

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

A For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 9/30, 2009

B Check if applicable:

<input type="checkbox"/> Address change	Please use IRS label or print or type. See Specific Instructions.	C	D Employer identification number
<input type="checkbox"/> Name change		THE PACIFIC SEABIRD GROUP	91-0977708
<input type="checkbox"/> Initial return		PO BOX 324	E Telephone number
<input type="checkbox"/> Termination		LITTLE RIVER, CA 95456-0519	707 937-1742
<input type="checkbox"/> Amended return			F Group Exemption Number
<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) ►

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

I Website: ► PACIFICSEABIRDBGROUP.ORG

J Organization type (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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 50,780.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
REVENUE	1	Contributions, gifts, grants, and similar amounts received	28,316.
	2	Program service revenue including government fees and contracts	13,764.
	3	Membership dues and assessments	
	4	Investment income	8,700.
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/>	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	
	6b	Less: direct expenses other than fundraising expenses	
EXPENSES	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less: cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe ►)	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	50,780.
	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	
NET ASSETS	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	16,126.
	16	Other expenses (describe ► SEE STATEMENT 1)	30,575.
	17	Total expenses (add lines 10 through 16)	46,701.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	4,079.
	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)	205,410.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	-13,644.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	195,845.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)			
	(A) Beginning of year	(B) End of year	
22	205,410.	195,845.	22
23			23
24			24
25	205,410.	195,845.	25
26	0.	0.	26
27	205,410.	195,845.	27

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

Form 990-EZ (2008)

Part III	Statement of Program Service Accomplishments (See the instructions.)
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Expenses

What is the organization's primary exempt purpose? BIOLOGY AND CONSERVATION OF SEABIRDS
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 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 SEE STATEMENT 3

(Grants \$) If this amount includes foreign grants, check here ☐

28 a	19,022.
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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

29 a	16,000.
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30

(Grants \$) If this amount includes foreign grants, check here ☐

30 a

31	Other program services (attach schedule)	
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(Grants \$) If this amount includes foreign grants, check here ☐

31 a

32	Total program service expenses (add lines 28a through 31a).....	32	35,022.
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Part IV	List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)
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(a) Name and address

(b) Title and average hours per week devoted to position
<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>18. _____</p> <p>19. _____</p> <p>20. _____</p> <p>21. _____</p> <p>22. _____</p> <p>23. _____</p> <p>24. _____</p> <p>25. _____</p> <p>26. _____</p> <p>27. _____</p> <p>28. _____</p> <p>29. _____</p> <p>30. _____</p>

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances

SEE STATEMENT 4

0.

0.

0.

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities. 39b N/A		
40a 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 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
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
41 List the states with which a copy of this return is filed ▶ NONE		

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

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)? **42b** X
 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 a Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c** X
 If 'Yes,' enter the name of the foreign country: .. ▶

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

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45 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 only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 5**

	Yes	No
46 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.....	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	47	X
48 Is the organization operating 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(s) a section 527 organization?.....	49b	

50 Complete this table for the 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				
Total number of other employees paid over \$100,000..... ▶				

51 Complete this table for the 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		
Total number of other independent contractors 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

▶ *Ron Levalley* Signature of officer Date 3/23/2010

▶ RON LEVALLEY Type or print name and title. TREASURER

Paid Preparer's Use Only

Preparer's signature ▶ DIANE E SHARPLES Date

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

Check if self-employed ▶ ☒ Preparer's Identifying Number (See instructions) N/A

EIN ▶ N/A

Phone no. ▶ (707) 822-9190

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

BAA

Form 990-EZ (2008)

Department of the Treasury
Internal Revenue Service

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE PACIFIC SEABIRD GROUP

Employer identification number

91-0977708

The organization is not a private foundation because it is: (Please check only **one** organization.)

- (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?.....
- (ii) a family member of a person described in (i) above?.....
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?.....

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports.

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2008

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	7,792.	54,880.		136,297.	42,080.	241,049.
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 Total. Add lines 1-3.	7,792.	54,880.	0.	136,297.	42,080.	241,049.
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 Public support. Subtract line 5 from line 4.						241,049.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	7,792.	54,880.	0.	136,297.	42,080.	241,049.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	885.	926.		17,096.	8,700.	27,607.
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 Total support. Add lines 7 through 10.						268,656.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
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. ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a 33-1/3 support test — 2008. 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 33-1/3 support test — 2007. 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 10%-facts-and-circumstances test — 2008. 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 10%-facts-and-circumstances test — 2007. 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 Private foundation. 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"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2008

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 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.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1-5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%

19a 33-1/3 support tests – 2008. 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 – 2007. 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. ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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THE PACIFIC SEABIRD GROUP

91-0977708

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

CONFERENCES, CONVENTIONS, AND MEETINGS.....	\$	21,635.
DONATIONS.....		5,500.
DUES & SUBSCRIPTIONS.....		1,361.
INSURANCE.....		1,285.
BANK CHARGES.....		644.
MISC.....		150.
TOTAL	\$	30,575.

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

UNREALIZED LOSS ON INVESTMENTS.....	\$	-13,644.
TOTAL	\$	-13,644.

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 IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
VIVIAN MENDENHALL 4600 RABBIT CREEK ROAD ANCHORAGE, AK 99516	EDITOR \$ 3.00	0. \$	0. \$	0.
TOM GOOD 2725 MONTLAKE BLVD EAST SEATTLE, WA 98112	SCIENCE CHR 0	0.	0.	0.
CRAIG S HARRISON 4953 SONOMA MOUNTAIN ROAD SANTA ROSA, CA 95404	VICE CHAIR 4.00	0.	0.	0.

THE PACIFIC SEABIRD GROUP

91-0977708

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
HEATHER M RENNER 95 STERLING HWY STE 1 HOMER, AK 99603	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
RON LEVALLEY PO BOX 324 LITTLE RIVER, CA 95456-0519	TREASURER 8.00	0.	0.	0.
DOUGLAS F. BERTRAM 9860 WEST SAANICH RD SIDNEY, BC CANADA	PAST CHAIR 2.00	0.	0.	0.
GREG BALOGH 605 W 4TH AVE RM G-61 ANCHORAGE, AK 99501	CHAIRMAN 2.00	0.	0.	0.
MARK HIPFNER RR#1 5421 ROBERTSON ROAD DELTA, BC CANADA	SECRETARY 2.00	0.	0.	0.
KEN MORGAN 9860 WEST SAANICH ROAD SIDNEY, BC CANADA	DIRECTOR 1.00	0.	0.	0.
DONALD LYONS 104 NASH HALL CORVALLIS, OR 97331	DIRECTOR 1.00	0.	0.	0.
CRAIG STRONG PO BOX 2108 CRESCENT CITY, CA 95531	DIRECTOR 1.00	0.	0.	0.
DAN ROBINETTE 205 N. H STREET STE 217 LOMPOC, CA 93436	DIRECTOR 1.00	0.	0.	0.
JULIE C. ELLIS 200 WESTBORO ROAD NORTH GRAFTON, MA 01536	DIRECTOR 1.00	0.	0.	0.
LINDA ELLIOT PO BOX 551752 KAPAAU, HI 96755	DIRECTOR 1.00	0.	0.	0.
LINDA J. WILSON 7 THISTLE PLACE ABERDEEN, SCOTLAND UNITED KINGDOM	DIRECTOR 1.00	0.	0.	0.

THE PACIFIC SEABIRD GROUP

91-0977708

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
HEATHER MAJOR 8888 UNIVERSITY DRIVE BURNABY, BC CANADA	DIRECTOR \$ 1.00	0. \$	0. \$	0.
	TOTAL \$	0.	0.	0.

STATEMENT 5
FORM 990-EZ, PART VI
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

TAXABLE YEAR

2008

California Exempt Organization Annual Information Return

FORM

199

Calendar year 2008 or fiscal year beginning month 10 day 01 year 2008, and ending month 09 day 30 year 2009

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

Corporation/Organization Name THE PACIFIC SEABIRD GROUP CORP # C1254666

Address PO BOX 324 FEIN 91-0977708

City LITTLE RIVER, CA 95456-0519 State ZIP Code

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: **1** ☐ 990T **2** ☐ 990PF **3** ☐ 990H

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 Corporation? ☐ 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.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	22,464.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received.	3	28,316.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.	4	50,780.
	This line must be completed. If the result is less than \$25,000, see General Instruction C.			
Expenses	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	50,780.
	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	46,701.
Filing Fee	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	4,079.
	11	Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12	Total Payments.	12	10.
	13	Penalties and Interest. See General Instruction J.	13	
	14	Use tax. See General Instruction K.	14	
Sign Here	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15	

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 Paul Valley Title TREASURER Date 3/23/2010 Telephone 707 937-1742

Paid Preparer's Use Only Preparer's signature DIANE E SHARPLES Date _____ Check if self-employed ☒ Preparer's SSN/PTIN P00007367

Firm's name (or yours, if self-employed) and address PLAZA PROFESSIONALS, LLC FEIN _____

928 H STREET Telephone (707) 822-9190

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.

Receipts from Other Sources	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	22,464.
	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	22,464.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	● 9	
	10	Disbursements to or for members.	● 10	
Expenses and Disbursements	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	46,701.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	46,701.

Schedule L Balance Sheets

		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		79,944.		79,023.
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 STMT . 4		125,466.		116,822.
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	Total assets		205,410.		195,845.
Liabilities and net worth					
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		205,410.		195,845.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		205,410.		195,845.

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 \$25,000

1	Net income per books	● 4,079.	7	Income recorded on books this year not included in this return. Attach schedule	●
2	Federal income tax	●	8	Deductions in this return not charged against book income this year. Attach schedule	●
3	Excess of capital losses over capital gains	●	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule	●	10	Net income per return. Subtract line 9 from line 6	4,079.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●			
6	Total. Add line 1 through line 5	4,079.			

THE PACIFIC SEABIRD GROUP

91-0977708

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

OTHER INVESTMENT INCOME..... \$ 8,700.
TOTAL \$ 8,700.

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

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
VIVIAN MENDENHALL 4600 RABBIT CREEK ROAD ANCHORAGE, AK 99516	EDITOR 3.00	\$ 0.	\$ 0.	\$ 0.
TOM GOOD 2725 MONTLAKE BLVD EAST SEATTLE, WA 98112	SCIENCE CHR 0	0.	0.	0.
CRAIG S HARRISON 4953 SONOMA MOUNTAIN ROAD SANTA ROSA, CA 95404	VICE CHAIR 4.00	0.	0.	0.
HEATHER M RENNER 95 STERLING HWY STE 1 HOMER, AK 99603	DIRECTOR 1.00	0.	0.	0.
RON LEVALLEY PO BOX 324 LITTLE RIVER, CA 95456-0519	TREASURER 8.00	0.	0.	0.
DOUGLAS F. BERTRAM 9860 WEST SAANICH RD SIDNEY, BC CANADA	PAST CHAIR 2.00	0.	0.	0.
GREG BALOGH 605 W 4TH AVE RM G-61 ANCHORAGE, AK 99501	CHAIRMAN 2.00	0.	0.	0.
MARK HIPFNER RR#1 5421 ROBERTSON ROAD DELTA, BC CANADA	SECRETARY 2.00	0.	0.	0.
KEN MORGAN 9860 WEST SAANICH ROAD SIDNEY, BC CANADA	DIRECTOR 1.00	0.	0.	0.
DONALD LYONS 104 NASH HALL CORVALLIS, OR 97331	DIRECTOR 1.00	0.	0.	0.

THE PACIFIC SEABIRD GROUP

91-0977708

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CRAIG STRONG PO BOX 2108 CRESCENT CITY, CA 95531	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
DAN ROBINETTE 205 N. H STREET STE 217 LOMPOC, CA 93436	DIRECTOR 1.00	0.	0.	0.
JULIE C. ELLIS 200 WESTBORO ROAD NORTH GRAFTON, MA 01536	DIRECTOR 1.00	0.	0.	0.
LINDA ELLIOT PO BOX 551752 KAPAAU, HI 96755	DIRECTOR 1.00	0.	0.	0.
LINDA J. WILSON 7 THISTLE PLACE ABERDEEN, SCOTLAND UNITED KINGD	DIRECTOR 1.00	0.	0.	0.
HEATHER MAJOR 8888 UNIVERSITY DRIVE BURNABY, BC CANADA	DIRECTOR 1.00	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

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

CONFERENCES, CONVENTIONS, AND MEETINGS.....	\$ 21,635.
PRINTING AND PUBLICATIONS.....	16,000.
DONATIONS.....	5,500.
DUES & SUBSCRIPTIONS.....	1,361.
INSURANCE.....	1,285.
BANK CHARGES.....	644.
MISC.....	150.
POSTAGE AND SHIPPING.....	126.
TOTAL	\$ 46,701.

2008

CALIFORNIA STATEMENTS

PAGE 3

THE PACIFIC SEABIRD GROUP

91-0977708

STATEMENT 4
FORM 199, SCHEDULE L, LINE 7
INVESTMENTS IN STOCKS

NEUBERGER BERMAN FOCUS FUND.....	\$	35,155.
NEUBERGER BERMAN GUARDIAN FUND.....		40,093.
NEUBERGER BERMAN PARTNERS FD INVESTOR CL.....		41,574.
TOTAL	\$	<u>116,822.</u>

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

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

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.



State Charity Registration Number <u>57590</u>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
THE PACIFIC SEABIRD GROUP Name of Organization	Corporate or Organization No. <u>C1254666</u>
PO BOX 324 Address (Number and Street)	Federal Employer ID No. <u>91-0977708</u>
LITTLE RIVER, CA 95456-0519 City or Town State ZIP Code	

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 10/01/08 ending 9/30/09) list:
Gross annual revenue \$ 50,780. Total assets \$ 195,845.

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

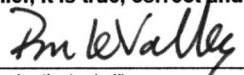
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	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.

	RON LEVALLEY	TREASURER	<u>3/23/2010</u>
Signature of authorized officer	Printed Name	Title	Date