Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Department of the Treasury

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

OMB No. 1545-1150

2009

December Compare Co	Α	For the 2	2009 calendar	year, o	r tax year beginning	09-01	, 2009, a	nd ending		08-3	1	, 20 10
Assert strategy Institut natural Asserted return Asserted return asserted return asserted or return asserted return asserted	В	Check if a	applicable:		C Name of organization				D Empl	oyer id	entif	ication number
Name change Intellat Haum Number and steek (or P.O. 50s., ill mail is not delivered to street address) Rocentisate Clay (19/41-2352) Clay (19/41-2352) Focup Clay or form, pattern C		Address c	hange		WESTERN CUYAHOGA AUDUBON SOC	CIETY			34	-1522	665	
Initial tellum Profession Section Sect	$\overline{\Box}$	Name cha	inge	label or	Number and street (or P.O. box, if mail is not deli	vered to stree	t address)	Room/si	uite E Telep	hone	num	ber
Tarmistantar	Ī	Initial retu	ırn									
Amendation resulting institute Section 501(c)(3) organizations and 4967(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2). Website:				See	4310 BUSH AVE				(2)	16)741	I-235	52
■ Section 501(c)(3) organizations and 4947(a)(1) nonesempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website:	Η							1				
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach of the completed Schedule A (Form 990 or 990-E2). Website:	Ξ				CLEVELAND OH 44109							
a completed Schedule A (Form 990 or 990-EZ). Website:					·	truste must	attach					Cash Accrual
Website:		0000	1011 30 1(0)(3)	_		ilusis illusi	attaon		_		u. p	Odsii Accidai
Website:	_			a con	inpleted defleddie A (Form 330 of 330 EZ).				` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	• , ,		ganization is not
Tax-exempt status (check only one)		\/\ohoito		/ \A/C A C	POLIIO ODC				, —			-
Kenteck No. If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Ladd lines 55, 65, and 75, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 13,337			·				(a)(1) ar [1 527				edule B (Form 990,
Example Exam			1/						•			- COC OOO A
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances See the instructions for Part I.)			_	-		-	_		-			
Revenue, Expenses, and Changes in Net Assets or Fund Balances 1 8,479												
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 2												
2 Program service revenue including government fees and contracts 2 3 4.858	P								(See the Instruc		tor P	
3 Membership dues and assessments 3 4,858 4 Investment income 5a 750 5a 5b 5b 5c 5a 5b 5c 5c 5c 5a 5c 5c 5c 5c 5c 5a 5c 5				-							+	8,479
4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5b 5c 5c 5c 5c 5c 5c 5c			•								+	
5a Gross amount from sale of assets other than inventory		3	'								+	4,858
b Less: cost or other basis and sales expenses. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 6a)		4					1	1		4	_	
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5a	Gross amou	nt from	sale of assets other than inventory		5	а		_		
Comparison of the comparison of the comparison of the contributions reported on line 1 Comparison of the contributions reported on line 2 Comparison of the contributions reported on the contributions reported reported r		b	Less: cost o	r other b	basis and sales expenses	• • •	_ 5	b		_		
a Gross revenue (not including \$ of contributions reported on line 1)	R	С	Gain or (loss	s) from s	sale of assets other than inventory (Subtra	act line 5b f	rom line 5a	a)		5c	\perp	
Part		6	Special events	and activ	vities (complete applicable parts of Schedule G). If a	any amount is	from gaming	, check her	re 🕨 🗌			
Very state Ve		а	Gross reven	ue (not	including \$ of co	ntributions	1	1				
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			reported on	line 1)			6	а				
7a Gross sales of inventory, less returns and allowances	е	b	Less: direct	expense	es other than fundraising expenses		6	b				
b Less: cost of goods sold 7b		С	Net income	or (loss)) from special events and activities (Subtra	act line 6b f	rom line 6	a)		6c		
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c		7a	Gross sales	of inver	ntory, less returns and allowances		7	а				
8 Other revenue (describe 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		b	Less: cost of	f goods	sold		7	b				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members. 11 Benefits paid to or for members. 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Occupancy, rent, utilities, and maintenance. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe ▶ STM130) 16 4,129 17 Total expenses. Add lines 10 through 16. 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (attach explanation). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 Cash, savings, and investments. (See the instructions for Part II.) (A) Beginning of year (B) End of year (B) End of year (C) End assets (D) End of year (E) End of year		С	Gross profit	or (loss	s) from sales of inventory (Subtract line 7b	from line 7	a)			7c		
10 Grants and similar amounts paid (attach schedule) STM122 10 4,300 E		8	Other reveni	ue (des	cribe >)	8		
10 Grants and similar amounts paid (attach schedule) STM122 10 4,300 E		9	Total revenu	e. Add	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					9		13,337
12 Salaries, other compensation, and employee benefits 12 13 14		10	Grants and	similar a	amounts paid (attach schedule)				STM122	10		4,300
12 Salaries, other compensation, and employee benefits 12 13 14	_	11								11		
13		12	Salaries, oth	er com	pensation, and employee benefits			i		12		
14 Occupancy, rent, utilities, and maintenance	-	13								13		300
15	n	14	Occupancy,	rent, ut	ilities, and maintenance					14		
Total expenses (describe STM130 16		15	Printing, pub	olication	is, postage, and shipping					15		3,833
17 Total expenses. Add lines 10 through 16	S	16)	16		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 775		17									\neg	
NS of e left to the state of the balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		18							F	18		
Net assets or fund balances at end of year. Combine lines 18 through 20	A	19							1			
Net assets or fund balances at end of year. Combine lines 18 through 20	NS eS							9		19		7 382
Net assets or fund balances at end of year. Combine lines 18 through 20	t t	20	•	-								7,002
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments. 7,382 22 8,157 23 23 24 Other assets (describe ▶) 24 25 Total assets 7,382 25 8,157 26 Total liabilities (describe ▶) 26	S		-							_	+	8 157
(See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments. 7,382 22 8,157 23 23 24 Other assets (describe ▶) 24 25 Total assets 7,382 25 8,157 26 Total liabilities (describe ▶) 26	P	_			·				Form 990 instea		orm	
22 Cash, savings, and investments. 7,382 22 8,157 23 23 24 Other assets (describe)) 24 25 Total assets 7,382 25 8,157 26 Total liabilities (describe)) 26		J. 1. 1.			· · · · · · · · · · · · · · · · · · ·	<u>-, a.o </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
23 23 24 Other assets (describe)) 24 25 Total assets 7,382 25 8,157 26 Total liabilities (describe)) 26	22	Cash	savings and		,						22	-
24 Other assets (describe ▶) 24 25 Total assets									7	,502		0,137
25 Total assets 7,382 25 8,157 26 Total liabilities (describe) 26)				
26 Total liabilities (describe) 26									7	382		Ω 157
`)	1	,002		0,137
						ne 21)			7	382		8 157

Form	990-EZ (2009) WESTERN CUYAHOGA AUDUBON SOCIETY	34-15	22665	F	Page 3
Par	t V Other Information (Note the statement requirements in the instructions for Part V.)				
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a det	ailed			,,
	description of each activity		33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed or	opy of			\ \
	the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7				
	not reported on Form 990-T, attach a statement explaining why the organization did not report the inco				
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to se	ection	05-		V
	6033(e) notice, reporting, and proxy tax requirements?		35a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	aaata	35b		_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net a during the year? If "Yes," complete applicable parts of Schedule N	sseis	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	30		
	Did the organization file Form 1120-POL for this year?	Jia	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee	or were	37.0		
00 u	any such loans made in a prior year and still outstanding at the end of the period covered by this reti		38a		Χ
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	000		
39	Section 501(c)(7) organizations. Enter:	000			
	Initiation fees and capital contributions included on line 9	39a			
	Gross receipts, included on line 9, for public use of club facilities	39b			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year u	nder:			
	section 4911 > ; section 4912 > ; section 4955 >				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exc				
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disquare	ualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's pr	ior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958				
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c				
	reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax sh	elter			\ \
	transaction? If "Yes," complete Form 8886-T		40e		X_
41	List the states with which a copy of this return is filed. OH OH				
42 a	,	Telephone no.		11-235	2
	Located at 19340 Fowles Rd Middleburg Hts, OH	ZIP + 4 • _	44130		
D	At any time during the calendar year, did the organization have an interest in or a signature or other	•		Vaa	Na
	over a financial account in a foreign country (such as a bank account, securities account, or other fin	nanciai	40h	Yes	X
	account)?		42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	ank	_		
	and Financial Accounts.	alik			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		Х
Ü	If "Yes," enter the name of the foreign country:		420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here				
.0	and enter the amount of tax-exempt interest received or accrued during the tax year	4 3		•	
		P			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed inste	ead of			
	Form 990-EZ		44		Χ
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b	o)(13)? If			
_	"Yes," Form 990 must be completed instead of Form 990-EZ		45		X
	EEA		Form 99	90-EZ	(2009)

Pail VI	Section 50 r(c)(3) organizations and	` '\ '	•		•	All Section	1	
	501(c)(3) organizations and section 4947(a)		trusts must answer of	questions 46-49	0			
10 D:44	and complete the tables for lines 50 and 51.		habalf af an in ann	:::			V	NI-
	he organization engage in direct or indirect policies of the p	· -				40	Yes	No X
	idates for public office? If "Yes," complete Scl					46		\hat{X}
	he organization engage in lobbying activities?					47		\hat{X}
	e organization a school as described in section	. , . , . , . ,	•		•	48		\hat{X}
	he organization make any transfers to an exer		-			49a		
	es," was the related organization a section 527				stage and less	49b		
	plete this table for the organization's five higher					′		
empi	oyees) who each received more than \$100,00	(b) Title and average	(c) Compensation	(d) Contribu		(e)Ex	pense	
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position	(=) ===================================	employee bene deferred comp	efit plans &		nt and	;
NONE								
	number of other employees paid over \$100,0							
	plete this table for the organization's five higher	·		each received i	more than			
\$100	,000 of compensation from the organization.	trinere is none, enter "Nor	ne.					
	(a) Name and address of each independent contraction	-i-l th (\$4.00,000	(h) T:			-) 0		
	(a) Name and address of each independent contractor p	aid more than \$100,000	(b) Ty	pe of service	(0	c) Compen	sation	
NONE								
NONE								
d Total	number of other independent contractors eac	h receiving over \$100,000	···· •					
	Under penalties of perjury, I declare that I have							
Cian	and belief, it is true, correct, and complete. De	claration of preparer (other than	officer) is based on all in	formation of which	preparer has an	y knowledg	je.	
Sign	Signature of officer			Date				
Here				Date				
	Thomas M Romito, President Type or print name and title							
	Preparer's			Check if self-	Preparer's Ide	ntifying No.	(See in	st.)
Paid	signature Mary Anne Romito			employed X				
Preparer's	Firm's name (or yours Mary Anne Roi			EIN				
Use Only	if self-employed), address, and ZIP + 4			-				
Marrial - ID	Cleveland, OH			Phone no.		6-741-23		
way the IR	S discuss this return with the preparer shown	above: See instructions.			•	Yes Form 00		lo
			EEA			Form 99	∪-⊏∠ (∠	JUUY)

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning 09-01-2009 , and ending 08-31-2010

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

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

See instructions.

2009

Name of exempt organization	Employer identification number
WESTERN CUYAHOGA AUDUBON SOCIETY	34-1522665
Name and title of officer	
Thomas M Romito, President	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if a return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for whare filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in F	hich you -0-). But, if
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 Total revenue, if any (Form 990-EZ, line 9)	1b
Part II Declaration and Signature Authorization of Officer	
2009 electronic return and accompanying schedules and statements and to the best of my knowledge and be correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originat organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for re transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refur of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ele (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a public U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (set authorize the financial institutions involved in the processing of the electronic payment of taxes to receive connecessary to answer inquiries and resolve issues related to the payment. I have selected a personal identific my signature for the organization's electronic return and, if applicable, the organization's consent to electronic Officer's PIN: check one box only I authorize Mary Anne Romito, EA ERO firm name to enter my PIN A3100 Enter five numbers, but do not enter my PIN as pay signature on the organization's tax year 20 filed return. If I have indicated within this return that is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aforementioned 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 20 filed return. If I have indicated within this return that a copy of the return is being filed with a state agency if the IRS Fed/State program,	the organization's tor (ERO) to send the jection of the ind, and (d) the date inctronic funds withdrawal the organization's payment, I must contact titlement) date. I also infidential information ation number (PIN) as c funds withdrawal. as my signature it t a copy of the return or authorize the
Officer's signature Date	10-27-2010
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	3565 44444 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Mc (MeF) Information for Authorized IRS e-file Providers for Business Returns.	
ERO's signature Mary Anne Romito	10-27-2010
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form To the IRS Unless Requested To Do	So

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

WE	STEF	RN CUYAHOGA AUD	UBON SOCIETY						34-15	22665			
Pa	rt I	Reason for I	Public Charity S	Status (All organiz	ations mus	st complete	e this part	.) See inst	ructions.				
The	orga	nization is not a priva	ate foundation bec	ause it is: (For lines 1 th	rough 11,	check only	y one box.)					
1		A church, convention	n of churches, or a	ssociation of churches d	escribed ir	section 1	70(b)(1)(A)(i).					
2		A school described i	n section 170(b)(1))(A)(ii). (Attach Schedule	e E.)								
3	П	A hospital or a coop	erative hospital ser	rvice organization descril	bed in sect	tion 170(b)	(1)(A)(iii).						
4	$\overline{\Box}$	A medical research	organization opera	ted in conjunction with a	hospital d	escribed in	section 1	70(b)(1)(A)(iii). Entei	the hospi	tal's nan	ne,	
	_	city, and state:		·	·			. , . , .	, , ,				
5			erated for the bene	fit of a college or univer	sitv owned	or operat	ed by a go	vernment	al unit des	cribed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6	П	() () ()	. ,	r governmental unit desc	ribed in se	ction 170(l	o)(1)(A)(v)						
7	П	An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
		described in section	•	·		Ü			J				
8				170(b)(1)(A)(vi). (Comp	lete Part II	.)							
9	X			s: (1) more than 33 1/3%			contributio	ns. memb	ership fee	s. and gro	ss		
-		-		xempt functions - subjec						_			
				and unrelated business									
		0		e 30, 1975. See section 5		`							
10				ed exclusively to test for p			,	a)(4).					
11	Н	•	•	ed exclusively for the be		•	,	, , ,	carry out	the			
	ш	•	•	orted organizations desc		•			•				
			. ,	s the type of supporting		,	, , ,	,	, , ,				
		a ☐ Type I	b Typ	,, ,,	Ū	-Functiona	•		d [Type	III-Other		
е	П			organization is not cont	• •				L				
		-		ers and other than one of		-					1		
		509(a)(1) or section	-										
f			. , . ,	determination from the IF	RS that it is	s a Type I.	Type II. c	r Type III	supporting	1			
		<u> </u>						71 -		,			
g		=		ization accepted any gif				e					
3		following persons?	, , .	, 3			, ,						
		• .	directly or indirectly	y controls, either alone of	or togethe	r with pers	ons descr	ibed in (ii)				Yes	No
		•	•	dy of the supported orga	•	•		, ,			11g(i)		
				scribed in (i) above?							11g(ii)		
				on described in (i) or (ii)							11g(iii)		
h				ut the supported organiz							0()		
	(i) N	ame of supported	(ii) EIN	(iii) Type of organization	1	organization	(v) Did y	ou notify	(vi)	Is the	(vii)	Amount	of
		organization		(described on lines 1-9	1 ''	sted in your	-	ization in	-	ion in col.	s	upport	
				above or IRC section (see instructions))	governing	document?	col. (i) sup	port?	(i) organiz U.	S.?			
					Yes	No	Yes	No	Yes	No			
Tota	ı												

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

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total (b) 2006 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from In 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is 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 12 Gross receipts from related activities, etc. (see instructions)..... 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))...... 14 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization...... 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization..... Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Sec	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,599	12,768	12,796	17,871		13,321	64,355
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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,	,-		-7-	. ,
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	7,599	12,768	12,796	17,871		13,321	64,355
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				6,200			6,200
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				6,200			6,200
С	Add lines 7a and 7b				12,400			12,400
8	Public support (Subtract line 7c from				12,100			12,100
	line 6.)							51,955
	ction B. Total Support	(=) 2005	(h) 2000	(-) 2007	(4) 2000	(-) 0	000	(f) T-4-1
9	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2005 7,599	(b) 2006 12,768	(c) 2007 12,796	(d) 2008 17,871	(e) 2	13,321	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,599	12,700	12,790	17,071		13,321	64,355
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c 11	Add lines 10a and 10b 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.)							64,355
14	First five years. If the Form 990 is for the orgorganization, check this box and stop here.	anization's first, se	econd, third, fourth,	or fifth tax year as	s a section 501(c)((3)		▶ □
Sec	ction C. Computation of Public Suppo	rt Percentage						
15	Public support percentage for 2009 (line 8, o	` '	•	` ' '		15		80.73
16	Public support percentage from 2008 Scheo					16		9
	ction D. Computation of Investment Ir					4-7		
17	Investment income percentage for 2009 (line		•			17		0.00 %
18	Investment income percentage from 2008 Sc				the 00 4/00/	18		7
	33 1/3% support tests - 2009. If the organizar 17 is not more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly	supported organiz	ation		• X
	33 1/3% support tests - 2008. If the organizatine 18 is not more than 33 1/3%, check this	box and stop here.	. The organization	qualifies as a pub	licly supported org	anizatio		• 🗇
20	Private Foundation: If the organization did no	t check a hoy on l	ine 14 10a or 10h	chack this hov a	nd see instructions	8		\

Federal Supporting Statements 2009 FEIN Name(s) as shown on return Form 990EZ, Part I, Line 10 Statement #122 Grants and Similar Amounts Paid Schedule Relationship Amount Activity Rocky River IBA 4,300 none Grantee Cleveland Metroparks Address 4104 Fulton Pkwy Cleveland ОН 44144 Total <u>4,3</u>00 Form 990EZ, Part I, Line 16 Other Expenses Schedule 2 Description Amount Website expense 1,038 insurance 350 office 19 speakers and education 1,475 conservation IBA project 737 donations to other like org. 385 meeting expenses 125 4,129 Total

990 Overflow Statement	Page 1
Name(s) as shown on return WESTERN CUYAHOGA AUDUBON SOCIETY	34-1522665
Part 1 line 1 Description Donations from members Biodiversity Alliance grant National Audubon grant Ultrawalk, silent auction, coffee sales Christmas Bird Count Total:	Amount \$ 437 2,500 800 4,542 200 \$ 8,479
Part 1 line 3	
Description Audubon Baseline Funding Chapter Membership Total:	Amount \$ 2,583 2,275 \$ 4,858
Part 1 line 15	
<u>Description</u>	<u>Amount</u> \$ 3.224
Newsletter and postage Annual letter	\$ 3,224 609
Total:	\$ 3,833
Part 3 line 28	
Description Website Newsletter Annual letter Total:	Amount \$ 1,038 3,224 609 \$ 4,871
Part 3 line 29	
Description Rocky River IBA project Total:	Amount \$ 5,038 \$ 5,038

990 Overflow Statement Page 2 Name(s) as shown on return FEIN WESTERN CUYAHOGA AUDUBON SOCIETY 34-1522665

Part 3 line 30

Description	Amount
Meeting expenses	\$ 123
speakers and audubon adventures	1,156_
office	19
<u>liability insurance</u>	350
donations to like organizations	385
shade-grown coffee	320
Total:	\$ 2,353