Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short 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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No. 1545-1150 2012

Open to Public Inspection

Α	For the	2012 calenda	r year, or tax year beginning 09-01 , 2012, and ending	08	3-31 , 20 13
В	Check if a	applicable:	C Name of organization D	Employe	r identification number
	Address c	change	Western Cuyahoga Audubon Society	34-15	522665
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	Telephone	e number
	Initial retu	ırn			
	Terminate	ed	4310 Bush Ave	(216)	741-2352
	Amended	return	City or town, state or country, and ZIP + 4	Group Ex	emption
	Applicatio	on pending	Cleveland, OH 44109	Number	
G	Accoun	ting Method:	☐ Cash ☐ Accrual Other (specify) ► H Che	eck ▶ X	if the organization is not
ı				uired to att	ach Schedule B
J	Tax-exe	empt status (check only one) - 🕱 501(c) (3) ☐ 501(c)(🖊 (insert no.) ☐ 4947(a)(1) or ☐ 527 (Fo	orm 990, 99	0-EZ, or 990-PF).
K	Check	▶ 🏻 if the o	ganization is not a section $509(a)(3)$ supporting organization or section 527 organization and	d its gross	receipts are normally
	not mor	e than \$50,00	0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be	be required	d (see instructions). But if
	the organ	nization choos	es to file a return, be sure to file a complete return.		
L	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (F	Part II,	
_			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instr		·
		Check if the	e organization used Schedule O to respond to any question in this Part I		<u>x</u>
	1	Contributions	, gifts, grants, and similar amounts received		1 17,357
	2	Program serv	rice revenue including government fees and contracts		2
	3	Membership	dues and assessments		3 4,743
	4	Investment in	come		4
	5a	Gross amour	t from sale of assets other than inventory		
	b	Less: cost or	other basis and sales expenses		
	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)	[5c
	6	Gaming and	fundraising events		
4.	а	Gross income	e from gaming (attach Schedule G if greater than		
nue		\$15,000)			
Revenue	b	Gross income	e from fundraising events (not including \$ of contributions		
ď			ing events reported on line 1) (attach Schedule G if the		
			gross income and contributions exceeds \$15,000) 6b		
			xpenses from gaming and fundraising events		
	d	Net income o	r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
		,			6d
			of inventory, less returns and allowances		
		Less: cost of			
	С	•	r (loss) from sales of inventory (Subtract line 7b from line 7a)	_7	7c
	8		e (describe in Schedule O)	⊢	8
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9 22,100
	10		milar amounts paid (list in Schedule O)		10
	11	•	to or for members		11
es	12	•	er compensation, and employee benefits		12
Expenses	13		fees and other payments to independent contractors		1,800
ă	14		ent, utilities, and maintenance		14 6 224
ш	1		ications, postage, and shipping		15 6,224
	16			· · . · · 	16 2,943
	17	•	3		17 10,967
ţ	18		first) for the year (Subtract line 17 from line 9)		18 11,133
Net Assets	19		fund balances at beginning of year (from line 27, column (A)) (must agree with		19 13,730
Ϋ́	20	-	gure reported on prior year's return) es in net assets or fund balances (explain in Schedule O)		
Š	20 21	ū	fund balances at end of year. Combine lines 18 through 20		20 24,863
		11CL 000CL0 01	TUTIO DATA TODO AL CITO DI VEAT. CUITIDITE ILIES TO L'ILOUGIT ZU		LI 44,003

Pa	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to respond to ar	ny question in this Part I	<u> </u>			<u> U</u>
			(A) Be	ginning of year		(B) End of year
22	Cash, savings, and investments			13,730	22	24,863
	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
	Total assets			13,730	25	24,863
				0	26	0
	Net assets or fund balances (line 27 of column (B) must agree			13,730	27	24,863
Pa	art III Statement of Program Service Accomplis					Expenses
	Check if the organization used Schedule O to respond to a	•	<u> </u>		∃ `	quired for section
Wh	at is the organization's primary exempt purpose? Environment	Education				(c)(3) and 501(c)(4)
Des	cribe the organization's program service accomplishments for each of	f its three largest progra	m services,		"	anizations and section
	neasured by expenses. In a clear and concise manner, describe the s	services provided, the nu	ımber of			7(a)(1) trusts; optional
	sons benefited, and other relevant information for each program title.				for c	others.)
28	Newsletter, Brochures, website to increase member	er				
	involvement in activities of chapter.					
		ludes foreign grants, che	eck here	▶ ⊔	28a	4,118
29	Conservation projects to promote habitat for bir	ds.				
		hadaa faastaa aasata ah			00-	
~~		ludes foreign grants, che	eck nere	▶ ⊔	29a	2,756
30	Programs, field trips and outreach to educate the	e public				
	about nature and the environment.					
		hadaa faastaa aasata ah	I - I		00-	
24	,	ludes foreign grants, che	eck nere	<u> ▶ ⊔</u>	30a	2,293
31	Other program services (describe in Schedule O)		ak bara		24.0	
22		ludes foreign grants, che		<u> ▶ ⊔</u>	31a 32	+
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Emplo					
1 6	Check if the organization used Schedule O to respond to a	-				
	Official in the organization used schedule of to respond to a	question in this rait	(c) Reportable	(d) Health henefi	te	
	(a) Name and title	(b) Average hours per week	compensation	contributions to er	nploye	e(e) Estimated amount of
	(a) Name and the	devoted to position	(Form W-2/1099-MISC	benefit plans, a	nd	other compensation
Tot	n Romito	'	(if not paid, enter -0-)	deferred compen	sation	
	esident	2		0	o	0
	cy Anne Romito			1		
	rector	2		0	0	0
	Birch					
	rector	1		0	0	0
	ncy Howell	_				
	easurer	2		0	0	0
	zabeth Clingman			1		
	rector	1		0	0	0
	an Searles					
	rector	1		0	0	0
	nny OConnor					
	retary	2		0	0	0
	ca Ebie	2			- 4	
	ce President	2		0	0	0
		2		0	٧	0
	rry Wolfe	_				^
	rector	1		0	U	0
	rt Miske					•
	rector	2		0	U	0
	rk Hofelich	_				•
	rector	1		0	O	0
	zanne Aldrich					-
ונע	rector	1		0	0	0

Form	990-EZ (2012) Western Cuyahoga Audubon Society 34-152266	55	F	Page 3
Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			<u>. LL</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
_	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	100		
•	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			25
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3/10		25
30 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
h		Joa		
		-		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	401		37
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed OH OH			
42 a	The organization's books are in care of Nancy Howell Telephone no.	1-23	52	
	Located at 19340 Fowles Rd Middleburg Hts, OH ZIP+4 44130			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		_X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_X_
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here		•	L
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		Х
_		$\overline{}$		

								Ye	s No
	organization engage, directly or indirectly, in p		on behalf of o	or in opposition	on				
	dates for public office? If "Yes," complete Sci	•	<u> </u>	<u> </u>				46	X
	Section 501(c)(3) organizations (All Section 501(c)(3) organizations		ons 47-40	h and 52	and comr	alete the ts	ahlee f	or lines	2
	50 and 51	illust allswei questi	0113 41 -43	no ariu 52,	and comp		abics i	or inte	•
	Check if the organization used Sch	nedule O to respond	to any que	estion in tl	nis Part VI				🗍
-			10 a.r.y qui					Ye	s No
47 Did the	organization engage in lobbying activities or h	ave a section 501(h) election	on in effect d	uring the tax			Γ		
	"Yes," complete Schedule C, Part II			•				47	X
48 Is the or	rganization a school as described in section 1	70(b)(1)(A)(ii)? If "Yes," cor	nplete Sched	lule E			🗀	48	Х
	organization make any transfers to an exemp						7	49a	Х
b If "Yes,"	was the related organization a section 527 or	rganization?					[49b	
50 Comple	te this table for the organization's five highest	compensated employees (other than of	ficers, directo	rs, trustees a	nd key			
employe	ees) who each received more than \$100,000	of compensation from the o	rganization.	If there is no	ne, enter "Noi	ne."			
	(a) Name and title of each ampleus	(b) Average	(c) Rep	ortable	(d) Health		(a) Fa	4:	
	(a) Name and title of each employee	hours per week	comp	ensation		to employee , and deferred		timated ai ier compe	
	paid more than \$100,000	devoted to position	(Forms W-	2/1099-MISC)	compe	nsation			
NONE									
f Total nu	ımber of other employees paid over \$100,000								
	te this table for the organization's five highest		contractors	who each rec	Saived more th	nan			
•	00 of compensation from the organization. If the		COMME	WIIO GACITIEC	erved more ti	ian			
Ψ100,00	of compensation nom the organization. It is	Total of Horio, Officer Troffe.							
(a) Name an	d address of each independent contractor paid more	e than \$100,000	(b)	Type of servi	ce	(0	Compe	nsation	
NONE									
-									
d Total nu	ımber of other independent contractors each ı	receiving over \$100,000)	—					
52 Did the	organization complete Schedule A? Note:	All section 501(c)(3) orga	nizations an	d 4947(a)(1)					
nonexe	mpt charitable trusts must attach a completed	Schedule A				<u></u>	X	Yes _	No
Under penalties	of perjury, I declare that I have examined this return	n, including accompanying sch	edules and sta	tements, and to	the best of my	/ knowledge an	d belief, i	t is	
true, correct, an	d complete. Declaration of preparer (other than offi	cer) is based on all information	of which prep	arer has any k	nowledge.				
.	Thomas M Romito								
Sign									
Here	Thomas M Romito, President								
	Type or print name and title	Dranguagle signatur		Date			DTIL		
		Preparer's signature		Date		heck X if	PTIN		
Paid -	Mary Anne Romito			11-16-201		elf-employed	P0002	24817	
Preparer	Firm's name Mary Anne Romito,	EA			Firm's E	IN P			
Use Only	Firm's address 4310 Bush Ave	•				.	44 5-		
Movetha IDC	Cleveland OH 4410				Phone i	no. 216-7	41-235 ∇		N-
May the IRS o	liscuss this return with the preparer shown ab	ove? See Instructions				<u> </u>	<u>X</u>	Yes _	No

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning 09-01-2012, and ending 08-31-2013

2012

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization ▶ Do not send to the IRS. Keep for your records.

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)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered on the applicable line below. Do not complete more than 1 line in Part I.	filed with this form was blank, then
	22,100
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 examin organization's 2012 electronic return and accompanying schedules and statements and to the best of my are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electrous to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (financial institution account indicated in the tax preparation software for payment of the organization's fed return and the financial institution to debit the entry to this account. To revoke a payment, I must contact the Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authinvolved in the processing of the electronic payment of taxes to receive confidential information necessar resolve issues related to the payment. I have selected a personal identification number (PIN) as my signal electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only	r knowledge and belief, they the copy of the onic return originator (ERO) f receipt or reason for rejection of f any refund. If applicable, I direct debit) entry to the eral taxes owed on this the U.S. Treasury Financial horize the financial institutions y to answer inquiries and
ERO firm name Enter five	as my signature e numbers, but ter all zeros
on the organization's tax year 2012 electronically filed return. If I have indicated within this return being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I at ERO to enter my PIN on the return's disclosure consent screen.	that a copy of the return is
As an officer of the organization, I will enter my PIN as my signature on the organization's tax ye If I have indicated within this return that a copy of the return is being filed with a state agency(ies the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date > 11-16-2013
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.	343565 44444
Transport (En 114) rollowed by your invertigit self-selected File.	do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed retuindicated above. I confirm that I am submitting this return in accordance with the requirements of P (MeF) Information for Authorized IRS e-file Providers for Business Returns.	
ERO's signature ▶ Mary Anne Romito	Date ▶11-16-2013
ERO Must Retain This Form - See Instruc	tions
Do Not Submit This Form To the IRS Unless Requ	ested To Do So

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name	of the	organization							Employer	identification i	number		
West	err	Cuyahoga Audub	on Society						34-15	522665			
Pai	t I	Reason for F	Public Charity	Status (All organiza	ations m	ust comp	olete this	part.) S	ee instru	uctions.			
The o	or <u>ga</u> r	ization is not a private	foundation because	e it is: (For lines 1 through	11, check	only one bo	ox.)						
1	Ш	A church, conventio	n of churches, or a	ssociation of churches d	lescribed in	n section 1	170(b)(1)(<i>i</i>	۹)(i).					
2	Ш	A school described	in section 170(b)(1)(A)(ii). (Attach Schedu	ıle E.)								
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				r governmental unit desc	cribed in se	ection 170	(b)(1)(A)(v	/).					
7			•	•				•	neral public				
	☐ 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				n 170(b)(1)(A)(vi). (Com	plete Part	II.)							
9	X			1) more than 33 1/3% of it			utions. mer	nbership fe	ees, and gro	oss			
	_	-	· · · · · · · · · · · · · · · · · · ·	npt functions - subject to c					_				
		•		nd unrelated business tax			` '						
				e 30, 1975. See section		`		y nom bao					
10	П			ed exclusively to test for			,	(a)(4)					
11	П	•	•	exclusively for the benefit	•	•			it the				
••		•	•	orted organizations desc				•		section			
				s the type of supporting		•	, , ,	`	, , ,	30011011			
		a Type I	b Typ	· · · · · ·	III-Function		•	d [1	Non-funtion	nally inte	arated	
е	П	• • •	_ /1	ganization is not controlled		-			• • • • • • • • • • • • • • • • • • • •		idily ii ito	gratea	
·		-	-	er than one or more public	-								
		or section 509(a)(2).	rmanagoro ana oun	or than one or more public	ыу оарроги	a organiza	110110 00001	1000 111 000	MO11 000(a)	(1)			
f			ceived a written dete	ermination from the IRS th	at it is a Tv	na I Tyna I	Lor Type I	II eunnortir	na.				
•		organization, check the			atitisa iy	pc i, Typc i	i, or Type i	п зарроги	19				П
~		•		tion accepted any gift or c	contribution	from any of	f tho						• • □
g		following persons?	oo, nas the organiza	mon accepted any gift of c	Onthibution	non any o	1 1110						
		0.	liroethy or indirectly o	controls, either alone or tog	aothor with	norcone do	scribad in	(ii) and				Vaa	Na
			•	e supported organization?	-	persons de		` '			44 =(1)	Yes	No
		, ,			•						11g(i)		
		(ii) A family member									11g(ii)		
L				described in (i) or (ii) above							11g(iii)		
h	(1) NI			ne supported organization	Ì.	i=atian	(a) Did us		(4)	- 4h -			
	(1) 146	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the or in col. (i) list	-	(v) Did yo the organ	nization in	(vi) Is	tion in col.	(vii) Amou	int of mo support	netary
				above or IRC section	governing	document?	col. (i) c	of your port?	(i) organize	ed in the S.?			
				(see instructions))	Ves	No							
<u></u>					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(0)													
(C)													
(-,													
(D)													
(E)													
Tota	l												

990 or 990-EZ) 2012 Western Cuyahoga Audubon Society 34-1522665

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

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

Sec	tion A. Public Support						_
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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						
Sec	tion B. Total Support		_				
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
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						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (see	e instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	·					▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2012 (line 6, co	**				14	%
15	Public support percentage from 2011 Schedu	, ,				15	%
16a	33 1/3% support test - 2012. If the organize						, _
	box and stop here. The organization qualif						▶ ⊔
b	33 1/3% support test - 2011. If the organize	ation did not che	ck a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	re,	
	check this box and stop here. The organize	ation qualifies as	a publicly supporte	d organization			▶ ⊔
17a	10%-facts-and-circumstances test - 2012	2. If the organizati	ion did not check a	box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meets	the "facts-and-ci	rcumstances" test,	check this box and	d stop here. Expla	in in	
	Part IV how the organization meets the "facts-	-and-circumstance	s" test. The organiza	ation qualifies as a p	publicly supported		_
	organization						▶ □
b	10%-facts-and-circumstances test - 2011	1. If the organizati	ion did not check a	box on line 13, 16	a, 16b, or 17a, and	lline	
	15 is 10% or more, and if the organization is	neets the "facts-a	and-circumstances"	test, check this be	ox and stop here.		
	Explain in Part IV how the organization meets	the "facts-and-circ	cumstances" test. Th	ne organization qua	lifies as a publicly		_
	supported organization						▶ □
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16b	o, 17a, or 17b, che	ck this box and see	Э	
	inetructions						▶ □

EEA Schedule A (Form 990 or 990-EZ) 2012

990 or 990-EZ) 2012 Western Cuyahoga Audubon Society Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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			, <u>, , , , , , , , , , , , , , , , , , </u>	,		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")	17,871	13,321	9,413	10,072	22,100	72,777
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	17,871	13,321	9,413	10,072	22,100	72,777
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.)						60,377
	etion B. Total Support endar year (or fiscal year beginning in)	(=) 2000	(h) 2000	(=) 2040	(-1) 2044	(5) 2042	(f) Tatal
9	Amounts from line 6	(a) 2008 17,871	(b) 2009 13,321	(c) 2010 9,413	(d) 2011 10,072	(e) 2012 22,100	(f) Total 72,777
3	Amounts nominie 0	17,871	13,321	9,413	10,072	22,100	12,111
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						
С	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.)	17,871	13,321	9,413	10,072	22,100	72,777
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2012 (line 8, colu		ne 13, column (f))			15	82.96 %
16	Public support percentage from 2011 Schedule					16	80.46 %
	ction D. Computation of Investmen						
17	Investment income percentage for 2012 (line					17	0.00 %
18	Investment income percentage from 2011 S					18	%
19a	33 1/3% support tests - 2012. If the organiz 17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2011. If the organize line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a pub	licly supported org	ganization	• 📋
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	ıs	▶ □

990	Overflow Statement		2012 Page 1
lame(s) as shown on return	Overflow Statement	F	Page I
Western Cuyahoga Audubor	Society		34-1522665
	Part 1 line 1		
	1410 1 11110 1		
			Amount
<u>Donations</u> National Audubon-Owen Da	viriog		\$ 2,786 10,000
National Audubon-Owen Da Annual Appeal, UltraWalk			4,238
Carbon Offset			333
		Total:	\$ 17,357
	Part 1 line 3		
Description			Amount
Audubon Baseline Funding	ī		\$ 2,583
Chapter Membership		m-1 - 7	2,160
		Total:	\$ 4,743
	Durfornional form		
	Professional fees		
			Amount
			\$ 300
Stragetic planning		Total:	\$ 1,500 \$ 1,800
		10001	
	Part 1 line 15		
Description			3mount
Newsletter and postage			Amount \$ 4,052
IBA Report			2,172
		Total:	\$ 6,224
	Part 3 line 28		
Description			Amount
Website			\$ 66
Newsletters, letters, bro	cnures	Total:	\$ 4,052 \$ 4,118
		10041.	

990	Overflow Statement		
Name(s) as shown on return		FEIN	
Western Cuyahoga Audubon	Society	34-1522665	

Part 3 line 29

Description	 Amount
Rocky River IBA project	\$ 2,172
Shade grown coffee	584
Total:	\$ 2,756

Part 3 line 30

Description	Z	mount
Meeting expenses	\$	48_
Speakers		700
office		110_
_liability insurance		400
donations to like organizations		1,035
Total:	\$	2,293

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

Western Cuyahoga Audubon Society

Attach to Form 990 or 990-EZ.

Inspection
Employer identification number

34-1522665

01. Description of other expenses (Part I, line 16) Description Amount Meeting, field trip expense 1,136 Donations 1,105 Shade grown coffee 584 Website 66 office 52