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A F	or the	e 2008 calend	ar year, c															, 2008,		nding				08	3-31	, 20	09	
B Ch	neck if	applicable:	Please	С	C Na	ime of	orga	anizat	ition W	VES:	TER	N C	UYAH	IOGA	AUI	DUBC	ON SC	CIETY							D Em	oloyer id	entificatio	on no.
Ac	dress	change	use IRS label or		Do	oing Bu	Isine	ss As	۱S																34-	15226	65	
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Par		Summar				TTUSE		15500	ciatio	<u>, </u>	0	uiei	-				LIE					IVI Sta	e or i	eya		ie. •		
ı aı	1	Briefly descri		dar	aniza	ation's	s mi	issio	on or	r mo	ost si	ianifia	cant a	ctivitie	es:		ENV	IRONM	INTAL	EDU	CA'	TION						
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A ¢ G																												
t o																												
l v V e	2	Check this be	ox 🕨 🗌 if	if th	the c	organi	izati	ion (disco	ontir	nued	d its c	operat	tions c	or dis	spose	ed of m	nore tha	n 25%	of its a	ass	ets.						
ir tn	3	Number of vo	oting mem	nbe	oers	of the	e go	verr	ning	, bod	dy (P	Part V	/I, line	e 1a)	•••			• • •			•		•	3				7
ia en	4	Number of in	depender	nt v	voti	ng me	emb	oers	s of th	he g	jovei	rning	, body	(Part	VI, I	line 1	b) •	•••			•		• [4				7
s c	5	Total number	r of emplo	oye	rees	(Part	V, I	line :	2a)	• •			• • •	• • •	•••			•••		• • •	•		•	5				0
& e	6	Total number	r of volunt	tee	ers ((estim	nate	if n	eces	ssar	ry) •	•••	•••	• • •	•••	• • •		• • •		• • •	•	•••	•	6				55
	7a	Total gross u	inrelated b	bus	usine	ess re	ven	ue f	from	ו Par	irt VI	III, lin	ie 12,	colum	nn (C	C) •		• • •		• • •	•	•••	•	7a				0
	b	Net unrelated	d business	is ta	taxa	ble in	icon	ne fr	rom	For	m 99	90-T,	, line 3	34 ·	•••			•••	• • • •	• • •	•	• • •	•	7b				0
Р																				I	Prie	or Yea				Curre	nt Year	
R e	8	Contributions	-																			1	2,7	796	5		17,	, 871
v e	9	Program server	vice reven	nue	le (F	'art V	111, 1	line :	2g)	• •	•••	•••	•••	•••	•••	•••	• • •	•••	•••									0
n u	10	Investment in						• • •					,						_									0
e	11	Other revenu																	_						_			0
	12	Total revenue					-			<u> </u>					. ,		,					1	2,7	796	5			,871
	13	Grants and s				•	`		·		`	<i>, , , , , , , , , ,</i>		,													15	,000
Е	14	•		to or for members (Part IX, column (A), line 4) · · · · · · · · · · · · · · · · · ·											0													
х Р	15	-	•			-	• •				`				<i>,</i> .		,		••••									0
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S	17	Other expense	• •			•				. ,.	-	,										1	.0,7	71 2	2		10	,330
e s	18	Total expens					• •						,						_				.0,7		-			,330
	19	Revenue les																				-	2,0					,459)
Net																				Begi	nni	ng of	-		+	End o	of Year	
Assets	20	Total assets	(Part X, lii	ine	e 16) •							• • •		•••			• • •	†	.	-	-	4,8		2			,382
Fund	21	Total liabilitie	es (Part X,	i, lir	line 2	26)		•••					• • •	• • •	•••			• • •	•••									0
Bal- ances	22	Net assets of	r fund bala	land	nces	. Sut	otra	ct lir	ne 2	21 frc	om li	ine 2	0.		•••			• • •	•••[1	4,8	342	2		7	,382
Par	t II	Signatu	re Bloc	:k	(
		Under penalti and belief, it i																								e		
		and belief, it i	s liue, cone	eci,	i, anu	Comp	iele.	Dec	Jaiau		i hieb	parer		Inan On		IS Dase	eu on a	ii iiii0iiila		lich pre	pare		ану кі	100	leuge.			
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NA		-			/	leve			·						-)					_					1-23			Nic
May t	ne IRS	S discuss this	return wit	th t	the	prepa	arer	shc	own	abo	ve?	(see	Instru	uction	S)	••	• • •	• • •		• • •	•	•••	• •	• •	• • • •	XYe	S	No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form	1990 (2008) WESTERN CUYAHOGA AUDUBON SOCIETY	34-1522665	Page 2
Par			
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 exempt purpose achievements for each of the organization's three largest program services 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	nd	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 4,159 including grants of \$) (Revenue	\$)
τu	NEWSLETTER AND BROCHURES AND WEBSITE.	Ψ)
	TO INCREASE MEMBER INVOLVEMENT IN		
	ACTIVITIES OF CHAPTER.		
4b	(Code:) (Expenses \$ 17,567 including grants of \$ 15,000) (Revenue)	\$)
	ROCKY RIVER IMPORTANTANT BIRD AREA.		
	ENVIRONMENTAL EDUCATION TO LOCAL COMMUNITIES		
	WEEDERS IN THE WILD. CONSERVATION THROUGH REMOVAL OF INVASIVE SPECIES. HANDS ON	EDUCATION.	
4c	(Code:) (Expenses \$ 3,279 including grants of \$) (Revenue	\$)
	PROGRAMS AND FIELD TRIPS. TO EDUCATE THE PUBLIC		
	ABOUT NATURE AND THE ENVIRONMENT. AUDUBON ADVENTURES. EDUCATION PROGRAM FOR CHIL	DREN IN	
	GRADES 3-6 ABOUT ENVIRONMENT.		
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses \$ 25,005 (Must equal Part IX, Line 25, column (B).)		
	EEA	For	m 990 (2008)

WESTERN CUYAHOGA AUDUBON SOCIETY

34-1522665

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	1990 (2008) WESTERN CUYAHOGA AUDUBON SOCIETY 34-15.	2005)	P	age 3
Pa	rt IV Checklist of Required Schedules				
4	Is the experimentian described in section $E(1/2)(2)$ or $1047/2(1/4)$ (other than a private foundation)? If "Vec "			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		
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	X X	
2	Did the organization equired to complete Schedule D, Schedule D Commodities in the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	· · -	2	<u> </u>	
5	candidates for public office? If "Yes," complete Schedule C, Part I		3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		-		Х
-	Schedule C, Part II.		4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				~
-	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III • • • • • • • • • • • • • • • • •	•••	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to		-		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete				
	Schedule D, Part I · · · · · · · · · · · · · · · · · ·		6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	•••	7		х
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
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,"				
	complete Schedule D, Part IV • • • • • • • • • • • • • • • • • •		9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	•• 1	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,				
	Parts VI, VII, VIII, IX, or X as applicable	· · [_1	11		Х
12	Did the organization receive an audited financial statement for the year for which it is completing this return				
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII ••••••••••••••		12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	· · <u> 1</u>	4a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
45	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I • • • • • • • • • • • • • • • • • •	•••	4b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		4.5		
46	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II ••••••••••••••••••••••••••••••••••	•••	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, Part III •••••••••••••••••••••••••••••••••		16		37
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		17		X
18	Did the organization report more than \$15,000 total on Part IX, column (A), line Tres, it Tres, complete Schedule G, Part II ••••		18		X
19	Did the organization report more than \$15,000 or Part VIII, line 9a? If "Yes," complete Schedule G, Part III ••••••••		19		X X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		A X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II • • •		21	х	~
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III •••		22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete				- 23
	Schedule J · · · · · · · · · · · · · · · · · ·	7	23		х
24a	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 questions				
	24b-24d and complete Schedule K. If "No," go to question 25	•• 2	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	••2	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?	•• 2	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	•• 2	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		T		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	••2	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified				
	person from a prior year? If "Yes," complete Schedule L, Part I	•• 2	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or				
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	··	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		_		
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III •••••••	· · [2	27		Х

Form 990 (2008) WESTERN CUYAHOGA AUDUBON SOCIETY 34-1522665 Page 4 Checklist of Required Schedules (continued) Part IV Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or а employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a Х Have a family member who had a direct or indirect business relationship with the organization? If "Yes," b 28b х Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a С professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37

EEA

Form	M 990 (2008) WESTERN CUYAHOGA AUDUBON SOCIETY 34-15226	65	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •			
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	4.		
0-	gaming (gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return $\cdots 2a$ 0	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	Х	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
ou		3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O • • • • • • • • • • • • • • • • • •	3b		
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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction? • • • • • • • • • • • • • • • • • • •	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? ••••••••••••••••••••••••••••••••••••	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? •••••	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		
	required to file Form 8282? ••••••••••••••••••••••••••••••••••••	70		X
d	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
е	benefit contract? ••••••••••••••••••••••••••••••••••••	70		v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	. 9		
	required? ••••••••••••••••••••••••••••••••••••	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year? • • • • • • • • • • • • • • • • • • •	8		
9	Section 501(c)(3) and other 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 · · · · · · · · · · · · · · · · · ·			
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 · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			

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No

X X X

Х Х

Х

No

Х

х Х х

Х Х

х

 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 Does the organization have a written document retention and destruction policy? 14 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: a The organization's CEO, Executive Director, or top management official? 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? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 5 Cection 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 (501(c)(3)s only) 	rm 9	990 (2008) WESTERN CUYAHOGA AUDUBON SOCIETY 34-15226	65	I
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 1a 7 1a Enter the number of voling members of the governing body 1a 7 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management during cuments since the prior Form 990 was filed? 2 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 4 Did the organization have members or stockholders? 5 6 Does the organization have members, stockholders, or other persons? 7 7 Do the organization nave members or stockholders, or other persons? 7 8 Did the organization nave members, stockholders, or other persons who may elect one or more members of the governing body? 7 9 Dat the organization nave with policies and proceedures governing the data whore the form 900 7 9 Dat the organization nave incomportaneously document the meetings held or written actions undertaken during the year of a material diversion on writem organization and weither the organization and weither organization and endor	art			
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 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 Does the organization have a written document retention and destruction policy? 14 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: a The organization's CEO, Executive Director, or top management official? 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? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 5 Cection 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 (501(c)(3)s only) 	ecti	on B. Policies		
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 Does the organization have a written document retention and destruction policy? 14 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: a The organization's CEO, Executive Director, or top management official? 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? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 5 Cection 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 (501(c)(3)s only) 				Yes
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14 Does the organization have a written document retention and destruction policy? 14 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: 15 a The organization's CEO, Executive Director, or top management official? 15 b Other officers or key employees of the organization? 15 Describe the process in Schedule O. (see instructions) 16a 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 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section 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 (501(c)(3)s only) 161				
 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: a The organization's CEO, Executive Director, or top management official?				
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 a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? b 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 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate b If sparticipation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard c the organization's exempt status with respect to such arrangements? 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 (501(c)(3)s only) 				
 b Other officers or key employees of the organization? 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? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? CENTIFY 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 (501(c)(3)s only) 			45-	
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 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 16b 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 (501(c)(3)s only)				
 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 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section 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 (501(c)(3)s only) 			150	
 with a taxable entity during the year?				
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			160	
its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			108	
the organization's exempt status with respect to such arrangements?				
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► OH 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			16h	
 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 (501(c)(3)s only) 			100	I
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)				
		available for public inspection. Indicate how you make these available. Check all that apply.		
X Own website 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: Nancy Howell (440)891-1710

19340 Fowles Rd Middleburg Hts, OH 44130

Page 7

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours per week	Posi Itd nri dur ise vtc iet deo ur ao Ir	lt nr su ts it	O f i c e	all t K e y e m P I o y e e	hat appl H c e i o m g m h p l e e o s n y t s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
TOM ROMITO										
PRESIDENT	10			X				c	0	0
MARY ANNE ROMITO										
Director	10	х						C	0	0
KIT BIRCH										
Director	5	х						C	0	0
NANCY HOWELL										
Treasurer	10			X				c	0	0
Elizabeth Clingman										
DIRECTOR	5	X						c	0	0
Kathleen Tiburzi										
Director	5	X						c	0	0
Penny OConnor										
Secretary	10			Х				c	0	0
	EEA									Form 990 (2008)

	m 990 (200	8) WESTERN CUYAHOGA AU	JDUBON SO	CIET	Y						34-15220	565	Pa	ge 8
Pa	art VII	Section A. Officers, Directors, Trustees, Ke	ey Employee	s, and	Hig	ghes	t Co	mpen	sate	d Employees (cont	inued)			
		(A)	(B)			(C)				(D)	(E)		(F)	
		Name and title	Average	Positi	on (c	heck	all tha	at		Reportable	Reportable	F	Estimated	
			hours	apply))					compensation	compensation	Ę	amount of	
			per	l t d	I _t	0	Кe	Нсе	F	from	from		other	
			week	n ri d ur	n s r	f Jf	e m y p	Hce i ⁰ m gpp hel	o r	the	related	cc	mpensatio	on
				i se	i s	i i	1	9 p P h e l	m	organization	organizations		from the	
				vtc i et	t t u e	c e e	0	le n o	e r	(W-2/1099-MISC)	(W-2/1099-MISC)		organizat	
				d eo			y e	t t e		(W 2/1000 MICO)	(W 2/1033 MIGO)		and relate	
				a o	o n		е	e e d						
				l r	a			-				, c	organizatio	115
												\square		
												+		
									-			┢		
												<u> </u>		
												<u> </u>		
												1		
												+		
						-			-			–		
1b	Total	• • • • • • • • • • • • • • • • • • • •	• • • • • •	• • •	••	••	••	• • •		0	0			0
2	Total num organizati	ber of individuals (including those in 1a) when on	o received m	ore tha	an \$	100,	000	in rep	ortab	ble compensation fi	om the			0
_	D : 14	· · · · · · · · · · · · · · · · · · ·											Yes	No
3		ganization list any former officer, director or on line 1a? If "Yes," complete Schedule J for	-		yee,	, or r ••	•••	••••	nper			3		x
4	For any ir	dividual listed on line 1a, is the sum of report	rtable compe	nsatio	n an	nd otl	her c	compe	nsat	ion from				
	-	ization and related organizations greater tha	n \$150,000?	lf "Yes	s," c	omp	lete	Scheo	dule	J for such				
5	individual Did anv p	erson listed on line 1a receive or accrue con	nensation fr	••••	••• v un	 irelat	ed o	••••	••• atio	•••••		4		X
•		endered to the organization? If "Yes," comp						-				5		х
Se	ction B.	Independent Contractors												
1	Complete	this table for your five highest compensated	l independen	t contr	acto	ors th	nat re	eceive	d mo	ore than \$100,000	of			
	compensa	ation from the organization.												
		(A)								(B)			(C)	
		Name and business addres	S							Description of s	services	Comp	ensation	
2		ber of independent contractors (including th ation from the organization	ose in 1) who	o recei	ved	mor	e tha	an \$10	0,00	0 in				

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Part V		Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Cgoa	1a	Federated campaigns • • • •	•••• 1a	73		revenue		512, 513, or 514
o ítm nfho	b	Membership dues •••••	•••• 1b	1,860				
tteu rs,rn	с	Fundraising events • • • •	•••• 1c					
i t bgss	d	Related organizations • • • •	•••• 1d					
uri tam	е	Government grants (contribution	s) • • 1e					
ini otl	f	All other contributions, gifts, grants, and						
nsa s, r			•••• 1f	15,938				
a n	g	Noncash contributions included i	n lines 1a-1f: \$					
d	h	Total. Add lines 1a-1f •••		· • • • • • • • •	17,871			
				Business Code				
	2a							
PSR ree	b							
orv qve	С							
řin	d							
a c u m e e	е							
		All other program service revenue						
	g	Total. Add lines 2a-2f • • • •		•••••				
	3	Investment income (including divi other similar amounts) •••••	dends, interest,	and · · · · · · · ▶				
	4	Income from investment of tax-ex	empt bond proc	eeds · · · ▶				
	5	Royalties • • • • • • • • • • •		<u>••••</u>				
			(i) Real	(ii) Personal				
	6a	Gross Rents • • • • • • •						
	b	Less: rental expenses • • • •						
	С	Rental income or (loss) • • •						
	d	Net rental income or (loss)		•••••				
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
•	b	Less: cost or other basis and sales expenses ••••						
O t	с	Gain or (loss)						
h	d	Net gain or (loss) • • • • •		•••••				
e r	8a	Gross income from fundraising						
-		events (not including \$						
R e		of contributions reported on line 1	c).					
v		See Part IV, line 18 • • • • •	••••• a					
e	b	Less: direct expenses ••••	•••• b					
n u	С	Net income or (loss) from fundrais	sing events •	•••••				
е	9a	Gross income from gaming activities.						
		See Part IV, line 19 •••••						
	b	Less: direct expenses • • • •	•••• b					
	С	Net income or (loss) from gaming	activities · ·	•••••				
	10a	Gross sales of inventory, less returns and allowances • • • •	a					
	b	Less: cost of goods sold •••	•••• b					
	С	Net income or (loss) from sales of	finventory · ·	•••••				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
		All other revenue • • • • • •						
	е	Total. Add lines 11a-11d •••		•••••				
	12	Total Revenue. Add lines 1h, 2g, 9c, 10c, and 11e • • • • • •			17,871	C	c	C

Part IX

34-1522665

	Section 501(c)(3) and 50		-		ור
	All other organizations must complete colur	(A) but are not rec (A)		(C) (C), and (C)). (D)
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	Management and	Fundraising
-	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	15 000	15 000		
•	organizations in the U.S. See Part IV, line 21 • • • •	15,000	15,000		
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22 • • • • • • • • • • • • •				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 • • • • • • • • •				
4	Benefits paid to or for members • • • • • • • • • • •				
5	Compensation of current officers, directors,				
	trustees, and key employees ••••••••				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) • • • • •				
7	Other salaries and wages ••••••••				
8	Pension plan contributions (include section 401(k)	Т	Т	Τ	
	and section 403(b) employer contributions) • • • • •				
9	Other employee benefits •••••••••••				
10	Payroll taxes • • • • • • • • • • • • • • • • • • •				
11	Fees for services (non-employees):				
а	Management • • • • • • • • • • • • • • • • • • •				
b	Legal				
с	Accounting	300		300	
d	Lobbying • • • • • • • • • • • • • • • • • • •				
е	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees • • • • • • • • • • • • • • •				
g	Other • • • • • • • • • • • • • • • • • • •				
12	Advertising and promotion • • • • • • • • • • • • • • • • • • •				
13	Office expenses	25		25	
14	Information technology	155	155		
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16					
17					
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials •••••				
19	Conferences, conventions, and meetings				
20					
20	Payments to affiliates				
21	Depreciation, depletion, and amortization				
23 24					
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	F 000	R 000		
a	Educational program services	7,283	7,283		
b	Conservation projects	2,567	2,567		
C					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f ••	25,330	25,005	325	0
26	Joint Costs. Check here I if following \				
	SOP 98-2. Complete this line only if the organization organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation • • • • • • • • • • • • • • • • • • •				
		EEA			Form 990 (2008)

Pa	rt X	Balance Sheet					
			(A)		•	B)	
			Beginning of year		End o		
	1	Cash - non-interest-bearing	14,842	1		7,3	382
	2	Savings and temporary cash investments ••••••••••••••••••••••••••••••••••••		2			
	3	Pledges and grants receivable, net •••••••••••••••••••••••••••••••••••		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L ••••••		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		-			
Α	I _	Part II of Schedule L		6			
S	7	Notes and loans receivable, net		7			
s e	8	Inventories for sale or use		8			
t	9	Prepaid expenses and deferred charges		9			
S	10a	Land, buildings, and equipment: cost basis ••••• 10a					
	b	Less: accumulated depreciation. Complete					
	1	Part VI of Schedule D · · · · · · · · · · · · · · · · · ·		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			
	15	Other assets. See Part IV, line 11	14 040	15			
	16	Total assets. Add lines 1 through 15 (must equal line 34) · · · · · · · · · · · · · · · · · · ·	14,842	16		/,:	382
	17	Accounts payable and accrued expenses ••••••••••••••••••••••••••••••••••		17			
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18			
i	19			19			
a	20	Tax-exempt bond liabilities		20			
b i I	21	Escrow account liability. Complete Part IV of Schedule D		21			
	22	Payables to current and former officers, directors, trustees, key					
i t		employees, highest compensated employees, and disqualified		- 00			
i	22	persons. Complete Part II of Schedule L ••••••••••••••••••••••••••••••••••••		22 23			
e	23	Unsecured notes and loans payable		23			
S	24 25	Other liabilities. Complete Part X of Schedule D		24 25			
	25	Total liabilities. Add lines 17 through 25	0	25			0
	20	Organizations that follow SFAS 117, check here	0	20			
		complete lines 27 through 29, and lines 33 and 34.					
N F e u	27			27			
t n	28	Temporarily restricted net assets		28			
d A	29	Permanently restricted net assets		29			
s B		Organizations that do not follow SFAS 117, check here \blacktriangleright					
s a e l		and complete lines 30 through 34.					
t a	30	Capital stock or trust principal, or current funds	7,115	30		6,9	917
s n	31	Paid-in or capital surplus, or land, building, or equipment fund	7,727	31			465
c o e	32	Retained earnings, endowment, accumulated income, or other funds	•	32			
r s	33	Total net assets or fund balances	14,842	33		7,3	382
	34	Total liabilities and net assets/fund balances	14,842	34		7,3	382
Pa	rt XI	Financial Statements and Reporting					
					<u> </u>	Yes	No
1	Accour	nting method used to prepare the Form 990: X Cash Accrual Othe	er				
2a	Were t	he organization's financial statements compiled or reviewed by an independent accounta	nt? •••••	• • •	••• 2a		x
b	Were t	he organization's financial statements audited by an independent accountant?		• • •	••• 2b		X
С	If "Yes'	' to lines 2a or 2b, does the organization have a committee that assumes responsibility for	or oversight of]	_
	the auc	lit, review, or compilation of its financial statements and selection of an independent accord	ountant? •••••	•••	••• 2c		<u> </u>
3a		sult of a federal award, was the organization required to undergo an audit or audits as se					
		gle Audit Act and OMB Circular A-133? •••••••••••••••••••••••••••••••••••			••• 3a		X
b	lf "Yes,	" did the organization undergo the required audit or audits? ••••••••••		• • •	••• 3b		L

Form 8879-EO	for	ile Signature Autho an Exempt Organiz	ation		MB No. 1545-1878
	For calendar year 2008, or fiscal year b			2009	2008
Department of the Treasury Internal Revenue Service		 send to the IRS. Keep for your See instructions. 	records.		2000
Name of exempt organization			Er	mployer identification i	number
WESTERN CUYAHO	OGA AUDUBON SOCIET	ſY	3	4-1522665	j
Thomas M Romit					
	Return and Return Inform				
any. If you check the box of filing this form was blank, the second seco	n for which you are using this Form n line 1a, 2a, 3a, 4a , or 5a , below, hen leave line 1b, 2b, 3b, 4b, or 5k hen enter -0- on the applicable line	and the amount on that line for t , whichever is applicable, blank	he return for which you (do not enter -0-). But	u are	
1a Form 990 check here	b Total revenue, if any	r (Form 990, line 12) ••••		••••1b	17,871
2a Form 990-EZ check he		any (Form 990-EZ, line 9) •		••••2b	
3a Form 1120-POL check	· · · · · · · · · · · · · · · · · · ·	orm 1120-POL, line 22) • • •		-	
4a Form 990-PF check he		vestment income (Form 990-Pl		•••••4b _	
5a Form 8868 check here		8868, line 3c) • • • • • • •		· · · · · · · 50 _	
Part II Declarat	ion and Signature Author	rization of Officer			
correct, and complete. I fur electronic return. I consent organization's return to the transmission, (b) an indicat of any refund. If applicable, (direct debit) entry to the fir federal taxes owed on this the U.S. Treasury Financia authorize the financial insti necessary to answer inquir	accompanying schedules and stat ther declare that the amount in Pa to allow my intermediate service p IRS and to receive from the IRS (tion of any refund offset, (c) the rea , I authorize the U.S. Treasury and nancial institution account indicated return, and the financial institution al Agent at 1-888-353-4537 no late tutions involved in the processing of ies and resolve issues related to the zation's electronic return and, if ap	rt I above is the amount shown provider, transmitter, or electron a) an acknowledgement of recei ason for any delay in processing its designated Financial Agent d in the tax preparation software to debit the entry to this accoun r than 2 business days prior to t of the electronic payment of taxe ne payment. I have selected a po	on the copy of the orga ic return originator (ER pt or reason for rejection the return or refund, a conitiate an electronic for payment of the orgon t. To revoke a payment the payment (settlement es to receive confidentia ersonal identification n	anization's RO) to send the on of the funds withdrawal ganization's tt, I must contact nt) date. I also al information umber (PIN) as	
Officer's PIN: check one	box only				
X I authorize Mar	y Anne Romito, EA	to enter my PIN	10101	as my signature	
	ERO firm name		Enter five numbers, but do not enter all zeros		
is being filed with a	n's tax year 2008 electronically filed a state agency(ies) regulating chari RO to enter my PIN on the return's	ities as part of the IRS Fed/State			
filed return. If I hav	e organization, I will enter my PIN a re indicated within this return that a the IRS Fed/State program, I will the IRS Fed/State program, I will (a copy of the return is being filed	with a state agency(ie	s) regulating	
Officer's signature 🕨 Tho	mas M Romito		Date 🕨	09-26-200	9
	ation and Authentication				
ERO's EFIN/PIN. Enter you	ır six-digit EFIN followed by your fi	ve-digit self-selected PIN.	<u>3435</u>	65 44444	
				do not enter al	Izeros
indicated above. I confirm t	heric entry is my PIN, which is my s that I am submitting this return in a orized IRS e-file Providers for Busi	ccordance with the requirement			
ERO's signature Mary	Anne Romito		Date 🕨	09-28-200	9
	FRO Must R	etain This Form - See Ir	structions		
		Form To the IRS Unless		<u>o So</u>	
For Paperwork Reduction	n Act Notice, see instructions.		EEA		orm 8879-EO (2008)

SCHEDULE A		ILE A	Public Charity Status and Public Support									OMB No. 1545-0047	
(Form 990 or 990-EZ)		or 990-EZ)	To be completed by all section 501(c)(3) organizations and section 4947(a)(1)								2008 Open to Public		
Department of the Treasury			nonexempt charitable trusts.							lic			
		nue Service	Attach	to Form 990 or Form 9	90-EZ.	See se	eparate ins	structions	s.		Insp	ection	1
			UDUBON SOCIETY						34-1	identification	number		
Pa				y Status (All organiza				(see instr	uctions)				
				use it is: (Please check o	•	-	,						
1				ssociation of churches de		section 1	70(b)(1)(A)(i).					
2)(A)(ii). (Attach Schedule vice organization describ	,	ion 170/h)	(4)(A)(;;;)	(Attach Sc					
3 4	A	medical resear	• •	ted in conjunction with a		• • •		`	,		al's nam	e,	
5		ity, and state: In organization o	operated for the benefi	t of a college or universit	ty owned o	r operated	by a gove	ernmental u	unit describ	ed in			
	S	ection 170(b)(1)(A)(iv). (Complete Pa	rt II.)									
6			•	governmental unit desci		•							
7		-	that normally receives tion 170(b)(1)(A)(vi). (a substantial part of its s Complete Part II.)	upport from	n a govern	imental un	it or from t	he general	public			
8	A	community true	st described in section	170(b)(1)(A)(vi). (Comp	lete Part II	.)							
9		-	•	(1) more than 33 1/3% of						-			
		•		empt functions - subject t			,						
		••••••		and unrelated business t		,		1 tax) fron	n business	es			
10			•	30, 1975. See section 5		•	,		instruction	-)			
10 11		•	•	d exclusively to test for p d exclusively for the ben			•			,			
••		•	•	orted organizations descr					•				
	•	•		s the type of supporting c									
	а		b Тур		–		Illy integrat		d	Туре	III-Other		
е	В	by checking this	box, I certify that the c	organization is not contro	lled directly	or indirec	tly by one	or more di	squalified				
	р	ersons other that	an foundation manage	rs and other than one or	more publi	cly suppor	rted organi	zations de	scribed in	section			
	5	09(a)(1) or sect	ion 509(a)(2).										
f				etermination from the IRS	S that it is a	Type I, T	ype II, or T	ype III sup	porting				
		rganization, che		•••••	• • • • •	••••	••••	••••	• • • • •	• • • • •	••••	•••	••□
g				zation accepted any gift o	or contribut	ion from a	ny of the						
	(i	bllowing persons		controls, either alone or	together w	vith nersor	ns describe	ed in (ii				Vaa	No
	(.			of the supported organi	•	••••	•••••	••••			11g(i)	Yes	No
	(i			cribed in (i) above? ••							11g(ii)		
	•	-		n described in (i) or (ii) a							11g(iii)		
h	•	•		the organizations the or		supports.							
		e of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the c in col. (i) lis		(v) Did y the organiza		organiza	s the tion in col.	(vii) Amount of support		t of
		-		above or IRC section (see instructions))	governing	document?	(i) of your	support?	(i) organize U.	ed in the S.?			
					Yes	No	Yes	No	Yes	No			
.													
Tota For		Act and Paper	work Reduction Act I	Votice, see the Instruction	ons for Fo	rm 990.		EEA	S	hedule A (Fo) 0 099 mr	990-EZ	2) 2008

Page	2

Pa	Support Schedule for Organiza (Complete only if you checked the box on l	tions Descri	bed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)	(vi)
500	tion A. Public Support		art i.)				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3 · · · · · · · · · · · · · · · · · · ·						
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) $\cdots \cdots \cdots \cdots$						
6	Public support. Subtract line 5 from line 4 ••						
	tion B. Total Support			I		Γ	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4 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 instr	uctions) • • •		• • • • • • • •	••••	12	
13	First five years. If the Form 990 is for the organization check this box and stop here						
	tion C. Computation of Public Support						
14	Public support percentage for 2008 (line 6, column (•	.,,			14	%
15	Public support percentage from 2007 Schedule A, F	-				15 h av	%
16a	33 1/3% support test - 2008. If the organization did						
h	and stop here. The organization qualifies as a publi 33 1/3% support test - 2007. If the organization did						
b	box and stop here. The organization qualifies as a p			-	••••••		
179	10%-facts-and-circumstances test - 2008. If the org		-				
174	more, and if the organization meets the "facts-and-c	-					
	organization meets the "facts-and-circumstances" te			-	•		· · · · • ► 🗆
b	10%-facts-and-circumstances test - 2007. If the org	0	•		0		
5	more, and if the organization meets the "facts-and-c	-					
	organization meets the "facts-and-circumstances" te			-	•		
18	Private foundation. If the organization did not check	-			-		· · · · · • •

Schedule A (Form 990 or 990-EZ) 2008

(e) 2008

Page 3

(f) Total

Schedule A (Form 990 or 990-EZ) 2008 WESTERN CUTAROGA ADDUBON SOCIETY									
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.)									
Section A. Public Support									
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007					
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 	6,851	7,599	12,768	12,7					

	include any "unusual grants.") ••••••	6,851	7,599	12,768	12,796	17,871	57,885
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge ••••••••						
6	Total. Add lines 1-5 • • • • • • • • • • • • • • • • • • •	6,851	7,599	12,768	12,796	17,871	. 57,885
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons					6,200	6,200
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 •••••••					6,200	6,200
с	Add lines 7a and 7b • • • • • • • • • • • • • • •					12,400	
8	Public support (Subtract line 7c from line 6.)					,	45,485
Sec	tion B. Total Support						<u> </u>
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6 • • • • • • • • • • • •	6,851	7,599	12,768	12,796	17,871	
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.)						57,885
14	First five years. If the Form 990 is for the organizat check this box and stop here	tion's first, second			()	() U	·
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2008 (line 8, column		13, column (f))	• • • • • • •	•••••	15	78.58 %
16	Public support percentage from 2007 Schedule A, F	Part IV-A, line 27	g •••••	• • • • • • • •	•••••	16	100.00 %
Sec	tion D. Computation of Investment Inc	ome Percent	age				
17	Investment income percentage for 2008 (line 10c, c	olumn (f) divided	by line 13, colun	nn (f)) •••		17	0.00 %
18	Investment income percentage from 2007 Schedule	A, Part IV-A, line	e 27h ••••		•••••	18	%
19a	33 1/3% support tests - 2008. If the organization die	d not check the b	ox on line 14, an	d line 15 is more	e than 33 1/3%, a	nd line 17 is	
	not more than 33 1/3%, check this box and stop he	re. The organizat	ion qualifies as a	a publicly suppor	ted organization	• • • • • •	· · · · • 🕨
b	33 1/3% support tests - 2007. If the organization die	d not check a bo	on line 14 or lin	e 19a, and line 1	6 is more than 3	3 1/3%, and line	: 18
	is not more than 33 1/3%, check this box and stop	here. The organiz	zation qualifies a	s a publicly supp	orted organizatio	n •••••	$\cdots \rightarrow $
20	Private Foundation: If the organization did not che	ck a box on line 1	4 19a or 19b c	heck this hox an	d see instruction	s	Þ 🦳

Schedule A (Form 990 or 990-EZ) 2008

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Internal Revenue Service Name of the organization

WESTERN CUYAHOGA AUDUBON SOCIETY

Organization	type	(check	one):
--------------	------	--------	-------

34-1522665

Employer identification number

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

990	Overflow Statement		2008 Page 1
Name(s) as shown on return NESTERN CUYAHOGA AUI	DUBON SOCIETY		FEIN 34-1522665
Description Donations from organ	nizations		<u> </u>
Donations from indiv	riduals	Total:	<u> 10,955</u> \$ 15,938

SCHEDULE I		Grants and Other Assistance to Organizations,						
(Form 990)			Governments		2008			
Department of the Treasury Internal Revenue Service	Open to Public Inspection							
Name of the organization							Employer identification	number
WESTERN CUYAHOGA AUD	JBON SOCIEI	Y					34-1522665	
 Does the organization m the selection criteria use Describe in Part IV the o 	aintain records d to award the g rganization's pro	grants or assistance? ocedures for monitori	nount of the grants or assis 	n the United States.				· · XYes No
Form 990, Part IV	, line 21 for any	recipient that receive	ments and Organiza d more than \$5,000. Chec	k this box if no one re	ecipient received more t	han \$5,000. Use		
			e is needed • • • • • •					
1 (a) Name and address of org or government	ganization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cleveland Metroparks								
4104 Fulton Parkway	44144	34-6000704	government enti	15,000				
·								1
								1
2 Enter total number of se								
3 Enter total number of oth				•••••		•••••		
For Privacy Act and Paperwo	ork Reduction A	Act Notice, see the In:	structions for Form 990.		EEA		S	chedule I (Form 990) 2008

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

Schedule I (Form 990) 2008

34-1522665

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance					
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.										

01. Monitoring procedures (Part I, line 2)

WCAS periodically calls Cleveland Metroparks to determined how much of grant has been spent on our intended purpose, which is funding for

Rocky River IBA Coordinator position.