

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

**2009**

Department of the Treasury  
Internal Revenue Service

▶ 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**

**A** For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 9/30, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> THE PACIFIC SEABIRD GROUP PO BOX 324 LITTLE RIVER, CA 95456-0519	<b>D</b> Employer identification number 91-0977708  <b>E</b> Telephone number 707-937-1742  <b>F</b> Group Exemption Number ..... ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ PACIFICSEABIRDRGROUP.ORG

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  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.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 280,774.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>R</b> <b>E</b> <b>V</b> <b>E</b> <b>N</b> <b>U</b> <b>E</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received .....	<b>1</b>	6,605.
	<b>2</b>	Program service revenue including government fees and contracts .....	<b>2</b>	246,544.
	<b>3</b>	Membership dues and assessments .....	<b>3</b>	18,171.
	<b>4</b>	Investment income .....	<b>4</b>	9,454.
	<b>5a</b>	Gross amount from sale of assets other than inventory .....	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses .....	<b>5b</b>	
	<b>5c</b>	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .....	<b>5c</b>	
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/> ▶		
	<b>6a</b>	a Gross revenue (not including \$ _____ of contributions reported on line 1) .....	<b>6a</b>	
<b>6b</b>	b Less: direct expenses other than fundraising expenses .....	<b>6b</b>		
<b>6c</b>	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) .....	<b>6c</b>		
<b>7a</b>	7a Gross sales of inventory, less returns and allowances .....	<b>7a</b>		
<b>7b</b>	b Less: cost of goods sold .....	<b>7b</b>		
<b>7c</b>	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	<b>7c</b>		
<b>8</b>	8 Other revenue (describe ▶ _____) .....	<b>8</b>		
<b>9</b>	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶	<b>9</b>	280,774.	
<b>E</b> <b>X</b> <b>P</b> <b>E</b> <b>N</b> <b>S</b> <b>E</b> <b>S</b>	<b>10</b>	10 Grants and similar amounts paid (attach schedule) .....	<b>10</b>	
	<b>11</b>	11 Benefits paid to or for members .....	<b>11</b>	
	<b>12</b>	12 Salaries, other compensation, and employee benefits .....	<b>12</b>	
	<b>13</b>	13 Professional fees and other payments to independent contractors .....	<b>13</b>	
	<b>14</b>	14 Occupancy, rent, utilities, and maintenance .....	<b>14</b>	
	<b>15</b>	15 Printing, publications, postage, and shipping .....	<b>15</b>	5,670.
	<b>16</b>	16 Other expenses (describe ▶ <u>SEE STATEMENT 1</u> ) .....	<b>16</b>	261,446.
<b>17</b>	<b>17 Total expenses.</b> Add lines 10 through 16. ▶	<b>17</b>	267,116.	
<b>A</b> <b>S</b> <b>S</b> <b>E</b> <b>T</b> <b>S</b>	<b>18</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) .....	<b>18</b>	13,658.
	<b>19</b>	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) .....	<b>19</b>	195,845.
	<b>20</b>	20 Other changes in net assets or fund balances (attach explanation) ..... <u>SEE STATEMENT 2</u> .....	<b>20</b>	-3,356.
	<b>21</b>	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	<b>21</b>	206,147.

**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.)		<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
<b>22</b>	Cash, savings, and investments .....		195,845.	<b>22</b>		206,147.	
<b>23</b>	Land and buildings .....			<b>23</b>			
<b>24</b>	24 Other assets (describe ▶ _____) .....			<b>24</b>			
<b>25</b>	<b>25 Total assets.</b> .....		195,845.	<b>25</b>		206,147.	
<b>26</b>	<b>26 Total liabilities</b> (describe ▶ _____) .....		0.	<b>26</b>		0.	
<b>27</b>	<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....		195,845.	<b>27</b>		206,147.	

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

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>BIOLOGY AND CONSERVATION OF SEABIRDS</u>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	<u>SEE STATEMENT 3</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>28 a</b>	146,893.
<b>29</b>	<u>PUBLICATION OF "PACIFIC SEABIRDS" WHICH CONTAINS NEWS AND CURRENT DEVELOPMENTS ARISING FROM SCIENTIFIC RESEARCH AND ARTICLES RELATED TO THE OBJECTIVES OF THE PACIFIC SEABIRD GROUP.</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29 a</b>	2,998.
<b>30</b>			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30 a</b>	
<b>31</b>	Other program services (attach schedule) _____		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31 a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) _____	<b>32</b>	149,891.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
HEATHER MAJOR 8888 UNIVERSITY DR. BURNABY, BC V5A 1S6 CANADA	SECRETARY 3.00	0.	0.	0.
CRAIG S HARRISON 4953 SONOMA MOUNTAIN ROAD SANTA ROSA, CA 95404	VICE CHAIR 4.00	0.	0.	0.
RON LEVALLEY 920 SAMOA BLVD ARCATA, CA 95521	TREASURER 8.00	0.	0.	0.
PAT JODICE G27 LEHOTSKY HALL CLEMSON UNIV CLEMSON, SC 29634	CHAIRMAN 8.00	0.	0.	0.
KIM RIVERA PO BOX 21668 JUNEAU, AK 99802	CHAIR-ELECT 4.00	0.	0.	0.
TOM GOOD 2725 MONTLAKE BLVD. EAST SEATTLE, WA 98112	PAST CHAIR 0	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 4

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
<b>34</b>	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>35a</b>	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>35b</b>	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0.		
<b>37b</b>	b Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>38b</b>	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>39a</b>	a Initiation fees and capital contributions included on line 9 N/A		
<b>39b</b>	b Gross receipts, included on line 9, for public use of club facilities N/A		
<b>40a</b>	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>40b</b>	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
<b>40c</b>	c 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. 0.		
<b>40d</b>	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0.		
<b>40e</b>	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
<b>41</b>	List the states with which a copy of this return is filed ▶ CA		

**42a** The organization's books are in care of ▶ RON LEVALLEY Telephone no. ▶ 707-937-1742  
 Located at ▶ PO BOX 324 LITTLE RIVER CA ZIP + 4 ▶ 95456-0519

		Yes	No
<b>42b</b>	b 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)? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>			
<b>42c</b>	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? .. If 'Yes,' enter the name of the foreign country:.. ▶ _____		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here  N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	<b>47</b>	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?.....	<b>49a</b>	X
<b>b</b> If 'Yes,' was the related organization a section 527 organization?.....	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000..... ▶

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000..... ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ **RON LEVALLEY** **TREASURER**

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ **DIANE E SHARPLES** Date **4/26/11** Check if self-employed ▶  Preparer's Identifying Number (See instructions) **N/A**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **PLAZA PROFESSIONALS, LLC**  
**928 H STREET**  
**ARCATA, CA 95521**

EIN ▶ **N/A** Phone no. ▶ **(707) 822-9190**

May the IRS discuss this return with the preparer shown above? See instructions..... ▶  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization <b>THE PACIFIC SEABIRD GROUP</b>	Employer identification number <b>91-0977708</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
<b>(i)</b> a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
<b>(ii)</b> a family member of a person described in (i) above? .....		
<b>(iii)</b> a 35% controlled entity of a person described in (i) or (ii) above? .....		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar 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 'unusual grants'.)	54,880.		136,297.	28,316.	24,776.	244,269.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 <b>Total.</b> Add lines 1-through 3.	54,880.	0.	136,297.	28,316.	24,776.	244,269.
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).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						244,269.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	54,880.	0.	136,297.	28,316.	24,776.	244,269.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	926.		17,096.	8,700.	9,454.	36,176.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						280,445.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 <b>First five years.</b> 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. <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b <b>33-1/3 support test – 2008.</b> 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. <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009.</b> 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. <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2008.</b> 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. <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

**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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

THE PACIFIC SEABIRD GROUP

Employer identification number

91-0977708

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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 an organization 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 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions 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 990-EZ, that received from any one contributor, during the year, 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:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

THE PACIFIC SEABIRD GROUP

Employer identification number

91-0977708

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	USFWS ALASKA MARITIME NWR 95 STERLING HWY STE. 1 MS 505 HOMER, AK 99603	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DAVID AND LUCILE PACKARD FOUNDATION 300 SECOND STREET LOS ALTOS, CA 94022	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NORTH PACIFIC RESEARCH BOARD 1007 WEST 3RD AVENUE, STE 100 ANCHORAGE, AK 99501	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SEAPOPOP NORWAY PO BOX 5250 MAJORSTUEN OSLO, N-0303 NORWAY	\$ 9,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	OCEAN ASSOCIATES/NOAA 4007 NORTH ABINGDON STREET ARLINGTON, VA 22207-2920	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MARISLA FOUNDATION 668 N COAST HWY., PMB 1400 LAGUNA BEACH, CA 92651	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

THE PACIFIC SEABIRD GROUP

Employer identification number

91-0977708

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Name of organization: THE PACIFIC SEABIRD GROUP  
 Employer identification number: 91-0977708

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>THE PACIFIC SEABIRD GROUP</b>	Employer identification number <b>91-0977708</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>PO BOX 324</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LITTLE RIVER, CA 95456-0519</b>	
	File by the due date for filing your return. See instructions.	

**Check type of return to be filed** (file a separate application for each return):

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

● The books are in the care of. ▶ RON LEVALLEY -----

Telephone No. ▶ 707-937-1742 ----- FAX No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box. ▶  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 11, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning 10/01, 20 09, and ending 9/30, 20 10.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. ....	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 4-2009)

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

BANK CHARGES.....	\$ 1,149.
CONFERENCE EXPENSE.....	146,893.
DUES & SUBSCRIPTIONS.....	1,370.
INSURANCE.....	1,400.
MEETING EXPENSES.....	99,821.
MISC.....	10.
SUPPLIES.....	2,702.
TRAVEL.....	7,910.
WEB HOSTING SITE.....	191.
TOTAL	<u>\$ 261,446.</u>

**STATEMENT 2  
FORM 990-EZ, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED GAINS.....	\$ -3,356.
TOTAL	<u>\$ -3,356.</u>

**STATEMENT 3  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

PACIFIC SEABIRD GROUP HOST AN ANNUAL MEETING FOR SEABIRD RESEARCHERS TO SHARE THEIR DISCOVERIES AND CONCERNS WITH EACH OTHER AND THE GENERAL PUBLIC. ATTENDEES INCLUDE BOTH PROFESSIONAL BIOLOGISTS, WILDLIFE MANAGERS, STUDENTS AND CONSERVATIONISTS AS WELL AS AS THE INTERESTED PUBLIC FROM AROUND THE WORLD. THROUGH PRESENTATIONS AND SYMPOSIUMS ATTENDEES LEARN THE CURRENT ISSUES FACING THE PACIFIC SEABIRD POPULATIONS.

**STATEMENT 4  
FORM 990-EZ, PART V  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning 10/01, 2009, and ending 9/30, 2010.

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

# 2009

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

THE PACIFIC SEABIRD GROUP

91-0977708

Name and title of officer

RON LEVALLEY

TREASURER

### Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1 a Form 990</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1 b</b> _____
<b>2 a Form 990-EZ</b> check here . . . . .	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2 b</b> <u>280,774.</u>
<b>3 a Form 1120-POL</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3 b</b> _____
<b>4 a Form 990-PF</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4 b</b> _____
<b>5 a Form 8868</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5 b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize DIANE E SHARPLES to enter my PIN 01005 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the 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 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. . . . . 68443317759  
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 for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ DIANE E SHARPLES Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

**BAA For Paperwork Reduction Act Notice, see instructions.**

Form **8879-EO** (2009)

California Exempt Organization  
Annual Information Return

Calendar year 2009 or fiscal year beginning month 10 day 01 year 2009, and ending month 09 day 30 year 2010

**A** First Return Filed?  Yes  No  
**B** Type of organization Exempt under Section 23701... **D** (insert letter)   
 IRC Section 4947(a)(1) trust...  **CORP #**  
**C1254666**

Corporation/Organization Name **THE PACIFIC SEABIRD GROUP** **FEIN**  
**91-0977708**

Address **PO BOX 324** State ZIP Code  
**LITTLE RIVER, CA 95456-0519**

**C** Amended Return?  Yes  No  
**D** Are you a subordinate/affiliate in a group exemption?..  Yes  No  
**a** Is this a group filing for affiliates? See General Instruction L.  Yes  No  
**b** If 'Yes,' enter the number of affiliates. ....  
**c** Are all affiliates included?  Yes  No  
 (If 'No,' attach a list. See instructions.)  
**d** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**e** Federal Group Exemption Number.....  
**f** Is a roster of subordinates attached?  Yes  No  
**E** Final return?  
 Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized (attach explanation)  
 If a box is checked, enter date. ....  
**F** Check the box if the organization filed the following federal forms or schedule:  
**1**  990T **2**  990PF **3**  (Schedule H) 990  
**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public

contributions, check box. See General Instruction F.  
 No filing fee is required. ....   
**H** Accounting method used .. **1**  Cash **2**  Accrual **3**  Other  
**I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. ....  Yes  No  
**J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. ....  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If 'Yes,' enter amount of gross receipts from nonmember sources. .... \$  
**L** Is the organization under audit by the IRS or has the IRS audited in a prior year? ....  Yes  No  
**M** Is the organization a Limited Liability Company? ....  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income? ....  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8. ....	<b>1</b>	255,998.
	<b>2</b> Gross dues and assessments from members and affiliates. ....	<b>2</b>	18,171.
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received. .... <b>SEE .SCH. .B</b>	<b>3</b>	6,605.
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C. ....	<b>4</b>	280,774.
	<b>5</b> Cost of goods sold. ....	<b>5</b>	
	<b>6</b> Cost or other basis, and sales expenses of assets sold. ....	<b>6</b>	
	<b>7</b> Total costs. Add line 5 and line 6. ....	<b>7</b>	
	<b>8</b> Total gross income. Subtract line 7 from line 4. ....	<b>8</b>	280,774.
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18. ....	<b>9</b>	267,116.
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. ....	<b>10</b>	13,658.
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F. ....	<b>11</b>	10.
	<b>12</b> Total payments. ....	<b>12</b>	
	<b>13</b> Penalties and Interest. See General Instruction J. ....	<b>13</b>	
	<b>14</b> Use tax. See General Instruction K. ....	<b>14</b>	
	<b>15</b> <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result. ....	<b>15</b>	10.

**Sign Here**  
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  
 Signature of officer **TREASURER** Title  
 Date Date  
 Telephone **707-937-1742**  
**Paid Preparer's Use Only**  
 Preparer's signature **DIANE E SHARPLES** Date **4/26/11** Check if self-employed   
 Preparer's SSN/PTIN **P00007367**  
 FEIN  
 Telephone **(707) 822-9190**  
 Firm's name (or yours, if self-employed) and address **PLAZA PROFESSIONALS, LLC**  
**928 H STREET**  
**ARCATA, CA 95521**

May the FTB discuss this return with the preparer shown above? See instructions. ....  Yes  No



**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	255,998.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	255,998.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members.	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See Instructions)	●	16	
	17	Other. Attach schedule. SEE STATEMENT 3	●	17	267,116.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	267,116.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		79,023.	●	79,871.
2	Net accounts receivable			●	
3	Net notes receivable. Attach schedule			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds. Attach sch.			●	
7	Investments in stock. Attach schedule		116,822.	●	126,276.
8	Mortgage loans (number of loans _____)			●	
9	Other investments. Attach schedule			●	
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule			●	
13	<b>Total assets</b>		195,845.		206,147.
<b>Liabilities and net worth</b>					
14	Accounts payable			●	
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable. Attach schedule			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund			●	
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund		195,845.	●	206,147.
22	<b>Total liabilities and net worth</b>		195,845.		206,147.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	●	13,658.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5		13,658.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		13,658.

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

**2009**

**Name of the organization**

THE PACIFIC SEABIRD GROUP

**Employer identification number**

91-0977708

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

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 an organization 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 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions 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 990-EZ, that received from any one contributor, during the year, 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:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

THE PACIFIC SEABIRD GROUP

Employer identification number

91-0977708

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	USFWS ALASKA MARITIME NWR 95 STERLING HWY STE. 1 MS 505 HOMER, AK 99603	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DAVID AND LUCILE PACKARD FOUNDATION 300 SECOND STREET LOS ALTOS, CA 94022	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NORTH PACIFIC RESEARCH BOARD 1007 WEST 3RD AVENUE, STE 100 ANCHORAGE, AK 99501	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SEAPOPOP NORWAY PO BOX 5250 MAJORSTUEN OSLO, N-0303 NORWAY	\$ 9,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	OCEAN ASSOCIATES/NOAA 4007 NORTH ABINGDON STREET ARLINGTON, VA 22207-2920	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MARISLA FOUNDATION 668 N COAST HWY., PMB 1400 LAGUNA BEACH, CA 92651	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization: THE PACIFIC SEABIRD GROUP  
 Employer identification number: 91-0977708

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Form at bottom of page.

**EFT TAXPAYERS: DO NOT FILE THIS FORM**

**WHERE TO FILE:** Using blue or black ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2009 FTB 3539' on the check or money order. Detach form below. Enclose, but **do not** staple, payment with form and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0551**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Calendar year corporations – File and Pay by March 15, 2010**  
**Fiscal year filers – see instructions**  
**Employees' trust and IRA – File and Pay by April 15, 2010**  
**Calendar year exempt organizations – File and Pay by May 17, 2010**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----

TAXABLE YEAR **2009** **Payment for Automatic Extension for Corps and Exempt Orgs** CALIFORNIA FORM **3539 (CORP)**

0000000 PACI 91-0977708 707-937-1742 09 FORM 3  
TYB 10-01-09 TYE 09-30-10  
THE PACIFIC SEABIRD GROUP  
RON LEVALLEY  
PO BOX 324  
LITTLE RIVER CA 95456-0519

TOTAL PAYMENT AMT 10.

CLIENT 1005

THE PACIFIC SEABIRD GROUP

91-0977708

4/26/11

12:59PM

**STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME**

OTHER INVESTMENT INCOME.....	\$	9,454.
PROGRAM SERVICE REVENUE.....		246,544.
TOTAL	\$	<u>255,998.</u>

**STATEMENT 2  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
HEATHER MAJOR 8888 UNIVERSITY DR. BURNABY, BC V5A 1S6 CANADA	SECRETARY 3.00	\$ 0.	\$ 0.	\$ 0.
CRAIG S HARRISON 4953 SONOMA MOUNTAIN ROAD SANTA ROSA, CA 95404	VICE CHAIR 4.00	0.	0.	0.
RON LEVALLEY 920 SAMOA BLVD ARCATA, CA 95521	TREASURER 8.00	0.	0.	0.
PAT JODICE G27 LEHOTSKY HALL CLEMSON UNIV CLEMSON, SC 29634	CHAIRMAN 8.00	0.	0.	0.
KIM RIVERA PO BOX 21668 JUNEAU, AK 99802	CHAIR-ELECT 4.00	0.	0.	0.
TOM GOOD 2725 MONTLAKE BLVD. EAST SEATTLE, WA 98112	PAST CHAIR 0	0.	0.	0.
	TOTAL	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

**STATEMENT 3  
FORM 199, PART II, LINE 17  
OTHER EXPENSES**

BANK CHARGES.....	\$	1,149.
CONFERENCE EXPENSE.....		146,893.
DUES & SUBSCRIPTIONS.....		1,370.
INSURANCE.....		1,400.
MEETING EXPENSES.....		99,821.
MISC.....		10.
POSTAGE AND SHIPPING.....		62.
PRINTING AND PUBLICATIONS.....		5,608.

**STATEMENT 3 (CONTINUED)**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

SUPPLIES.....	\$	2,702.
TRAVEL.....		7,910.
WEB HOSTING SITE.....		191.
	TOTAL	<u>\$ 267,116.</u>



IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

State Charity Registration Number <u>57590</u>  <b>THE PACIFIC SEABIRD GROUP</b> <small>Name of Organization</small>  <u>PO BOX 324</u> <small>Address (Number and Street)</small>  <u>LITTLE RIVER, CA 95456-0519</u> <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>C1254666</u>  Federal Employer ID No. <u>91-0977708</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 10/01/09 ending 9/30/10) list:  
 Gross annual revenue \$ 280,774. Total assets \$ 206,147.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 707-937-1742

Organization's e-mail address \_\_\_\_\_

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

<b>RON LEVALLEY</b> <small>Signature of authorized officer</small>	<b>TREASURER</b> <small>Printed Name</small>	 <small>Title</small>	 <small>Date</small>
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**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

**2009**

Department of the Treasury  
Internal Revenue Service

▶ 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**

**A** For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 9/30, 2010

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	THE PACIFIC SEABIRD GROUP PO BOX 324 LITTLE RIVER, CA 95456-0519	91-0977708
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		707-937-1742
<input type="checkbox"/> Termination		<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ PACIFICSEABIRDRGROUP.ORG

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  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.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 280,774.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>R</b> <b>E</b> <b>V</b> <b>E</b> <b>N</b> <b>E</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	6,605.
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	246,544.
	<b>3</b>	Membership dues and assessments	<b>3</b>	18,171.
	<b>4</b>	Investment income	<b>4</b>	9,454.
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b>	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>6a</b>	a Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>6b</b>	b Less: direct expenses other than fundraising expenses	<b>6b</b>		
<b>6c</b>	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>		
<b>7a</b>	7a Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b>	b Less: cost of goods sold	<b>7b</b>		
<b>7c</b>	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	8 Other revenue (describe ▶ _____)	<b>8</b>		
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	280,774.	
<b>E</b> <b>X</b> <b>P</b> <b>E</b> <b>N</b> <b>S</b> <b>E</b> <b>S</b>	<b>10</b>	10 Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b>	11 Benefits paid to or for members	<b>11</b>	
	<b>12</b>	12 Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b>	13 Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b>	14 Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b>	15 Printing, publications, postage, and shipping	<b>15</b>	5,670.
	<b>16</b>	16 Other expenses (describe ▶ <u>SEE STATEMENT 1</u> )	<b>16</b>	261,446.
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	267,116.	
<b>A</b> <b>S</b> <b>S</b> <b>E</b> <b>T</b> <b>S</b>	<b>18</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	13,658.
	<b>19</b>	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)	<b>19</b>	195,845.
	<b>20</b>	20 Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 2</u>	<b>20</b>	-3,356.
	<b>21</b>	21 Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	206,147.

**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.)		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>22</b>	Cash, savings, and investments	195,845.	<b>22</b>	206,147.	
<b>23</b>	23 Land and buildings		<b>23</b>		
<b>24</b>	24 Other assets (describe ▶ _____)		<b>24</b>		
<b>25</b>	<b>25 Total assets.</b>	195,845.	<b>25</b>	206,147.	
<b>26</b>	<b>26 Total liabilities</b> (describe ▶ _____)	0.	<b>26</b>	0.	
<b>27</b>	<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	195,845.	<b>27</b>	206,147.	

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

Part III	Statement of Program Service Accomplishments (See the instructions.)	Expenses
What is the organization's primary exempt purpose? <u>BIOLOGY AND CONSERVATION OF SEABIRDS</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)
28	SEE STATEMENT 3 ----- ----- ----- (Grants \$ _____ ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28 a 146,893.
29	PUBLICATION OF "PACIFIC SEABIRDS" WHICH CONTAINS NEWS AND CURRENT DEVELOPMENTS ARISING FROM SCIENTIFIC RESEARCH AND ARTICLES RELATED TO THE OBJECTIVES OF THE PACIFIC SEABIRD GROUP. (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a 2,998.
30	----- ----- (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule) ..... (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	<b>Total program service expenses</b> (add lines 28a through 31a).....	32 149,891.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
HEATHER MAJOR 8888 UNIVERSITY DR. BURNABY, BC V5A 1S6 CANADA	SECRETARY 3.00	0.	0.	0.
CRAIG S HARRISON 4953 SONOMA MOUNTAIN ROAD SANTA ROSA, CA 95404	VICE CHAIR 4.00	0.	0.	0.
RON LEVALLEY 920 SAMOA BLVD ARCATA, CA 95521	TREASURER 8.00	0.	0.	0.
PAT JODICE G27 LEHOTSKY HALL CLEMSON UNIV CLEMSON, SC 29634	CHAIRMAN 8.00	0.	0.	0.
KIM RIVERA PO BOX 21668 JUNEAU, AK 99802	CHAIR-ELECT 4.00	0.	0.	0.
TOM GOOD 2725 MONTLAKE BLVD. EAST SEATTLE, WA 98112	PAST CHAIR 0	0.	0.	0.
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**Part V Other Information** (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 4

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. ....		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes. . .		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? .....		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? .....		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N .....		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? .....		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved. .... <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 .....		N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities .....		N/A
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. ....		X
<b>c</b> 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. .... ▶ 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization .....		0.
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. ....		X
<b>41</b> List the states with which a copy of this return is filed ▶ CA		

**42a** The organization's books are in care of ▶ RON LEVALLEY Telephone no. ▶ 707-937-1742  
 Located at ▶ PO BOX 324 LITTLE RIVER CA ZIP + 4 ▶ 95456-0519

	Yes	No
<b>b</b> 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)? .....		X
If 'Yes,' enter the name of the foreign country:.. ▶ _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? .....		X
If 'Yes,' enter the name of the foreign country:.. ▶ _____		

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here  N/A and enter the amount of tax-exempt interest received or accrued during the tax year. .... ▶ **43** N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ .....		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. ....		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	<b>47</b>	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?.....	<b>49a</b>	X
<b>b</b> If 'Yes,' was the related organization a section 527 organization?.....	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000..... ▶

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000..... ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ **RON LEVALLEY** **TREASURER**

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ **DIANE E SHARPLES** Date **4/26/11** Check if self-employed ▶  Preparer's Identifying Number (See instructions) **N/A**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **PLAZA PROFESSIONALS, LLC**  
**928 H STREET**  
**ARCATA, CA 95521**

EIN ▶ **N/A** Phone no. ▶ **(707) 822-9190**

May the IRS discuss this return with the preparer shown above? See instructions..... ▶  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization <b>THE PACIFIC SEABIRD GROUP</b>	Employer identification number <b>91-0977708</b>
--	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
<b>(i)</b> a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
<b>(ii)</b> a family member of a person described in (i) above? .....		
<b>(iii)</b> a 35% controlled entity of a person described in (i) or (ii) above? .....		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar 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 'unusual grants'.)	54,880.		136,297.	28,316.	24,776.	244,269.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 <b>Total.</b> Add lines 1-through 3.	54,880.	0.	136,297.	28,316.	24,776.	244,269.
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).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						244,269.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	54,880.	0.	136,297.	28,316.	24,776.	244,269.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	926.		17,096.	8,700.	9,454.	36,176.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						280,445.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 <b>First five years.</b> 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. ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>33-1/3 support test – 2008.</b> 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. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009.</b> 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. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2008.</b> 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. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

THE PACIFIC SEABIRD GROUP

Employer identification number

91-0977708

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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 an organization 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 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions 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 990-EZ, that received from any one contributor, during the year, 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:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

THE PACIFIC SEABIRD GROUP

Employer identification number

91-0977708

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	USFWS ALASKA MARITIME NWR 95 STERLING HWY STE. 1 MS 505 HOMER, AK 99603	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DAVID AND LUCILE PACKARD FOUNDATION 300 SECOND STREET LOS ALTOS, CA 94022	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NORTH PACIFIC RESEARCH BOARD 1007 WEST 3RD AVENUE, STE 100 ANCHORAGE, AK 99501	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SEAPOPOP NORWAY PO BOX 5250 MAJORSTUEN OSLO, N-0303 NORWAY	\$ 9,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	OCEAN ASSOCIATES/NOAA 4007 NORTH ABINGDON STREET ARLINGTON, VA 22207-2920	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MARISLA FOUNDATION 668 N COAST HWY., PMB 1400 LAGUNA BEACH, CA 92651	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE PACIFIC SEABIRD GROUP

91-0977708

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization: THE PACIFIC SEABIRD GROUP  
 Employer identification number: 91-0977708

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>THE PACIFIC SEABIRD GROUP</b>	Employer identification number <b>91-0977708</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>PO BOX 324</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LITTLE RIVER, CA 95456-0519</b>	

**Check type of return to be filed** (file a separate application for each return):

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

● The books are in the care of. ▶ RON LEVALLEY -----

Telephone No. ▶ 707-937-1742 ----- FAX No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box. ▶  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 11, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning 10/01, 20 09, and ending 9/30, 20 10.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. ....	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 4-2009)

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

BANK CHARGES.....	\$	1,149.
CONFERENCE EXPENSE.....		146,893.
DUES & SUBSCRIPTIONS.....		1,370.
INSURANCE.....		1,400.
MEETING EXPENSES.....		99,821.
MISC.....		10.
SUPPLIES.....		2,702.
TRAVEL.....		7,910.
WEB HOSTING SITE.....		191.
	TOTAL \$	<u>261,446.</u>

**STATEMENT 2  
FORM 990-EZ, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED GAINS.....	\$	-3,356.
	TOTAL \$	<u>-3,356.</u>

**STATEMENT 3  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

PACIFIC SEABIRD GROUP HOST AN ANNUAL MEETING FOR SEABIRD RESEARCHERS TO SHARE THEIR DISCOVERIES AND CONCERNS WITH EACH OTHER AND THE GENERAL PUBLIC. ATTENDEES INCLUDE BOTH PROFESSIONAL BIOLOGISTS, WILDLIFE MANAGERS, STUDENTS AND CONSERVATIONISTS AS WELL AS AS THE INTERESTED PUBLIC FROM AROUND THE WORLD. THROUGH PRESENTATIONS AND SYMPOSIUMS ATTENDEES LEARN THE CURRENT ISSUES FACING THE PACIFIC SEABIRD POPULATIONS.

**STATEMENT 4  
FORM 990-EZ, PART V  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

**PLAZA PROFESSIONALS, LLC  
928 H STREET  
ARCATA, CA 95521  
(707) 822-9190**

April 26, 2011

THE PACIFIC SEABIRD GROUP  
PO BOX 324  
LITTLE RIVER, CA 95456-0519

Dear Ron:

Your 2009 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. **No tax is payable with the filing of this return.**

Enclosed is your 2009 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. **There is a balance due of \$10 payable by September 15, 2011.** Mail the California return on or before **September 15, 2011** and make the check payable to:

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0701

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. **There is a fee due of \$75 payable by as soon as possible. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts"** and mail your California report as soon as possible to:

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Diane E Sharples



**PLAZA PROFESSIONALS, LLC**

928 H STREET  
ARCATA, CA 95521  
(707) 822-9190

April 26, 2011

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**THE PACIFIC SEABIRD GROUP**

PO BOX 324  
LITTLE RIVER, CA 95456-0519  
707-937-1742

**FEDERAL FORMS**

Form 990-EZ	2009 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Form 8868	Application for Extension
Form 8879-EO	IRS e-file Signature Authorization

**CALIFORNIA FORMS**

Form 199	2009 California Exempt Organization Return
Schedule B	Schedule of Contributors
Form 3539 (199)	Automatic Extension Voucher - Corp.
Form RRF-1	2010 Registration/Renewal Fee Report

**FEE SUMMARY**

Preparation Fee	\$	565.00
Preparer Paid for Client w/Calif. Extension		10.00
Amount Due	\$	575.00

Please make payable to Diane Sharples, Thank You

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CLIENT 1005

THE PACIFIC SEABIRD GROUP

91-0977708

4/26/11

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	2009	2008	DIFF
<b>FORM 990-EZ REVENUE</b>			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	6,605	28,316	-21,711
PROGRAM SERVICE REVENUE.....	246,544	13,764	232,780
MEMBERSHIP DUES AND ASSESSMENTS.....	18,171	0	18,171
INVESTMENT INCOME.....	9,454	8,700	754
TOTAL REVENUE.....	280,774	50,780	229,994
<b>EXPENSES</b>			
PRINTING, PUBLICATIONS, AND POSTAGE.....	5,670	16,126	-10,456
OTHER EXPENSES.....	261,446	30,575	230,871
TOTAL EXPENSES.....	267,116	46,701	220,415
<b>NET ASSETS OR FUND BALANCES</b>			
EXCESS OR (DEFICIT) FOR THE YEAR.....	13,658	4,079	9,579
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	195,845	205,410	-9,565
OTHER CHANGES IN NET ASSETS/FUND BAL.....	-3,356	-13,644	10,288
NET ASSETS/FUND BAL. AT END OF YEAR.....	206,147	195,845	10,302

CLIENT 1005

THE PACIFIC SEABIRD GROUP

91-0977708

4/26/11

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	2009	2008	DIFF
<b>REVENUE</b>			
GROSS RECEIPTS LESS RETURNS/ALLOWANCE....	0	50,780	-50,780
OTHER INCOME.....	255,998	0	255,998
GROSS DUES AND ASSESS. FROM MEMBERS.....	18,171	0	18,171
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	6,605	0	6,605
TOTAL INCOME.....	280,774	0	280,774
<b>EXPENSES AND DISBURSEMENTS</b>			
OTHER DEDUCTIONS.....	267,116	0	267,116
TOTAL DEDUCTIONS.....	267,116	46,701	220,415
EXCESS OF RECEIPTS OVER DISBURSEMENTS....	13,658	4,079	9,579
<b>FILING FEE</b>			
FILING FEE.....	10	10	0
BALANCE DUE.....	10	10	0
<b>SCHEDULE L</b>			
BEGINNING ASSETS.....	195,845	205,410	-9,565
BEGINNING LIABILITIES & NET WORTH.....	195,845	205,410	-9,565
ENDING ASSETS.....	206,147	195,845	10,302
ENDING LIABILITIES & NET WORTH.....	206,147	195,845	10,302

**2009**

**GENERAL INFORMATION**

**PAGE 1**

**CLIENT 1005**

**THE PACIFIC SEABIRD GROUP**

**91-0977708**

4/26/11

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**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990-EZ, SCH A, SCH B, 8868  
CALIFORNIA: 199, SCH B, 3539, RRF-1

**CARRYOVERS TO 2010**

NONE