Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	2014 calenda	r year, or tax year beginning 09-01,	2014, and ending		08-31	, 20 15
В	Check if a	pplicable:	C Name of organization		D Employ	er identi	fication number
Ц	Address cl	hange	Western Cuyahoga Audubon Society	<u>, </u>	34-	1522665	
Ц	Name cha	nge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suit	E Telepho	ne numbe	er
	Initial retur	rn					
	Final return	n/terminated	4310 Bush Ave		(21	6)741-2	352
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code		F Group E	Exemption	
	Application	n pending	Cleveland, OH 44109		Numbe		
G	Account	ing Method:	Z Cash		H Check ▶	X if the	organization is not
ı	Website	e: ▶ <u>www.v</u>	CASOHIO.ORG		required to a	attach Sch	edule B
J	Tax-exe	empt status (check only one) -	4947(a)(1) or 52	7 (Form 990,	990-EZ, oi	r 990-PF).
K	Form of	organization:	X Corporation Trust Association	Other	•		
L	Add line	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,00	0 or more, or if total	assets		
						. > \$	6,742
	art I		e, Expenses, and Changes in Net Assets or Fund				rt I)
			he organization used Schedule O to respond to any ques				
	1					1	5,182
	2					2	
	3	_	dues and assessments			3	1,560
	4	Investment in				4	
	5a		at from sale of assets other than inventory	5a			
			other basis and sales expenses				
			from sale of assets other than inventory (Subtract line 5b from line 5			5c	
	6		fundraising events				
		Gross income					
ē	"						
Revenue	h		e from fundraising events (not including \$	of contril	outions		
ge∕	"		ing events reported on line 1) (attach Schedule G if the	or contin	Julions		
_			gross income and contributions exceeds \$15,000)	6b			
			-	6c			
			xpenses from gaming and fundraising events				
	l a		r (loss) from gaming and fundraising events (add lines 6a and 6b an	iu subiraci		64	
		,	· · · · · · · · · · · · · · · · · · ·			6d	
			of inventory, less returns and allowances				
		Less: cost of	•			_	
	1 -		(,			7c	
	8		e (describe in Schedule O)			8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	6,742
	10		milar amounts paid (list in Schedule O)			10	
	11	•	to or for members			11	
Se	12		er compensation, and employee benefits			12	
ns(13		, ,			13	300
Expenses	14		ent, utilities, and maintenance			14	100
Ш			ications, postage, and shipping			15	4,019
	16		ses (describe in Schedule O)			16	3,632
	17		ses. Add lines 10 through 16			17	8,051
s	18		,			18	(1,309)
Net Assets	19		fund balances at beginning of year (from line 27, column (A)) (must	-			
As		-	gure reported on prior year's return)			19	25,718
Ĭ	20	Other change	es in net assets or fund balances (explain in Schedule O)			20	
_	21	Net assets or	fund balances at end of year. Combine lines 18 through 20 .			21	24,409

Pa	Balance Sheets (see the instructions for Part II)					_
	Check if the organization used Schedule O to respond to a	ny question in this Part I	ı			<u></u>
			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			25,718	22	24,409
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
	Total assets			25,718	25	24,409
				0	26	0
	Net assets or fund balances (line 27 of column (B) must agree			25,718	27	24,409
Pa	art III Statement of Program Service Accomplis			III)		Expenses
	Check if the organization used Schedule O to respond to		<u> </u>		(Req	uired for section
Wha	at is the organization's primary exempt purpose? <u>Environment</u>	Education			' '	c)(3) and 501(c)(4)
Des	scribe the organization's program service accomplishments for each of	of its three largest progra	m services,			nizations; optional for
	neasured by expenses. In a clear and concise manner, describe the	services provided, the nu	umber of		for o	thers.)
	sons benefited, and other relevant information for each program title.					T
28	Newsletter, Brochures, website to increase member	er				
	involvement in activities of chapter.					
	(Grants \$) If this amount inc	cludes foreign grants, che	ack horo	▶ □	28a	4 394
29	Conservation projects to promote habitat for biz	<u> </u>	eck nere	▶ ⊔	200	4,384
23	Conservation projects to promote nabitat for bis	Lus.				
	(Grants \$) If this amount inc	cludes foreign grants, che	eck here		29a	769
30	Programs, field trips and outreach to educate the					100
••	about nature and the environment.	Fun-10				
				-		
	(Grants \$) If this amount inc	cludes foreign grants, che	eck here	🕨 🗌	30a	2,548
31	Other program services (describe in Schedule O)					
		cludes foreign grants, che	eck here	▶ □	31a	
32					32	7,701
Pa	4 83 6					
	art IV List of Officers, Directors, Trustees, and Key Emplo	oyees (list each one ev	en if not comper	sated (see the instr	uction	s for Part IV)
	Check if the organization used Schedule O to respond to			sated (see the instr		
		any question in this Part	(c) Reportable	(d) Health benefits	<u></u>	
			(c) Reportable compensation	(d) Health benefits contributions to emp	s,	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	any question in this Part (b) Average	(c) Reportable	(d) Health benefits contributions to emp benefit plans, and	s, oloyee	
Ton	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to emp benefit plans, and	s, oloyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to emp benefit plans, and	s, oloyee	(e) Estimated amount of
Pre	Check if the organization used Schedule O to respond to (a) Name and title	(b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employments benefit plans, and deferred compensations.	s, oloyee	(e) Estimated amount of other compensation
Pre Mar Dir	Check if the organization used Schedule O to respond to (a) Name and title a Romito esident Immediate Past ry Anne Romito rector	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employments benefit plans, and deferred compensations.	s, oloyee	(e) Estimated amount of other compensation
Pre Mar Dir Kit	Check if the organization used Schedule O to respond to (a) Name and title n Romito esident Immediate Past ry Anne Romito rector E Birch	(b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to emplesconductions to emplesconductions and deferred compensations.	bloyee d ation	(e) Estimated amount of other compensation
Pre Mar Dir Kit	Check if the organization used Schedule O to respond to (a) Name and title In Romito Esident Immediate Past Cry Anne Romito Sector Birch Sector	(b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to emp benefit plans, and deferred compensations.	bloyee d ation	(e) Estimated amount of other compensation
Pre Mar Dir Kit Dir Nar	Check if the organization used Schedule O to respond to (a) Name and title In Romito Pesident Immediate Past Try Anne Romito Peector E Birch Peector Try Howell	(b) Average hours per week devoted to position 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employers. (SC) benefit plans, and deferred compensations.	oloyee dation	(e) Estimated amount of other compensation 0 0
Pre Mar Dir Kit Dir Nar	Check if the organization used Schedule O to respond to (a) Name and title a. Romito esident Immediate Past ry Anne Romito rector c. Birch rector ncy Howell easurer	(b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to emplesconductions to emplesconductions and deferred compensations.	os, sololoyee d attion 0	(e) Estimated amount of other compensation
Pre Mar Dir Kit Dir Nar Tre	Check if the organization used Schedule O to respond to (a) Name and title a. Romito esident Immediate Past ry Anne Romito rector E Birch rector acy Howell easurer Izabeth Clingman	(b) Average hours per week devoted to position 5.00 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employers benefit plans, and deferred compensation of the compensatio	oloyee dation	(e) Estimated amount of other compensation 0 0 0
Pre Mar Dir Kit Dir Nar Tre	Check if the organization used Schedule O to respond to (a) Name and title a. Romito esident Immediate Past ry Anne Romito rector c. Birch rector ncy Howell easurer izabeth Clingman rector	(b) Average hours per week devoted to position 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employers. (SC) benefit plans, and deferred compensations.	oloyee dation	(e) Estimated amount of other compensation 0 0
Pre Mar Dir Kit Dir Tre Eli Dir	Check if the organization used Schedule O to respond to (a) Name and title In Romito Resident Immediate Past Try Anne Romito Rector	(b) Average hours per week devoted to position 5.00 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employer benefit plans, and deferred compensation of the compensation	oloyee di ation O O O	(e) Estimated amount of other compensation 0 0 0 0
Pre Mar Dir Kit Dir Nar Tre Eli Dir Per	Check if the organization used Schedule O to respond to (a) Name and title In Romito Esident Immediate Past Try Anne Romito Esector E Birch Esector Ency Howell Essurer Ezabeth Clingman Esector Ency OConnor Erectary	(b) Average hours per week devoted to position 5.00 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employers benefit plans, and deferred compensation of the compensatio	oloyee dation	(e) Estimated amount of other compensation 0 0 0
Pre Mar Dir Kitt Dir Nar Tre Eli Dir Per Seconor Nor	Check if the organization used Schedule O to respond to (a) Name and title In Romito Sesident Immediate Past Try Anne Romito Sector S	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employers benefit plans, and deferred compensation of the compensatio	occident to the control of the control occident to the	(e) Estimated amount of other compensation 0 0 0 0 0
Pre Mar Dir Kitt Dir Nar Elii Per Sec Nor	Check if the organization used Schedule O to respond to (a) Name and title In Romito Sesident Immediate Past Try Anne Romito Treector Tr	(b) Average hours per week devoted to position 5.00 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employer benefit plans, and deferred compensation of the compensation	oloyee di ation O O O	(e) Estimated amount of other compensation 0 0 0 0
Pre Mar Dir Kit Dir Tre Eli Dir Per Sec Kur	Check if the organization used Schedule O to respond to (a) Name and title a. Romito desident Immediate Past ry Anne Romito rector desident Birch rector dry Howell dessurer izabeth Clingman rector mny OConnor cretary ra Ebie desident part year rt Miske	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employer benefit plans, and deferred compensation of the compensation	on the state of th	(e) Estimated amount of other compensation 0 0 0 0 0 0 0
Pre Mar Dir Kit Dir Tre Eli Dir Per Sec Kur	Check if the organization used Schedule O to respond to (a) Name and title In Romito Sesident Immediate Past Try Anne Romito Treector Tr	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employers benefit plans, and deferred compensation of the compensatio	occident to the control of the control occident to the	(e) Estimated amount of other compensation 0 0 0 0 0
Pre Mar Dir Kit Dir Tre Eli Dir Per Sec Kur	Check if the organization used Schedule O to respond to (a) Name and title a. Romito desident Immediate Past ry Anne Romito rector desident Birch rector dry Howell dessurer izabeth Clingman rector mny OConnor cretary ra Ebie desident part year rt Miske	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employer benefit plans, and deferred compensation of the compensation	on the state of th	(e) Estimated amount of other compensation 0 0 0 0 0 0 0
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Pre Mar Dir Kit Dir Tre Eli Dir Per Sec Kur	Check if the organization used Schedule O to respond to (a) Name and title a. Romito desident Immediate Past ry Anne Romito rector desident Birch rector dry Howell dessurer izabeth Clingman rector mny OConnor cretary ra Ebie desident part year rt Miske	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employer benefit plans, and deferred compensation of the compensation	on the state of th	(e) Estimated amount of other compensation 0 0 0 0 0 0 0
Pre Mar Dir Kit Dir Nar Tre Eli Dir Per Sec Nor	Check if the organization used Schedule O to respond to (a) Name and title a. Romito desident Immediate Past ry Anne Romito rector desident Birch rector dry Howell dessurer izabeth Clingman rector mny OConnor cretary ra Ebie desident part year rt Miske	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employer benefit plans, and deferred compensation of the contributions of the contributions of the contributions of the contribution of the contribut	on the state of th	(e) Estimated amount of other compensation 0 0 0 0 0 0 0
Pre Mar Dir Kit Dir Tre Eli Dir Per Sec Kur	Check if the organization used Schedule O to respond to (a) Name and title a. Romito desident Immediate Past ry Anne Romito rector desident Birch rector dry Howell dessurer izabeth Clingman rector mny OConnor cretary ra Ebie desident part year rt Miske	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employer benefit plans, and deferred compensation of the contributions of the contributions of the contributions of the contribution of the contribut	on the state of th	(e) Estimated amount of other compensation 0 0 0 0 0 0 0
Pre Mar Dir Kit Dir Tre Eli Dir Per Sec Kur	Check if the organization used Schedule O to respond to (a) Name and title a. Romito desident Immediate Past ry Anne Romito rector desident Birch rector dry Howell dessurer izabeth Clingman rector mny OConnor cretary ra Ebie desident part year rt Miske	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employer benefit plans, and deferred compensation of the contributions of the contributions of the contributions of the contribution of the contribut	on the state of th	(e) Estimated amount of other compensation 0 0 0 0 0 0 0
Pre Mar Dir Kit Dir Tre Eli Dir Per Sec Kur	Check if the organization used Schedule O to respond to (a) Name and title a. Romito desident Immediate Past ry Anne Romito rector desident Birch rector dry Howell dessurer izabeth Clingman rector mny OConnor cretary ra Ebie desident part year rt Miske	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-M	(d) Health benefits contributions to employer benefit plans, and deferred compensation of the contributions of the contributions of the contributions of the contribution of the contribut	on the state of th	(e) Estimated amount of other compensation 0 0 0 0 0 0 0

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			П
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	• • •	Yes	· □ No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		100	110
	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		
С	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			3.7
07 -	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	276		X
	Did the organization file Form 1120-POL for this year?	37b		Λ
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	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a		25
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			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	400		21
	The organization's books are in care of Nancy Howell Telephone no. 216-74	1-235	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 FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside 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		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Vac	Na
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44 a	completed instead of Form 990-EZ	44a		Х
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	,-tu		
	completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	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
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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	1	X

Page 4 Form 990-EZ (2014) Western Cuyahoga Audubon Society 34-1522665 Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations only Part VI All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI No 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a **b** If "Yes," was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Health benefits. (c) Reportable (b) Average (e) Estimated amount of contributions to employee (a) Name and title of each employee hours per week compensation benefit plans, and deferred other compensation devoted to position (Forms W-2/1099-MISC) compensation NONE Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE **d** Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Thomas M Romito Sign Signature of officer

Here

Thomas M Romito, President Immediate Past

Type or print name and title

•	Print/Type prepar	er's name		Preparer's signature	Date		Check X if	PTIN
Paid	Mary Anne 1	Romito			11-07-2015		self-employed	P00024817
Preparer	Firm's name	Mary Anne	Romito	, EA		Firm's	s EIN 🕨	
Use Only	Firm's address	▶ 4310 Bush	Ave					
		Cleveland	ОН 4410)9		Phon	e no. 216-7	41-2352

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2014)

Form 8879-EC

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 09-01-2014 , and ending 08-31-2015

, and ending 08-31-20

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

OMB No. 1545-1878

2014

Name of exempt organization	Employer identification number
Western Cuyahoga Audubon Society	34-1522665
Name and title of officer	·
Thomas M Romito, President Immediate Past	
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	f any from 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 file	
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -	
the applicable line below. Do not complete more than 1 line in Part I.	o on the rotain, then onto o on
1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12	-
2a Form 990-EZ check here b X b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V	
5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .	5b
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	
organization's 2014 electronic return and accompanying schedules and statements and to the best of my ki	
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the	
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electroni to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of re	
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of a	
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (di	
financial institution account indicated in the tax preparation software for payment of the organization's feder	
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 author	
involved in the processing of the electronic payment of taxes to receive confidential information necessary t resolve issues related to the payment. I have selected a personal identification number (PIN) as my signatu	
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	are for the organizations
Officer's PIN: check one box only	
, 	
X I authorize Mary Anne Romito to enter my PIN 44109	
ERO firm name Enter five r do not ente	numbers, but er all zeros
on the organization's tax year 2014 electronically filed return. If I have indicated within this return th	
being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also	• •
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	2014 electronically filed return.
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) re	egulating charities as part of
the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date 11-01-2015
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
Talliber (El 117) foliotrea by your tive digit con colocida i 111.	do not enter all zeros
Locatify that the above numeric entry is my DIN which is my signature on the 2014 electronically filed rature	for the expenization
I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub	
Information for Authorized IRS e-file Providers for Business Returns.	2. 4100; Modernized of the (Mer.)
)
ERO's signature	Date
ERO Must Retain This Form - See Instructi	
Do Not Submit This Form To the IRS Unless Regues	stad To Do So

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Wes	estern Cuyahoga Audubon Society 34-1522665								
Pa	rt I	Reason for Public Charity	y Status (All or	rganizations must co	omplete	this part	.) See instruction	s.	
The	or <u>ga</u> r	nization is not a private foundation becau	use it is: (For lines 1	through 11, check only or	ne box.)				
1		A church, convention of churches, or	association of chu	urches described in sect	ion 170(b)	(1)(A)(i).			
2		A school described in section 170(b))(1)(A)(ii). (Attach	Schedule E.)					
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A)(iii).			
4		A medical research organization ope	rated in conjunction	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the benefit	it of a college or uni	versity owned or operated	by a gove	rnmental u	nit described in		
		section 170(b)(1)(A)(iv). (Complete	Part II.)						
6		A federal, state, or local government	or governmental u	ınit described in section	170(b)(1)	(A)(v).			
7		An organization that normally receives	a substantial part of	f its support from a goverr	nmental uni	t or from th	e general public		
		described in section 170(b)(1)(A)(vi). (Complete Part I	II.)					
8		A community trust described in secti	on 170(b)(1)(A)(v	i). (Complete Part II.)					
9	X	An organization that normally receives:	(1) more than 33 1	/3% of its support from co	ntributions,	membersh	nip fees, and gross		
		receipts from activities related to its exe	empt functions - sub	eject to certain exceptions,	and (2) no	more than	33 1/3% of its		
		support from gross investment income	and unrelated busin	ness taxable income (less	section 51	1 tax) from	businesses		
		acquired by the organization after Ju	ne 30, 1975. See	section 509(a)(2). (Com	plete Part	III.)			
10		An organization organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).			
An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of									
		one or more publicly supported organ	nizations described	d in section 509(a)(1) or	section 5	09(a)(2). S	See section 509(a)(3). Check	
		the box in lines 11a through 11d that de	escribes the type of	supporting organization a	and comple	te lines 11e	e, 11f, and 11g.		
	а	Type I. A supporting organization	n operated, superv	rised, or controlled by its	supported	organizati	ion(s), typically by giv	ring	
		the supported organization(s) the p	ower to regularly a	ppoint or elect a majority of	of the direct	ors or trust	ees of the supporting		
		organization. You must complete	te Part IV, Sectior	ns A and B.					
	b	Type II. A supporting organizatio	n supervised or co	ontrolled in connection w	ith its supp	orted orga	nization(s), by having	9	
		control or management of the supp	oorting organization	vested in the same perso	ns that con	trol or man	age the supported		
		organization(s). You must comp	olete Part IV, Sect	ions A and C.					
	С	☐ Type III functionally integrated	. A supporting orga	anization operated in cor	nnection w	ith, and fui	nctionally integrated v	vith,	
		its supported organization(s) (see	e instructions). Yo o	u must complete Part I'	V, Section	s A, D, an	d E.		
	d		rated. A supporting	g organization operated i	n connecti	on with its	supported organizati	on(s)	
		that is not functionally integrated. T	he organization ger	nerally must satisfy a distr	ibution requ	uirement ar	nd an attentiveness		
		requirement (see instructions). Y	ou must complet	e Part IV, Sections A a	nd D, and	Part V.			
	е	Check this box if the organization r	eceived a written de	etermination from the IRS	that it is a	Гуре I, Тур	e II, Type III		
		functionally integrated, or Type III r	non-functionally inte	grated supporting organiz	ation.				
	f	Enter the number of supported organiz	ations						
	g	Provide the following information about	the supported orga	anization(s).			1		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amou	
				(described on lines 1-9 above or IRC section	docum	ur governing nent?	support (see instructions)	other suppo instructi	
				(see instructions))		1	,		,
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ı								

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
6	shown on line 11, column (f)						
6 Sec	Public support. Subtract line 5 from line 4 lton B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	(1)	(**)		(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 VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (see	instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>					▶□
	tion C. Computation of Public Su					T T	
14	Public support percentage for 2014 (line 6, co	•	***			14	%
15	Public support percentage from 2013 Schedu						%
16a	33 1/3% support test - 2014. If the organiz			•	•		▶ □
h	box and stop here. The organization qualifing 33 1/3% support test - 2013. If the organization				F in 22 1/29/ or mo		
b	check this box and stop here. The organiza				3 15 33 1/3% 01 1110		▶ □
17a	10%-facts-and-circumstances test - 2014			o .			
174	10% or more, and if the organization meets	_					
	Part VI how the organization meets the "facts-						
	organization		_				▶ □
b	10%-facts-and-circumstances test - 2013						· Ш
	15 is 10% or more, and if the organization r	=					
	Explain in Part VI how the organization meets						
	supported organization						▶ □
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and see	е	_
	instructions						▶ □

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	tion A. Public Support			, 1	,		
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
		1					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,413	10,072	22,100	12,574	6,742	60,901
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	9,413	10,072	22,100	12,574	6,742	60,901
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						60,901
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	9,413	10,072	22,100	12,574	` '	60,901
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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	9,413	10,072	22,100	12,574	6,742	60,901
14	First five years. If the Form 990 is for the or organization, check this box and stop here						 ▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2014 (line 8, colu	umn (f) divided by lir	ne 13, column (f))			15	100.00 %
16	Public support percentage from 2013 Schedule					16	100.00 %
Sec	ction D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2014 (line					17	0.00 %
18	Investment income percentage from 2013 S	chedule A, Part III,	line 17	· · · · · · · · · · · ·		18	%
19a	33 1/3% support tests - 2014. If the organiz 17 is not more than 33 1/3%, check this box						▶ ⊠
b	33 1/3% support tests - 2013. If the organization 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did r	-	-				▶ 🗍

990	Overflow Statement		2014 Page 1
Name(s) as shown on return		I	FEIN
<u>Western Cuyahoga A</u>	udubon Society		34-1522665
	Part 1 line 1		
Description			Amount
Donations			\$ 3,038
<u>Coffee</u> Organization donat	iong		155 1,989
organizacion donac	10115	Total:	\$ 5,182
	Part 1 line 3		
Description			Amount
Chapter Membership			\$ 1,560
		Total:	\$ 1,560
	Professional fees		
Description			Amount
Tax Preparation			\$ 300
		Total:	\$ 300
	Part 1 line 15		
Description			Amount
Newsletter and pos	tage		\$ 3,293
Annual appeal			726
		Total:	\$ 4,019
	Part 2 14m 20		
	Part 3 line 28		
Description			Amount
Annual appeal Newsletters,letter	s hrochures		\$ 726 3,293
Website	s, brochares		365
		Total:	\$ 4,384
	Part 3 line 29		
<mark>Description</mark> Cleveland Lakefron	t IBA project		<u>Amount</u> \$ 25
<u> Walton School proj</u>			- \$ 25 744
DOILOUT PLOJ		Total:	\$ 769

990 Overflow Statement	2014 Page 2		
Name(s) as shown on return	FEIN		
Western Cuyahoga Audubon Society	34-1522665		

Part 3 line 30

Description		A	mount
Meeting expenses		\$	1,940
Education			200
office and bank			35_
room rent			100
donations to like organizations			35_
coffee			238
	Total:	\$	2,548

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Western Cuyahoga Audubon Society 34-1522665 01. Description of other expenses (Part I, line 16) Description Amount 1,940 Meeting, field trip expense Donations to like orgs 35 Education exp 200 Website and office 376 Coffee 238 Ohio Charitable Registration 50 Bank fees 24 CLNP IBA exp 25 744 Walton School project