nancy Howell (216)741-2352 19340 Fowles Rd Middleburg Hts, OH 44130			

Form	990	(2011)
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President

(14)

Western Cuyahoga Audubon Society

34-1522665

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

Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (describe	box,	unles	eck r ss pe	rson	than on	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	hours for related organizations in Schedule O)	1 + 4	I t n r s u t s i t	O f f i c e	K e y e m p I o y e	Hc e i o m g m p h p l e e o o s n y t s e t e d	F	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Barry Wolfe										
Director	1.00	X						0	0	0
(2) Diane Sigler Director	1.00	X						0		
(3) Elizabeth Clingman Director	1.00	Х						0		
(4) Gayle Albers Director	1.00	X						0		
(5) Kit Birch Director	1.00	X						0		
(6) Kurt Miske Director	2.00	X						0		
(7) Mark Hofelich Director	1.00	Х						0		
(8) Mary Anne Romito Director	2.00	Х						0		
(9) Scott Rush Director	2.00	X						0		
(10) Stan Searles Director	1.00	Х						0		
(11) Nancy Howell Treasurer	2.00			Х				0		
(12) Penny OConnor Secretary	2.00			Х				0		
(13) Tom Romito	2.00									

2.00

EEA

0

Part V	II Section A. Officers, Directors, Trustees, K	ey Employee	s, and	l Hig	hes	t Co	mpens	ated	Employees (conti	inued)		
	(A)	(B)				C)			(D)	(E)		(F)
	Name and Title	Average hours per week (describe	box,	unle	neck ss pe	rson	than or is both /trustee	an	Reportable compensation from the	Reportable compensation from related organizations	ı ar	stimated mount of other npensation
		hours for related organizations in Schedule O)	Itd nri dur ise vtc iet deo ur ao	I t r u s t s t e e t i o n a l	i c e	m	H c e i om g mp h p e o s n y t s e t e d	F o r m e r	organization (W-2/1099-MISC)	(W-2/1099-MISC)	f orç an	room the ganization id related panizations
(15)												
(16)												
(17)											+	
(18)												
(19)											+	
(20)												
(21)											1	
(22)												
(23)												
(24)												
(25)												
1b Sub	-total						1	•				
	al from continuation sheets to Part VII, Section A							•				
	al (add lines 1b and 1c)								0	0		0
	al number of individuals (including but not limited to the	nose listed abo	ove) wl	ho re	eceiv	/ed r	nore th	an \$1	100,000 in	0		
repo	ortable compensation from the organization									0		Yes No
3 Did	the organization list any former officer, director or	trustee, kev	emplo	vee	or l	niah	est cor	nnen	sated			162 140
	ployee on line 1a? If "Yes," complete Schedule J for s	-				-					3	X
4 For	any individual listed on line 1a, is the sum of reportat	ole compensa	tion an	d otl	her o	comp	oensati	on fro	om the			
_	anization and related organizations greater than \$150				Sch	nedu	le J for	such	ı			
	ridualany person listed on line 1a receive or accrue compe				tod (raci	oizotior	or in	adividual		4	X
	services rendered to the organization? If "Yes," comp						iizalioi				5	X
	B. Independent Contractors				<u> </u>							
	nplete this table for your five highest compensated in											
com	pensation from the organization. Report compensati r.	on for the cale	endar y	/ear	endi	ng w	vith or v	within	the organization's	tax		
	(A) Name and business addres	ss							(B) Description of	services		(C) ensation
	225555 444.151											
2 Tota	al number of independent contractors (including but r	ot limited to th	nose lis	sted	abo	ve) v	vho		l			
	eived more than \$100,000 of compensation from the		•			-						

Part V	/III	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a					
	b	Membership dues	1b	5,480				
Contri- butions,	С	Fundraising events	1c	,				
Gifts,	d	Related organizations	1d					
Grants	e	Government grants (contributions)	1e					
and Other	f	All other contributions, gifts, grants,						
Similar		and similar amounts not included above	1f	4,592				
Amounts	g	Noncash contributions included in lines 1a-1		1,000	_			
	h	Total. Add lines 1a-1f		—	10,072			
				Business Code				
	2a							
	b							
Program	c							
Service Revenue	d							
	e							
		All other program service revenue						
		Total. Add lines 2a-2f		•				
				<u> </u>				
	3	Investment income (including dividends, interand other similar amounts)		•				
	4	Income from investment of tax-exempt bond		ds •				
	5	Royalties		us •				
		(i) Rea		(ii) Personal				
	62	Gross rents		(II) Personal				
		Less: rental expenses			_			
		Rental income or (loss)			_			
				•				
		` ′		,				
	7a	Gross amount from sales of assets other than inventory	ies	(ii) Other	_			
	b	Less: cost or other basis and sales expenses						
O t	С	Gain or (loss)						
h		Net gain or (loss)		•				
е		Gross income from fundraising						
r		events (not including \$						
R		of contributions reported on line 1c).	_					
e v		See Part IV, line 18	а					
ė	b	Less: direct expenses	b					
n	l .	Net income or (loss) from fundraising events		>				
u e		Gross income from gaming activities.						
		See Part IV, line 19	а					
	h	Less: direct expenses	b					
	l .	Net income or (loss) from gaming activities		>				
	10a	Gross sales of inventory, less returns and allowances	а					
	h	Less: cost of goods sold	b		_			
		Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11a	MISCONANICOUS INEVENUE		Dudii 1633 OUUC				
	b							
	C	-						
		All other revenue						
		Total. Add lines 11a-11d		•				
	12	Total revenue See instructions			10.072	0	0	0

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question	n in this Part IX			
	not include amounts reported on lines 6b, 7b, 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 governments and		- sup sinces	general enpende	
•	organizations in the United States. See Part IV, line 21 .				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
С	Accounting	300		300	
d	Lobbying			000	
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other	3,586	3,586		
9 12	Advertising and promotion	3,000	3,500		
13	Office expenses	54		54	
14	Information technology	3,825	3,825	34	
15	Royalties	3,023	3,023		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any fordered state, and apply while officials				
19	Conference conventions and modified				
20 21	Interest				
22	Depreciation, depletion, and amortization				
23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
2	(A) amount, list line 24e expenses on ochedule 0.)				
a					
b					
c d					
	All other expenses				
е 25	All other expenses	7,765	7,411	354	0
25 26	Joint costs. Complete this line only if the	7,700	7,411	304	U
_0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here b if following SOP 98-2 (ASC 958-720)				

s а 1 е

0 е

а

n С 30

31

32

33

34

complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Form 990 (2011) Western Cuyahoga Audubon Society 34-1522665 Page 11 Part X **Balance Sheet** (B) (A) Beginning of year End of year Cash - non-interest-bearing 11,423 1 13,730 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing Α employers and sponsoring organizations of section 501(c)(9) voluntary s s employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 t 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 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 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 11,423 16 13,730 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 L 20 Tax-exempt bond liabilities 20 а 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties е 24 Unsecured notes and loans payable to unrelated third parties 24 s 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D Total liabilities. Add lines 17 through 25 ______ 0 26 0 Organizations that follow SFAS 117, check here and complete NF lines 27 through 29, and lines 33 and 34. е u 27 Unrestricted net assets 27 n 28 Temporarily restricted net assets 28 d Α 29 Permanently restricted net assets 29 В s

11.423

11,423

11,423

30

31

32

33

34

13.730

13,730

13,730

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning 09-01-2011 , and ending 08-31-2012

2011

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ See instructions.

Name of exempt organization	Employer identification number
Western Cuyahoga Audubon Society	34-1522665
Name and title of officer	
Thomas M Romito, President	
Part I Type of Return and Return Information (Whole Dollars Only)	the material Western
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this	
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the re	
on the applicable line below. Do not complete more than 1 line in Part I.	,
1a Form 990 check here ▶ 🛛 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 10,072
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b
Part II Deplaration and Signature Authorization of Officer	
Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of	tho
organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge a	
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the	ne
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return or to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or re-	
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.	
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) of the control of th	
financial institution account indicated in the tax preparation software for payment of the organization's federal taxes ow return and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Trea	
Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the final	ancial institutions
involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer in	
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the celectronic return and, if applicable, the organization's consent to electronic funds withdrawal.	organizations
Officer's PIN: check one box only	
X authorize Mary Anne Romito to enter my PIN 54321	_ as my signature
ERO firm name Enter five numbers, but do not enter all zeros	
on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of	of the return is
being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize	
ERO to enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 elect	ropically filed return
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating c	
the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature Date	09-17-2012
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	3565 44444
number (EFIN) followed by your five-digit self-selected PIN.	3565 44444 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Mo	•
(MeF) Information for Authorized IRS e-file Providers for Business Returns.	343111204 0 1 110
ERO's signature ► Mary Anne Romito Date ►	09-06-2012
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form To the IRS Unless Requested To Do	So

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

Wes	stern	Cuyahoga Audubon S	Society						34-152	22665			
Pa	rt I	Reason for	Public Charity S	Status (All organiza	tions must	complete th	nis part.) S	ee instructi	ons.				
The	organ	nization is not a private	foundation because	e it is: (For lines 1 through	11, check	only one bo	ox.)						
1		A church, convention	n of churches, or a	ssociation of churches d	escribed in	section 17	70(b)(1)(A)(i).					
2		A school described i	in section 170(b)(1))(A)(ii). (Attach Schedule	e E.)								
3		A hospital or a coop	erative hospital ser	rvice organization describ	bed in sect	ion 170(b)	(1)(A)(iii).						
4		A medical research	organization opera	ted in conjunction with a	hospital de	escribed in	section 1	70(b)(1)(A)(iii). Enter	the hospit	al's nam	ne,	
		city, and state:											
5		An organization opera	ated for the benefit o	of a college or university or	wned or op	erated by a	governme	ental unit de	escribed in				
		section 170(b)(1)(A)	(iv). (Complete Par	rt II.)		-	_						
6		A federal, state, or lo	ocal government or	r governmental unit desc	ribed in se	ction 170(l	b)(1)(A)(v)						
7		An organization that r	normally receives a	substantial part of its supp	oort from a	governmen	tal unit or f	rom the ge	neral public	;			
		described in section	170(b)(1)(A)(vi). (0	Complete Part II.)									
8		A community trust d	escribed in section	170(b)(1)(A)(vi). (Comp	lete Part II.	.)							
9	X	An organization that r	normally receives: (1	1) more than 33 1/3% of its	s support fr	om contribu	utions, mer	nbership fe	es, and gro	oss			
		receipts from activitie	s related to its exem	npt functions - subject to ce	ertain excep	otions, and	(2) no mor	e than 33	1/3% of its				
		support from gross in	vestment income ar	nd unrelated business taxa	able income	e (less secti	ion 511 tax) from bus	nesses				
		acquired by the orga	anization after June	e 30, 1975. See section 5	509(a)(2). (Complete	Part III.)						
10		An organization orga	anized and operate	ed exclusively to test for p	public safe	ty. See sed	ction 509(a	a)(4).					
11		An organization organ	nized and operated	exclusively for the benefit	of, to perfo	rm the fund	tions of, or	to carry or	ut the				
		purposes of one or r	more publicly suppo	orted organizations desc	ribed in se	ction 509(a	a)(1) or se	ction 509(a)(2). See	section			
		509(a)(3). Check the	e box that describe	s the type of supporting	organizatio	n and com	nplete lines	s 11e thro	ugh 11h.				
	_	a 🗌 Type I	b 🗌 Туре	e II c	Type III-I	Functionally	y integrated	d	d	Type II	I-Other		
е		By checking this box,	I certify that the org	anization is not controlled	directly or i	ndirectly by	y one or mo	ore disqual	ified				
		persons other than fo	undation managers	and other than one or mo	ore publicly	supported o	organizatio	ns describ	ed in sectio	n			
		509(a)(1) or section 5	509(a)(2).										
f		If the organization red	ceived a written dete	ermination from the IRS that	at it is a Typ	e I, Type II	I, or Type I	II supportir	g				
		organization, check the	nis box										
g		Since August 17, 200	06, has the organizat	tion accepted any gift or co	ontribution	from any of	f the						
		following persons?											
		(i) A person who d	irectly or indirectly o	ontrols, either alone or tog	gether with p								
		, ,	he governing body o			persons de	scribed in ((ii)				Yes	No
		(ii) A family member		of the supported organizat	tion?	persons de	scribed in ((ii)			11g(i)	Yes	No
		•	er of a person descri	ibed in (i) above?		persons de	scribed in ((ii) 			11g(i) 11g(ii)	Yes	No
		(iii) A 35% controlle	er of a person descri d entity of a person	ibed in (i) above? described in (i) or (ii) abov	/e?	persons de	scribed in ((ii) 				Yes	No
h		(iii) A 35% controlle Provide the following	er of a person descri d entity of a person	ibed in (i) above? described in (i) or (ii) abov ne supported organization	/e?	persons de	scribed in ((ii) 			11g(ii)	Yes	No
<u>h</u>	(i) N	(iii) A 35% controlle Provide the following ame of supported	er of a person descri d entity of a person	ibed in (i) above? described in (i) or (ii) above ne supported organization (iii) Type of organization	/e? (s).	rganization	(v) Did y	ou notify	(vi) l		11g(ii) 11g(iii) (vii)	Amount	
<u>h</u>	(i) N	(iii) A 35% controlle Provide the following	er of a person descri d entity of a person information about th	ibed in (i) above? described in (i) or (ii) abov ne supported organization	/e? (s).	organization ted in your		ou notify	organizat (i) organiz	ion in col. red in the	11g(ii) 11g(iii) (vii)		
<u>h</u>	(i) N	(iii) A 35% controlle Provide the following ame of supported	er of a person descri d entity of a person information about th	ibed in (i) above? described in (i) or (ii) above ne supported organization (iii) Type of organization (described on lines 1-9	(s). (iv) Is the control in col. (i) list governing of	organization ted in your document?	(v) Did y the organ col. (i) sup	ou notify nization in of your port?	organizat (i) organiz U.	ion in col. ed in the S.?	11g(ii) 11g(iii) (vii)	Amount	
	(i) N	(iii) A 35% controlle Provide the following ame of supported	er of a person descri d entity of a person information about th	described in (i) above? described in (i) or (ii) above e supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	/e? (s). (iv) Is the c	organization ted in your	(v) Did yo the organ col. (i)	ou notify	organizat (i) organiz	ion in col. red in the	11g(ii) 11g(iii) (vii)	Amount	
<u>h</u> (A)	(i) N	(iii) A 35% controlle Provide the following ame of supported	er of a person descri d entity of a person information about th	described in (i) above? described in (i) or (ii) above e supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(s). (iv) Is the control in col. (i) list governing of	organization ted in your document?	(v) Did y the organ col. (i) sup	ou notify nization in of your port?	organizat (i) organiz U.	ion in col. ed in the S.?	11g(ii) 11g(iii) (vii)	Amount	
(A)	(i) N	(iii) A 35% controlle Provide the following ame of supported	er of a person descri d entity of a person information about th	described in (i) above? described in (i) or (ii) above e supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(s). (iv) Is the control in col. (i) list governing of	organization ted in your document?	(v) Did y the organ col. (i) sup	ou notify nization in of your port?	organizat (i) organiz U.	ion in col. ed in the S.?	11g(ii) 11g(iii) (vii)	Amount	
	(i) N	(iii) A 35% controlle Provide the following ame of supported	er of a person descri d entity of a person information about th	described in (i) above? described in (i) or (ii) above e supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(s). (iv) Is the control in col. (i) list governing of	organization ted in your document?	(v) Did y the organ col. (i) sup	ou notify nization in of your port?	organizat (i) organiz U.	ion in col. ed in the S.?	11g(ii) 11g(iii) (vii)	Amount	
(A) (B)	(i) N	(iii) A 35% controlle Provide the following ame of supported	er of a person descri d entity of a person information about th	described in (i) above? described in (i) or (ii) above e supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(s). (iv) Is the control in col. (i) list governing of	organization ted in your document?	(v) Did y the organ col. (i) sup	ou notify nization in of your port?	organizat (i) organiz U.	ion in col. ed in the S.?	11g(ii) 11g(iii) (vii)	Amount	
(A)	(i) N	(iii) A 35% controlle Provide the following ame of supported	er of a person descri d entity of a person information about th	described in (i) above? described in (i) or (ii) above e supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(s). (iv) Is the control in col. (i) list governing of	organization ted in your document?	(v) Did y the organ col. (i) sup	ou notify nization in of your port?	organizat (i) organiz U.	ion in col. ed in the S.?	11g(ii) 11g(iii) (vii)	Amount	
(A) (B)	(i) N	(iii) A 35% controlle Provide the following ame of supported	er of a person descri d entity of a person information about th	described in (i) above? described in (i) or (ii) above e supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(s). (iv) Is the control in col. (i) list governing of	organization ted in your document?	(v) Did y the organ col. (i) sup	ou notify nization in of your port?	organizat (i) organiz U.	ion in col. ed in the S.?	11g(ii) 11g(iii) (vii)	Amount	
(A) (B)	(i) N	(iii) A 35% controlle Provide the following ame of supported	er of a person descri d entity of a person information about th	described in (i) above? described in (i) or (ii) above e supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(s). (iv) Is the control in col. (i) list governing of	organization ted in your document?	(v) Did y the organ col. (i) sup	ou notify nization in of your port?	organizat (i) organiz U.	ion in col. ed in the S.?	11g(ii) 11g(iii) (vii)	Amount	
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990 or 990-EZ) 2011 Western Cuyahoga Audubon Society 34-1522 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

Dart III	If the organization	faile to qualif	vunder the tests	listed helow	nlesse com	nlata Dart III \
ranıııı.	ii iiie organization	ialis lo qualii	y under the tests	ilsted below,	please com	piele Fail III.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Section A. Public Support				_		
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf "	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
benefit and either paid to or expended on its behalf	membership fees received. (Do not						
furnished by a governmental unit to the organization without charge	benefit and either paid to or expended on						
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) Public support Subtract line 5 from In 4 Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4 Section B. Total Support A mounts from line 4 Section B. Total Support A mounts from line 4 Section B. Total Support A mounts from line 4 Section B. Total Support Or hos from line 1 support from single state in the support from lated activities, etc. (see instructions) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) Total support percentage from 290 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 Public support percentage from 2010 Schedule A, Part II, line 14 Section C. Computation of Public Support decentage from 2010 Schedule A, Part II, line 14 Section C. Computation for Public Support decentage from 2010 Schedule A, Part II, line 14 Section C. Computation for Public Support decentage from 2010 Schedule A, Part II, line 14 Section C. Computation for Public Support decentage from 2010 Schedule A, Part II, line 14 Section C. Computation for Public Support decentage from 2010 Schedule A, Part II, line 14 Section C. Computation for Public Support	furnished by a governmental unit to the						
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)	4 Total. Add lines 1 through 3						
publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 that exceeds 2% of the amount shown on line 11, oolumn (f)	5 The portion of total contributions by each						
on line 1 that exceeds 2% of the amount shown on line 11, column (f)	person (other than a governmental unit or						
shown on line 11, column (f)	publicly supported organization) included						
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4	on line 1 that exceeds 2% of the amount						
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Gross receipts from related activities, etc. (see instructions) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) Test five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 12 Public support percentage from 2010 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2011. 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 17a 10%-facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2010. If the organization qualifies as a publicly supported org	shown on line 11, column (f)						
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8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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activities, whether or not the business is regularly carried on	payments received on securities loans, rents, royalties and income from similar						
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b 33 1/3% support test - 2010. 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	11			•	•		
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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	-	•	•		•		▶∐
	18 Private foundation. If the organization did no	ot check a box or	n line 13, 16a, 16b,	17a, or 17b, chec	k 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 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		•	,				
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,796	17,871	13,321	9,413	10,072	63,473	
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 bus. under sec 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	12,796	17,871	13,321	9,413	10,072	63,473	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		6,200				6,200	
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		6,200				6,200	
С	Add lines 7a and 7b		12,400				12,400	
8	Public support (Subtract line 7c from line 6.)						51,073	
Sec	ction B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
9	Amounts from line 6	12,796	17,871	13,321	9,413	10,072	63,473	
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							
	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 IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	12,796	17,871	13,321	9,413	10,072	63,473	
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
	ction C. Computation of Public Supp					Г		
15	Public support percentage for 2011 (line 8, col	•	ne 13, column (f))			15	80.46 %	
16	Public support percentage from 2010 Schedul					16	81.26 %	
	ction D. Computation of Investment I					T I		
17	Investment income percentage for 2011 (lin		-			17	0.00 %	
18	Investment income percentage from 2010 S					18	9/	
	a 33 1/3% support tests - 2011. 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	line 18 is not more than 33 1/3%, check this	auon did not check box and stop here	a box on line 14 o . The organization	r ime 19a, and line qualifies as a pub	e to is more than 3 licly supported org	3 1/3%, and anization	▶ □	
20	Private foundation. If the organization did no		-				▶ 🗍	

Statement of Program Service Accomplishments 2011 01 Name(s) as shown on return Your Social Security Number Western Cuyahoga Audubon Society 34-1522665 Form 990, Part III(d) Program Service Code Program Service Expenses Grants and allocations included in above expense \$320 \$0 Program Services Revenue \$0 Explanation Donations to National Audubon

990 Overflow Statement	Page 1
Name(s) as shown on return Western Cuyahoga Audubon Society	34-1522665
Description National Audubon Baseline WCAS membership Total:	Amount \$ 2,583 2,897 \$ 5,480
Description Donations from organizations Donations from individuals Total:	Amount \$ 25 4,567 \$ 4,592
Description Meeting expense Speakers donations Education expense Total:	Amount \$ 541 800 320 1,925 \$ 3,586
Description Newsletter and printing Total:	Amount \$ 3,825 \$ 3,825

September 06, 2012

Western Cuyahoga Audubon Society 4310 Bush Ave Cleveland, OH 44109

We value our clients, and their privacy is important to us. Please read our privacy policy below.

We collect nonpublic personal information about our clients from various sources, including the following:

- * Information we receive from interviews regarding clients' tax situations
- * Information we receive on applications, organizers, or by other means, such as client names, addresses, telephone numbers, Social Security Numbers, dependents, income, and other tax-related of the control of the co
- * Information from tax-related documents that we require from clients in order to process their tax returns (Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions, etc.)

We do not disclose any nonpublic personal information about our clients or former clients to anyone except as requested by our clients or as required by law.

We restrict access to nonpublic personal information concerning our clients except to employees who need access to such information in order to provide products or services. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard all nonpublic personal information.

For questions about our privacy policy, please contact us.

Sincerely,

Mary Anne Romito Mary Anne Romito, EA

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.

OMB No. 1545-0047

2011

Open to Public

Inspection

Name of the organization Employer identification number Western Cuyahoga Audubon Society 34-1522665 01. Officer, directors, etc. family relationship (Part VI, line 2) Tom Romito President Mary Anne Romito Director Married 02. Members or stockholder classes and rights (Part VI, line 6) WCAS has only one class of members. Members are entitled to vote for officers and board members. 03. Form 990 governing body review (Part VI, line 11) The return preparer submitted a copy of the final version of the Form 990 to each board member before it was filed. The board reviewed and approved filing of the return at the September 17, 2012 board meeting. 04. Officer, director, etc mailing address (Part VI, line 9) Kit Birch 18889 Stony Point Dr Strongsville OH 44136 Liz Clingman P.O. Box 81466 Cleveland OH 44181 Nancy Howell 19340 Fowles Rd Middleburg Hts OH 44130 Penny OConnor 4534 Grayton Rd. Cleveland OH 44135-2324

08. Not undergone required audits or steps for audit (part XII, line 3b)

consolidated financial statement only.

This organization's financial statement were compiled, and reviewed as part of a

Form	n 990 (2011) Western Cuyahoga Audubon Society	34-15226	665	Pa	age 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,07	72		
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11,42	23		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,						
	column (B))	6		13,73	30		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual 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?		2a	1	X		
b	b Were the organization's financial statements audited by an independent accountant?						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight						
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	:			
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
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?		3a	1	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required guidt or guidte, explain why in Schedule O and describe any steps taken to undergo such guidte		3h	.	1		

EEA

Form 990 (2011)

990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	2011 calend	lar year, or t	ax year begir	nning		09-01 , 2011, a n	d ending	g	08-	-31 ,20 12	
B 0	heck if	applicable: C Name of organization Western Cuyahoga Audubon Society								D Employer identification no.		
	ddress	hange Doing Business As						34-1522665				
	lame ch	nange	ge Number and street (or P.O. box if mail is not delivered to street address)				Roc	om/suite		E Telephone number		
	nitial re	turn	n 4310 Bush Ave							(216)741-2352		
П	ermina	ted	ed City or town, state or country, and ZIP + 4						10,072			
	mende	d return	Clevel	and, OH 44	1109						G Gross receipts \$	
	pplicati	cation pending F Name and address of principal officer: Tom Romito										
			4310 B	Bush Ave, (Cleveland, OH 4	4109			H(a) Is this a gardinates	group re	eturn for Yes X No	
1 1	ax-exe	mpt status: 🛚 🗓	501(c)(3)	501(c) () 🗹 (insert no.)	4947(a)(1) or	527	H	H(b) Are all af	filiates	included? Yes No	
J ¥	Vebsite:	₩₩₩	.wcasohio	ORG_	,			1	H(c) Group ex	emptio	list. (see instructions) n number	
K F	orm of	organization: X	Corporation	Trust As	sociation Other		L Year of formation	on: 198	0 M State	e of leg	al domicile: OH	
Pai	rt I	Summar	у									
	1	Briefly descri	be the organi	ization's missi	on or most significan	activities:	ENVIRONMENTAL E	DUCATI	ON			
e G												
io												
V e	2	Check this be	ox 🕨 📙 ifth	ne organization	n discontinued its ope	erations or dispos	ed of more than 25%	of its net	assets.		1	
t n	3	Number of vo	oting membe	rs of the gover	ning body (Part VI, li	ne 1a)				3	12	
· а e п	4	Number of in	ndependent v	oting member	s of the governing bo	dy (Part VI, line 1	b)			4	12	
S C	5	Total numbe	r of individual	ls employed in	calendar year 2011	(Part V, line 2a)			<i>.</i>	5	0	
& `	6	Total numbe	r of volunteer	s (estimate if r	necessary)					6		
	7a	Total unrelate	ed business r	revenue from I	Part VIII, column (C),	line 12				7a	0	
	b	Net unrelated	d business ta	xable income	from Form 990-T, lin	e 34				7b	0	
R									Prior Year		Current Year	
e	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)								,413	10,072	
e e	9										0	
n	10	Investment in	ncome (Part \	VIII, column (A	a), lines 3, 4, and 7d)						0	
е	11		•	• •	es 5, 6d, 8 <mark>c</mark> , 9c, 10c,	•					0	
	12						12)	•		413	10,072	
	13				X, column (A), lines 1	-3)		•	····		0	
Ε	14	Benefits paid to or for members (Part IX, column (A), line 4)									0	
х р	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)								0	
e n	1		•	•	olumn (A), line 11e)			•			0	
\$	}			•	umn (D), line 25)	-	0	-				
e 5	1	•			es 11a-11d, 11f-24e	,		-		5,147		
					equal Part IX, colum	n (A), line 25)		•		,147		
	19	Revenue les	s expenses.	Subtract line	18 from line 12 .	· · · · · · · ·		-		3,266	2,307	
Net Assets		T-1-1	(D-4)/ P 4	400				Begin	nning of Current		End of Year	
or Fund	20	Total assets	-	•	• • • • • • • • • •			•	13	L,423		
Bal-	21	Total liabilitie	•	•		• • • • • • • •	• • • • • • • • • •	•			0	
Da	22 rt		re Block	es. Sudtract I	ine 21 from line 20	* * * * * * *	· · · · · · · · · · · ·	•	1.3	1,423	13,730	
-				ave examined th	is return, including acc	omnanvina schadula	es and statements, and t	a the host	of my knowled	dae and	haliaf it is	
true, o	correct,	and complete. D	Declaration of p	reparer (other th	nan officer) is based on	all information of w	hich preparer has any kr	owledge.	or my knowice	aga ano	- Danier, 1013	
		Thom	as M Romi:		Popular M	1100	-					
Sig	n		ure of officer	50/10/1	er a cecar	von	<u> </u>			Date	e	
							9/19/2012					
	•		r print name an								111/10-10	
		17	reparer's name		Preparary signature		Date		Check X	if	PTIN	
Paid	Ŀ		ne Romito		TYOU	market has .	A 09-06-2012		self-emplo	- 1	1 CUN	
	- parei				e Romito, EA	mejoren	V V V V V V V V V V V V V V V V V V V	C;	m's EIN	yeu		
	Onl	***************************************		4310 Bus					one no.			
	-···	5 00016	F		d OH 44109			rnc	one no.		216-741-2352	
Mav	the IRS	S discuss this	return with the		own above? (see inst	ructions)					X Yes No	
	10		771UI NIN	- p. sparsi 3110	GOOTO: JOCE II ISL		 				<u>⊬</u> ч геъ NO	

8879-EO

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning 09-01-2011, and ending 08-31-2012

▶ Do not send to the IRS. Keep for your records.

▶ See instructions.

OMB No. 1545-1878

2011

Name of exempt organization	Employer identification number
Western Cuyahoga Audubon Society	34-1522665
lame and title of officer	
Thomas M Romito, President	
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, f	rom the return. If you
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with	
eave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.	
la Form 990 check here ▶ 🖾 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .	1b 10,072
2a Form 990-EZ check here b D b Total revenue, if any (Form 990-EZ, fine 9)	
Ba Form 1120-POL check here b D b Total tax (Form 1120-POL, line 22)	
ta Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line	
5a Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	
Part II Declaration and Signature Authorization of Officer	
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refauthorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct definancial institution account indicated in the tax preparation software for payment of the organization's federal taxe return and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the involved in the processing of the electronic payment of taxes to receive confidential information necessary to ansi resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	m originator (ERO) or reason for rejection of fund. If applicable, I ebit) entry to the es owed on this Treasury Financial e financial institutions wer inquiries and
Officer's PIN: check one box only X Lauthorize Mary Anne Romito to enter my PIN 54321	as my signature
ERO firm name Enter five numbers	
do not enter all zer	os
on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return that a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	orize the aforementioned electronically filed return.
Monte signature & Thomas M. Moniet &	
Officer's signature Momas 1. Vanuel 6	ate > 09-17-2012
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filling identification	
number (EFIN) followed by your five-digit self-selected PIN.	343565 44444
	do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for tindicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 416 (MeF) Information for Authorized IRS e-file Providers for Business Returns.	
ERO's signature ► Mary Anne Romito	Date ▶ 09-06-2012
EPO Must Potain This Form - Soo Instructions	