

FRITH-SMITH & ARCHIBALD, LLP
6355 TOPANGA CANYON BLVD, SUITE #400
WOODLAND HILLS, CA 91367

THE PACIFIC SEABIRD GROUP
PO BOX 61493
HONOLULU, HI 96839

DEAR CLIENT,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS
FOR THE PERIOD ENDED SEPTEMBER 30, 2014 FOR:

THE PACIFIC SEABIRD GROUP AS FOLLOWS...

2013 990EZ - SHORT FORM - ORGANIZATION EXEMPT FROM INCOME TAX
2013 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
2013 SCHEDULE B - SCHEDULE OF CONTRIBUTORS
2013 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ
2013 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
2013 CALIFORNIA FORM 199 - EXEMPT ORGANIZATION STATEMENT OF RETURN
2013 RRF-1 - REGISTRATION/RENEWAL FEE REPORT
2013 CALIFORNIA 8453-EO E-FILE RETURN AUTHORIZATION FOR EXEMPT ORG.

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH
THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

MARY ARCHIBALD, CPA
CPA
FRITH-SMITH & ARCHIBALD, LLP

Short Form Return of Organization Exempt From Income Tax

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 10/01, 2013, and ending 09/30, 2014

| | | |
|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE PACIFIC SEABIRD GROUP Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 61493 City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96839 | D Employer identification number 91-0977708 E Telephone number (808) 741-9479 F Group Exemption Number ▶ |
|---|--|---|

G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H Check** if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ PACIFICSEABIRDDGROUP.ORG

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

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 93,587.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | | 7,318. |
|---|---|-----------|---------|----------|
| | 2 Program service revenue including government fees and contracts | 2 | | 62,918. |
| | 3 Membership dues and assessments | 3 | | 5,510. |
| | 4 Investment income ATCH 1 | 4 | | 17,841. |
| | 5a Gross amount from sale of assets other than inventory 5a | 5c | | |
| | b Less: cost or other basis and sales expenses 5b | | | 0 |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | |
| | 6 Gaming and fundraising events | 6d | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a | | | |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b | | | |
| c Less: direct expenses from gaming and fundraising events 6c | | | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | |
| 7a Gross sales of inventory, less returns and allowances 7a | 7c | | | |
| b Less: cost of goods sold 7b | | | 0 | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | |
| 8 Other revenue (describe in Schedule O) | 8 | | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | | 93,587. | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) ATCH 9 | 10 | | 31,158. |
| | 11 Benefits paid to or for members | 11 | | 62,779. |
| | 12 Salaries, other compensation, and employee benefits | 12 | | |
| | 13 Professional fees and other payments to independent contractors | 13 | | 2,281. |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | | 388. |
| | 15 Printing, publications, postage, and shipping | 15 | | 188. |
| | 16 Other expenses (describe in Schedule O) ATCH 2 | 16 | | 19,440. |
| | 17 Total expenses. Add lines 10 through 16 ▶ | 17 | | 116,234. |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | | -22,647. |
| | 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) | 19 | | 291,309. |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) ATCH 3 | 20 | | 4,824. |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 | | 273,486. |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? BIOLOGY AND CONSERVATION OF SEABIRDS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Table with 3 columns: Description, Amount, Expense Code. Rows include ATTACHMENT 7, ATTACHMENT 8, ATTACHMENT 10, and Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV []

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a 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 tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed CA, HI
42a The organization's books are in care of CHRISTINE OGURA Telephone no. 808-729-4883 Located at PO BOX 61493 HONOLULU, HI ZIP + 4 96839
42b 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: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

| | | |
|--|-----|----|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|--|-----|----|
| | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

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 title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| 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 business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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 |
| | CHRISTINE OGURA Type or print name and title | TREASURER |

| | | | | | |
|-------------------------------|----------------------------|--|------------|---|--------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | MARY ARCHIBALD , CPA | | 12/15/2014 | | P00370997 |
| | Firm's name ▶ | FRITH-SMITH & ARCHIBALD, LLP | | Firm's EIN ▶ | 95-4714778 |
| | Firm's address ▶ | 6355 TOPANGA CANYON BLVD, SUITE #400 WOODLAND HILLS, CA 91367 | | Phone no. | 818-774-1500 |

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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 a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 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 to 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-Non-functionally integrated
- 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 it 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?
 - (i) 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?

| | | |
|---------------|-----|----|
| | Yes | No |
| 11g(i) | | |
 - (ii) A family member of a person described in (i) above?

| | | |
|----------------|-----|----|
| | Yes | No |
| 11g(ii) | | |
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | | |
|-----------------|-----|----|
| | Yes | No |
| 11g(iii) | | |
- h Provide the following information about the supported organization(s).

| (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 monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A; 16a 33 1/3% support test - 2013; b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

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 or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 24,776. | 14,670. | 8,470. | 26,402. | 12,828. | 87,146. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | 158,906. | 118,895. | 62,918. | 340,719. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 6 Total. Add lines 1 through 5 | 24,776. | 14,670. | 167,376. | 145,297. | 75,746. | 427,865. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0 |
| c Add lines 7a and 7b. | | | | | | 0 |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 427,865. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | 24,776. | 14,670. | 167,376. | 145,297. | 75,746. | 427,865. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 9,454. | 442. | | 1,829. | 17,841. | 29,566. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 9,454. | 442. | | 1,829. | 17,841. | 29,566. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) <u>ATCH 1</u> | | | 4,170. | 490. | | 4,660. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 34,230. | 15,112. | 171,546. | 147,616. | 93,587. | 462,091. |

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

| | | |
|--|-----------|--------|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | 92.59% |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | 93.81% |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-------|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | 6.40% |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | 5.04% |

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

| DESCRIPTION | 2009 | 2010 | 2011 | 2012 | 2013 | TOTAL |
|----------------|------|------|---------------|-------------|------|---------------|
| T-SHIRTS SALES | | | 4,170. | 490. | | 4,660. |
| TOTALS | | | <u>4,170.</u> | <u>490.</u> | | <u>4,660.</u> |

Schedule of Contributors

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 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) and 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, total 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 total 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 its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE PACIFIC SEABIRD GROUP

Employer identification number
91-0977708

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | CONTRIBUTION LOWER THAN \$5,000 ----- PO BOX 61493 ----- HONOLULU, HI 96839 ----- | \$ 7,318. ----- | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization THE PACIFIC SEABIRD GROUP

Employer identification number

91-0977708

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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 that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (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 |
| ----- ----- ----- | ----- ----- ----- |

| (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 |
| ----- ----- ----- | ----- ----- ----- |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

THE PACIFIC SEABIRD GROUP

Employer identification number

91-0977708

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--------------------|----------------|
| DIVIDEND INCOME | 17,841. |
| TOTAL | <u>17,841.</u> |

ATTACHMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

| | |
|-----------------------|----------------|
| SUPPLIES | 2. |
| DEPRECIATION | 3,347. |
| BANK CHARGES | 367. |
| DUES & SUBSCRIPTIONS | 2,491. |
| INSURANCE | 1,400. |
| REGISTRATION FEES | 185. |
| PROFESSIONAL SERVICES | 273. |
| ONLINE SERVICE | 1,462. |
| CONSERVATION | 9,892. |
| GENERAL | 21. |
| TOTAL | <u>19,440.</u> |

ATTACHMENT 3

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES

| | |
|-------------------------|---------------|
| UNREALIZED GAINS/LOSSES | 4,824. |
| TOTAL | <u>4,824.</u> |

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

| <u>DESCRIPTION</u> | <u>BEGINNING OF YEAR</u> | <u>END OF YEAR</u> |
|-------------------------------------|--------------------------|---------------------|
| CASH | 103,275. | 49,075. |
| SAVINGS | | 6,128. |
| INVESTMENTS - SECURITIES | 180,320. | 203,989. |

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

Schedule O (Form 990 or 990-EZ) (2013)

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

ATTACHMENT 4 (CONT'D)FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

| <u>DESCRIPTION</u> | <u>BEGINNING OF YEAR</u> | <u>END OF YEAR</u> |
|--------------------|------------------------------|------------------------|
| TOTALS | <u>283,595.</u> | <u>259,192.</u> |

ATTACHMENT 5FORM 990EZ, PART II - OTHER ASSETS

| <u>DESCRIPTION</u> | <u>BEGINNING OF YEAR</u> | <u>END OF YEAR</u> |
|--------------------------------------|------------------------------|------------------------|
| PREPAID EXPENSES OR DEFERRED CHARGES | | 2,470. |
| TOTALS | | <u>2,470.</u> |

ATTACHMENT 6FORM 990EZ, PART II - TOTAL LIABILITIES

| <u>DESCRIPTION</u> | <u>END OF YEAR</u> |
|--------------------|------------------------|
| ACCOUNTS PAYABLE | 541. |
| TOTALS | <u>541.</u> |

ATTACHMENT 7FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSPROGRAM SERVICE ACCOMPLISHMENT 1

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

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

ATTACHMENT 8

PROGRAM SERVICE ACCOMPLISHMENT 2

THE PACIFIC SEABIRD GROUP PUBLISHES "PACIFIC SEABIRDS" WHICH CONTAINS NEWS AND CURRENT DEVELOPMENTS ARISING FROM SCIENTIFIC RESEARCH PERTINENT TO PACIFIC SEABIRDS. THE PUBLICATION ALSO CONTAINS ARTICLES RELATED TO THE OBJECTIVES OF THE PACIFIC SEABIRD GROUP.

ATTACHMENT 9

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS P

| <u>IN EXCESS OF \$5000</u> | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|---|--|--|----------------|
| <u>RECIPIENT NAME AND ADDRESS</u> | | | |
| GRANTS PAID | | | |
| WORLD SEABIRD UNION 1011 E TUDOR RD ANCHORAGE, AK 99503 | NONE AND THEY ARE A 501(C)3 | TO SUPPORT THE WORLD SEABIRD CONFERENCE. | 23,000. |
| TRAVEL GRANTS FOR STUDENTS VARIOUS | NONE | WE GIVE OUT GRANTS FOR SEABIRD CONSERVATION AND TRAVEL AWARD GRANTS TO ATTEND OUR ANNUAL SCIENTIFIC MEETING. MOST OF THESE ARE FOREIGN INDIVIDUALS AND THEREFORE WOULD NOT HAVE TAXPAYER IDENTIFICATION NUMBERS. HOWEVER, WE DO KEEP A RECORD OF THE GRANTS (AMOUNT AND WHO GIVEN TO) AND RELATED CONTACT INFORMATION. | 8,158. |
| TOTAL CONTRIBUTIONS PAID | | | <u>31,158.</u> |

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u> | <u>REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)</u> | <u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u> | <u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u> |
|--|---|--|--|---|
| JOANNA SMITH PO BOX 61493 HONOLULU, HI 96839 | CHAIR 6.75 | 0 | 0 | 0 |
| DOUG FORSELL PO BOX 61493 HONOLULU, HI 96839 | PAST CHAIR 9.00 | 0 | 0 | 0 |
| KATHY KULETZ PO BOX 61493 HONOLULU, HI 96839 | CHAIR-ELECT .50 | 0 | 0 | 0 |
| CHRISTINE OGURA PO BOX 61493 HONOLULU, HI 96839 | TREASURER 1.75 | 0 | 0 | 0 |
| PATRICIA BAIRD PO BOX 61493 HONOLULU, HI 96839 | SECRETARY 10.25 | 0 | 0 | 0 |
| STAN SENNER PO BOX 61493 HONOLULU, HI 96839 | VICE CHAIR 2.25 | 0 | 0 | 0 |
| KEN MORGAN PO BOX 61493 HONOLULU, HI 96839 | CANADA REGIONAL REP 1.00 | 0 | 0 | 0 |
| ROBERT KALER PO BOX 61493 HONOLULU, HI 96839 | ALASKA AND RUSSIA REGIONAL REP .25 | 0 | 0 | 0 |

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION (FORM W-2/</u> | <u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u> | <u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u> |
|---|---|------------------------------------|--|---|
| KUNIKO OTSUKI PO BOX 61493 HONOLULU, HI 96839 | ASIA AND OCEANIA REGIONAL REP .25 | 0 | 0 | 0 |
| STEFAN GARTHE PO BOX 61493 HONOLULU, HI 96839 | EUROPE AND AFRICA REGIONAL REP .25 | 0 | 0 | 0 |
| ANNA WEINSTEIN PO BOX 61493 HONOLULU, HI 96839 | NORTHERN CALIFORNIA REGIONAL .50 | 0 | 0 | 0 |
| IAIN STENHOUSE PO BOX 61493 HONOLULU, HI 96839 | REST OF THE US REGIONAL REP .25 | 0 | 0 | 0 |
| ANDREW TITMUS PO BOX 61493 HONOLULU, HI 96839 | STUDENT REP .25 | 0 | 0 | 0 |
| LINDSAY YOUNG PO BOX 61493 HONOLULU, HI 96839 | TREASURER 0 | 0 | 0 | 0 |
| KIM RIVERA PO BOX 61493 HONOLULU, HI 96839 | PAST CHAIR 0 | 0 | 0 | 0 |
| ANNETTE HENRY PO BOX 61493 HONOLULU, HI 96839 | REGIONAL REP .75 | 0 | 0 | 0 |

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION (FORM W-2/</u> | <u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u> | <u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u> |
|--|---|------------------------------------|--|---|
| PETER HODUM PO BOX 61493 HONOLULU, HI 96839 | WA AND OR REGIONAL REP .25 | 0 | 0 | 0 |
| | GRAND TOTALS | <u>0</u> | <u>0</u> | <u>0</u> |

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No. **179**

Name(s) shown on return

Identifying number

THE PACIFIC SEABIRD GROUP

91-0977708

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | | 1 |
| 2 | Total cost of section 179 property placed in service (see instructions) | | 2 |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | | 3 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | | 4 |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | | 5 |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | | 8 |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | | 9 |
| 10 | Carryover of disallowed deduction from line 13 of your 2012 Form 4562 | | 10 |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | | 11 |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | | 12 |
| 13 | Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 | | 13 |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

| | | |
|----|---|----|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |
| 15 | Property subject to section 168(f)(1) election | 15 |
| 16 | Other depreciation (including ACRS) | 16 |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | | |
|----|---|----|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2013 | 17 | 2,204. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | SEE DETAIL | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | 7,998. | 7.000 | HY | 200DB | 1,143. |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | | 25 yrs. | | S/L |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 27.5 yrs. | MM | S/L | |
| | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|---|----|--------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 3,347. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use: % % %
27 Property used 50% or less in a qualified business use: % % % S/L - S/L - S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions):
43 Amortization of costs that began before your 2013 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report. 44

Description of Property
GENERAL DEPRECIATION

DEPRECIATION

| Asset description | Date placed in service | Unadjusted Cost or basis | Bus. % | 179 exp. reduction in basis | Basis Reduction | Basis for depreciation | Beginning Accumulated depreciation | Ending Accumulated depreciation | Method | Conv. | Life | ACRS class | MA CRS class | Current-year 179 expense | Current-year depreciation |
|--------------------------------|------------------------|--------------------------|---------|-----------------------------|-----------------|------------------------|------------------------------------|---------------------------------|--------|-------|------|------------|--------------|--------------------------|---------------------------|
| WORLD DATABASE | 03/27/2013 | 9,000. | 100.000 | | | 9,000. | 1,286. | 3,490. | 200DB | HY | | | 7 | | 2,204. |
| WORLD DATABASE #2 | 02/01/2014 | 7,998. | 100.000 | | | 7,998. | | 1,143. | 200DB | HY | | | 7 | | 1,143. |
| | | | | | | | | | | | | | | | |
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| Less: Retired Assets | | | | | | | | | | | | | | | |
| Subtotals | | 16,998. | | | | 16,998. | 1,286. | 4,633. | | | | | | | 3,347. |

Listed Property

| | | | | | | | | | | | | | | | |
|--------------------------------|--|---------|--|--|--|---------|--------|--------|--|--|--|--|--|--|--------|
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| Less: Retired Assets | | | | | | | | | | | | | | | |
| Subtotals | | | | | | | | | | | | | | | |
| TOTALS | | 16,998. | | | | 16,998. | 1,286. | 4,633. | | | | | | | 3,347. |

AMORTIZATION

| Asset description | Date placed in service | Cost or basis | | | Accumulated amortization | Ending Accumulated amortization | Code | Life | | | Current-year amortization |
|-------------------------|------------------------|---------------|--|--|--------------------------|---------------------------------|------|------|--|--|---------------------------|
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| TOTALS | | | | | | | | | | | |

*Assets Retired
JSA
3X9024 1.000

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

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

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.

| | |
|---|---|
| <p>State Charity Registration Number: <u>057590</u></p> <hr/> <p>THE PACIFIC SEABIRD GROUP <small>Name of Organization</small></p> <hr/> <p>PO BOX 61493 <small>Address (Number and Street)</small></p> <hr/> <p>HONOLULU, HI 96839 <small>City or Town, State and ZIP Code</small></p> | <p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>Corporate or Organization No. <u>1254666</u></p> <hr/> <p>Federal Employer I.D. No. <u>91-0977708</u></p> |
|---|---|

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 10/01/2013 ending 09/30/2014) list:

Gross annual revenue \$ 93,587. Total assets \$ 274,027.

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? | | X |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? | | X |
| 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. | | X |
| 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. | | X |
| 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. | | X |
| 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. | | X |
| 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. | | X |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | | X |

Organization's area code and telephone number (808) 741-9479

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.

| | | | |
|--|---------------------------------|--------------------|---------------|
| _____ Signature of authorized officer | CHRISTINE OGURA Printed Name | TREASURER Title | _____ Date |
|--|---------------------------------|--------------------|---------------|

California Exempt Organization
2013 Annual Information Return

199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 10/01/2013, and ending (mm/dd/yyyy) 09/30/2014

Corporation/Organization Name: THE PACIFIC SEABIRD GROUP
Address: PO BOX 61493 HONOLULU HI 96839
California corporation number: 1254666
FEIN: 91-0977708

A First Return [X] Yes [] No
B Amended Information Return [] Yes [X] No
C IRC Section 4947(a)(1) trust [] Yes [X] No
D Final Information Return? [] Dissolved [] Surrendered (Withdrawn)
E Check accounting method: (1) [X] Cash (2) [] Accrual (3) [] Other
F Federal return filed? (1) [] 990T (2) [] 990 PF (3) [] Sch H (990)
G Is this a group filing for the subordinates/affiliates? [] Yes [X] No
H Is this organization in a group exemption? [] Yes [X] No
I 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? [] Yes [X] No

J 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)? [] Yes [X] No
K Is the organization exempt under R&TC Section 23701g? [] Yes [X] No
L 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. No filing fee is required [X]
M Is the organization a Limited Liability Company? [] Yes [X] No
N Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No

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

Table with 3 columns: Description, Line Number, Amount. Includes Receipts and Revenues (Total: 93,587.00), Expenses (Total: -22,647.00), and Filing Fee (Total: 00).

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.

Sign Here: Signature of officer CHRISTINE OGURA, Title TREASURER, Date 12/15/2014, Telephone 808-729-4883
Paid Preparer's Use Only: Firm's name FRITH-SMITH & ARCHIBALD, LLP, Address 6355 TOPANGA CANYON BLVD, SUITE #400 WOODLAND HILLS, CA 91367, Telephone 818-774-1500

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

| | | | | | |
|-----------------------------|----|---|---|----|------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 62,918.00 |
| | 2 | Interest | • | 2 | 00 |
| | 3 | Dividends | • | 3 | 17,841.00 |
| | 4 | Gross rents | • | 4 | 00 |
| | 5 | Gross royalties | • | 5 | 00 |
| | 6 | Gross amount received from sale of assets (See Instructions) | • | 6 | 00 |
| | 7 | Other income. Attach schedule | • | 7 | 00 |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | | 8 | 80,759.00 |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | • | 9 | 31,158.00 |
| | 10 | Disbursements to or for members | • | 10 | 62,779.00 |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule | • | 11 | 00 |
| | 12 | Other salaries and wages | • | 12 | 00 |
| | 13 | Interest | • | 13 | 00 |
| | 14 | Taxes | • | 14 | 00 |
| | 15 | Rents | • | 15 | 388.00 |
| | 16 | Depreciation and depletion (See instructions) | • | 16 | 3,347.00 |
| | 17 | Other Expenses and Disbursements. Attach schedule | • | 17 | 18,562.00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | | 18 | 116,234.00 |

| Schedule L Balance Sheets | Beginning of taxable year | | End of taxable year | |
|--|---------------------------|----------|---------------------|----------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 103,275. | | 55,203. |
| 2 Net accounts receivable | | | | |
| 3 Net notes receivable | | | | |
| 4 Inventories | | | | |
| 5 Federal and state government obligations | | | | |
| 6 Investments in other bonds | | | | |
| 7 Investments in stock | ATCH 5 | 180,320. | | 203,989. |
| 8 Mortgage loans | | | | |
| 9 Other investments. Attach schedule | | | | |
| 10 a Depreciable assets | 9,000. | | 16,998. | |
| b Less accumulated depreciation | (1,286) | 7,714. | (4,633) | 12,365. |
| 11 Land | | | | |
| 12 Other assets. Attach schedule | ATCH 6 | | | 2,470. |
| 13 Total assets | | 291,309. | | 274,027. |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | | | 541. |
| 15 Contributions, gifts, or grants payable | | | | |
| 16 Bonds and notes payable | | | | |
| 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 | | 291,309. | | 273,486. |
| 22 Total liabilities and net worth | | 291,309. | | 274,027. |

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

| | | | | | |
|---|---|---|----|--|---|
| 1 | Net income per books | • | 7 | Income recorded on books this year | |
| 2 | Federal income tax | • | | not included in this return. Attach schedule | • |
| 3 | Excess of capital losses over capital gains | • | 8 | Deductions in this return not charged against book income this year. | |
| 4 | Income not recorded on books this year. Attach schedule | • | | Attach schedule | • |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | • | 9 | Total. Add line 7 and line 8 | |
| 6 | Total. Add line 1 through line 5 | | 10 | Net income per return. | |
| | | | | Subtract line 9 from line 6 | |

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS

ATTACHMENT 1

| <u>NAME AND ADDRESS</u> | <u>DATE</u> | <u>DIRECT PUBLIC SUPPORT</u> |
|---|-------------|--------------------------------------|
| CONTRIBUTION LOWER THAN \$5,000 PO BOX 61493 HONOLULU, HI 96839 | 09/30/2013 | 7,318. |
| TOTAL CONTRIBUTION AMOUNTS | | <u>7,318.</u> |

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 2

| <u>RECIPIENT NAME AND ADDRESS</u> | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u> | <u>AMOUNT</u> |
|---|---|--|----------------|
| <u>GRANTS PAID</u> | | | |
| WORLD SEABIRD UNION 1011 E TUDOR RD ANCHORAGE, AK 99503 | NONE AND THEY ARE A 501(C)3 | TO SUPPORT THE WORLD SEABIRD CONFERENCE. | 23,000. |
| TRAVEL GRANTS FOR STUDENTS VARIOUS | NONE | WE GIVE OUT GRANTS FOR SEABIRD CONSERVATION AND TRAVEL AWARD GRANTS TO ATTEND OUR ANNUAL SCIENTIFIC MEETING. MOST OF THESE ARE FOREIGN INDIVIDUALS AND THEREFORE WOULD NOT HAVE TAXPAYER IDENTIFICATION NUMBERS. HOWEVER, WE DO KEEP A RECORD OF THE GRANTS (AMOUNT AND WHO GIVEN TO) AND RELATED CONTACT INFORMATION. | 8,158. |
| TOTAL CONTRIBUTIONS PAID | | | <u>31,158.</u> |

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

| <u>NAME</u> | <u>TITLE</u> | <u>COMPENSATION</u> |
|-----------------|--------------------------------|---------------------|
| JOANNA SMITH | CHAIR | 0 |
| DOUG FORSELL | PAST CHAIR | 0 |
| KATHY KULETZ | CHAIR-ELECT | 0 |
| CHRISTINE OGURA | TREASURER | 0 |
| PATRICIA BAIRD | SECRETARY | 0 |
| STAN SENNER | VICE CHAIR | 0 |
| KEN MORGAN | CANADA REGIONAL REP | 0 |
| ROBERT KALER | ALASKA AND RUSSIA REGIONAL REP | 0 |
| KUNIKO OTSUKI | ASIA AND OCEANIA REGIONAL REP | 0 |
| STEFAN GARTHE | EUROPE AND AFRICA REGIONAL REP | 0 |
| ANNA WEINSTEIN | NORTHERN CALIFORNIA REGIONAL | 0 |
| IAIN STENHOUSE | REST OF THE US REGIONAL REP | 0 |
| ANDREW TITMUS | STUDENT REP | 0 |
| LINDSAY YOUNG | TREASURER | 0 |
| KIM RIVERA | PAST CHAIR | 0 |
| ANNETTE HENRY | REGIONAL REP | 0 |
| PETER HODUM | WA AND OR REGIONAL REP | 0 |

TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 4PART II - OTHER EXPENSES

| | |
|-----------------------|----------------|
| SUPPLIES | 2. |
| PROFESSIONAL EXPENSE | 2,281. |
| PRINTING EXPENSE | 188. |
| BANK CHARGES | 367. |
| DUES & SUBSCRIPTIONS | 2,491. |
| INSURANCE | 1,400. |
| REGISTRATION FEES | 185. |
| PROFESSIONAL SERVICES | 273. |
| ONLINE SERVICE | 1,462. |
| CONSERVATION | 9,892. |
| GENERAL | 21. |
| TOTAL OTHER EXPENSES | <u>18,562.</u> |

SCHEDULE L - INVESTMENTS IN STOCK

| <u>DESCRIPTION</u> | <u>BEG. OF YEAR</u> | <u>END OF YEAR</u> |
|----------------------------|---------------------|--------------------|
| MARKETABLE SECURITIES | 180,320. | 203,989. |
| TOTAL INVESTMENTS IN STOCK | <u>180,320.</u> | <u>203,989.</u> |

ATTACHMENT 6SCHEDULE L - OTHER ASSETS

| <u>DESCRIPTION</u> | <u>BEG. OF YEAR</u> | <u>END OF YEAR</u> |
|--------------------|---------------------|--------------------|
| PREPAID EXPENSES | | 2,470. |
| TOTAL OTHER ASSETS | | 2,470. |