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

May 7, 2012

The Pacific Seabird Group PO Box 324 Little River, CA 95456-0519

Dear Ron:

Your 2010 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2010 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by September 17, 2012. Mail the California return on or before September 17, 2012 and make the check payable to:

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

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$50 payable by May 15, 2012. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before May 15, 2012 to:

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

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

Sincerely,

Jessica McKnight

Plaza Professionals, LLC 928 H Street Arcata, CA 95521 (707) 822-9190

The Pacific Seabird Group PO Box 324 Little River, CA 95456-0519 (707) 937-1742

FEDERAL FORMS

Form 990-EZ	2010 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule O	Supplemental Information
Form 8868	Application for Extension
Form 8879-EO	IRS e-file Signature Authorization

CALIFORNIA FORMS

Form 199	2010 California Exempt Organization Return
Schedule B Form 3539 (199)	Schedule of Contributors Automatic Extension Voucher - Corp.
Form RRF-1	2011 Registration/Renewal Fee Report

FEE SUMMARY	
Preparation Fee	\$ 600.00
Amount Due	\$ 600.00

Please make checks payable to Jessica McKnight. Thank You!

2010 Federa	10 Federal Exempt Organization Tax Summary (EZ)				
	The Pacific Sea	bird Group		91-0977708	
FORM 990-EZ REVENUE	2009	Diff			
Contributions, gifts, Program service revenu Membership dues and as Investment income Net gain (loss) - noni	e	4,287 136,612 10,887 442 4,781	6,605 246,544 18,171 9,454 0	-2,318 -109,932 -7,284 -9,012 4,781	
Total revenue		157,009	280,774	-123,765	
EXPENSES Professional fees/pymt Printing, publications Other expenses	, and postage	575 14,749 97,555	0 5,670 261,446	575 9,079 -163,891	
Total expenses		112,879	267,116	-154,237	
NET ASSETS OR FUND BALA Excess or (deficit) fo Net assets/fund bal. a Other changes in net a Net assets/fund bal. a	r the year t beg. of year ssets/fund bal	44,130 206,147 -7,577 242,700	13,658 195,845 -3,356 206,147	30,472 10,302 -4,221 36,553	

20	10
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California 199 Tax Summary

Page 1

The Pacific Seabird Group

91-0977708

REVENUE	2010	2009	Diff
Gross amount from sale of assets Other income Gross dues and assess. from members Gross contributions, gifts, & grants	41,268 137,054 10,887 4,287	0 255,998 18,171 6,605	41,268 -118,944 -7,284 -2,318
Cost or other basis of assets sold	36,487	0	36,487
Total income	157,009	280,774	-123,765
EXPENSES AND DISBURSEMENTS Other deductions	112,879	267,116	-154,237
Total deductions	112,879	267,116	-154,237
Excess of receipts over disbursements	44,130	13,658	30,472
FILING FEE Filing fee Balance due	10 10	10 10	0 0
SCHEDULE L Beginning Assets Beginning Liabilities & Net Worth	206,147 206,147	195,845 195,845	10,302 10,302
Ending Assets Ending Liabilities & Net Worth	242,700 242,700	206,147 206,147	36,553 36,553

	007	0		
Form	887	3-	EU	

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

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning 10/01 , 2010, and ending 9/30 , 2011

2010

Department of the Treasury Internal Revenue Service

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

Employer identification number

91-0977708

The Pacific Seabird Group Name and title of officer

Ron 1	LeValley	Treasurer
Part I	Type of Return and Return Information	(Whole Dollars Only)

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

1 a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b_	
2a Form 990-EZ check here ► X b Total revenue, if any (Form 990-EZ, line 9)	2b_	157,009.
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b_	
4a Form 990-PF check here ► 🔲 b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b_	
5a Form 8868 check here	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize	Jessica	McKnight		to enter my PIN	10749	as my signature
		EF	RO firm name		Enter five numbers, b do not enter all zero	
a state agen	cy(ies) regula	ear 2010 electronicating charities as nsent screen.	ally filed return. If I have indicate part of the IRS Fed/State proc	ed within this return that a cop gram, I also authorize the a	py of the return is be forementioned ERC	ing filed with to enter my PIN on
indicated wit	hin this retur	n that a copy of t	er my PIN as my signature on ne return is being filed with a s disclosure consent screen.	the organization's tax year state agency(ies) regulating	2010 electronically g charities as part o	filed return. If I have f the IRS Fed/State
Officer's signature	•			Date 🏲		
Part III Certi	fication ar	d Authenticat	ion			
ERO's EFIN/PIN	. Enter vour	six-diait electronic	filing identification			
number (EFIN) f	ollowed by ye	our five-digit self-	selected PIN			68816076451
						do not enter all zeros
above. I confirm	that I am su		N, which is my signature on th n in accordance with the requ eturns.			
ERO's signature	Jessic	<u>a McKnight</u>		Date ►		
		Do Not	ERO Must Retain This Form Submit This Form To the IRS		So	

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2010)

		Short Form Return of Organization Exempt From Income Tax		OMB No. 1545-1150
For	m 9	90-EZ Return of Organization Exempt From income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2010
		 Y9U-EZ 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, organizations that operate one or more hospital facilitie and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 	es,	2010
Depa Inter	irtment nal Rev	and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.		Open to Public Inspection
A	For t	he 2010 calendar year, or tax year beginning $10/01$, 2010, and ending $9/30$, 2011
			Employer	identification number
		ss change The Pacific Seabird Group	91-09	977708
			Telephone	number
	Initial Termir		(707)	937-1742
	Ameno		Group E Number	xemption
		unting Method: X Cash Accrual Other (specify) ► H Check ►		e organization is not
			l t <u>o a</u> ttach D-EZ, or 9	Schedule B (Form
		xempt status (ck only one) $ \begin{bmatrix} x \\ y \end{bmatrix}$ 501(c) () $=$ (insert no.) $\begin{bmatrix} 4947(a)(1) & y \end{bmatrix}$ 527		-
	Chec \$50,0 orgai	Ick ► L if the organization is not a section 509(a)(3) supporting organization and its gross receipts are 200. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be require nization chooses to file a return, be sure to file a complete return.		
L	Add asse	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	total ► \$	193,496.
	rtl	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instr		
		Check if the organization used Schedule O to respond to any question in this Part I	<u></u>	X
	1	Contributions, gifts, grants, and similar amounts received	1	4,287.
	2	Program service revenue including government fees and contracts		136,612.
	3	Membership dues and assessments	3	10,887.
	4	Investment income	4	442.
		Gross amount from sale of assets other than inventory		
		Less: cost or other basis and sales expenses 5b 36,48		
	-	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) See. Schedule . 0	<u>5</u> c	4,781.
R	6	Gaming and fundraising events		
Ĕ		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	_	
R m > m > D	D	Gross income from fundraising events (not including \$ of contributions		
UE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	с	Less: direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and		
		6b and subtract line 6c)	6d	
		Gross sales of inventory, less returns and allowances	_	
		Dess: cost of goods sold.	_	
	-	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 9	Other revenue (describe in Schedule O).		157,009.
	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. Grants and similar amounts paid (list in Schedule O).		137,009.
	11	Benefits paid to or for members		
Ë	12	Salaries, other compensation, and employee benefits		
P	13	Professional fees and other payments to independent contractors.		575.
HXPHZSH	14	Occupancy, rent, utilities, and maintenance.		
Ĕ	15	Printing, publications, postage, and shipping.		14,749.
s	16	Other expenses (describe in Schedule O)		97,555.
	17	Total expenses. Add lines 10 through 16		112,879.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		44,130.
A	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y	ear	
A NS ES T		figure reported on prior year's return)	19	206,147.
'T S	20	Other changes in net assets or fund balances (explain in Schedule O) See. Schedule . O		-7,577.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	242,700.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2010)

Forn	n 990-EZ (2010) The Pacific Sea	bird Group		91-	097770)8 Page 2
Pa	rt II Balance Sheets. (see the ins		anting in this Dout II			
	Check if the organization used Sch	edule O to respond to any qu		A) Beginning of year		B) End of year
22	Cash, savings, and investments		·····	206,147.		242,700.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			206,147.	25	242,700.
	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of)	0. 206,147.	26 27	<u> </u>
Pa						Expenses
1 01	Check if the organization used So	chedule O to respond to any	question in this Part II	X X (for section
What					501(c)(3)	and 501(c)(4) ons and section
Desc	is the organization's primary exempt purpose? See cribe what was achieved in carrying out th ribe the services provided, the number of	e organization's exempt purp	oses. In a clear and c r relevant information	oncise manner, 4	49ॅ47(a)(1) trusts; optional
prog	ram title.			1	or others	.)
28	See Schedule 0					
	(Grants \$) If th	is amount includes foreign g	ants check here	- ▼x :	28 a	
29	See Schedule_0					
	(Grants \$) If th	is amount includes foreign gr	rants, check here	<u></u> *	29 a	
30						
	(Grants \$) If th	is amount includes foreign gr	ants check here		30 a	
31	Other program services (describe in Sch	edule O)				
	(Grants \$) If th	is amount includes foreign gr	rants, check here	<u></u> ► 🗍 :	31 a	
	Total program service expenses (add lin				32	
Pa	t IV List of Officers, Directors,					
	Check if the organization used So	(b) Title and average hours				Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plans deferred compensation	and and	other allowances
Hea	ather Major	to position Secretary	0.		0.	0.
	88 University Drive	3	0.		0.	0.
Bui	rnaby, BC V5A 1S6 Canada	-				
	aig S. Harrison	Vice Chair Cons	0.		0.	0.
	53 Sonoma Mountain Road	4				
-	nta Rosa, CA 95404				0	0
	<u>1 LeValley</u> Box 324	Treasurer	0.		0.	0.
	te River, CA 95456-0519	0				
	Jodice	Chairman	0.		0.	0.
	7 Lehotsky Hall Clemson Un	iv 8				
	emson, SC 29634					-
	n Rivera	Chair-Elect	0.		0.	0.
	Box 21668 neau, AK 99802	4				
	n Good	Past Chair	0.		0.	0.
	25 Montlake Blvd East	0	0.		0.	0.
	attle, WA 98112	-				
·				1		

Forr	n 990-EZ (2010) The Pacific Seabird Group 91-097770	8	Ρ	age 3
Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.) See Sch Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	33	res	X
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)	34		Х
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, explain in Schedule O why the organization did not report the income on Form 990-T.			
i	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
I	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
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	36		Х
37	a 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?	37b		Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
i	a Initiation fees and capital contributions included on line 9			
l	b Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	b 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	40 b		Х
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
	d Section 501(c)(3) and 501(c)(4) organizations. 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	40 e		Х
41	List the states with which a copy of this return is filed None			

42 a	The	organization's
------	-----	----------------

books are in care of ► Ron LeValley Telephone no.	▶ 707-937-1	742	
Located at ► PO Box 324 Little River CA ZIP + 4	▶ 95456-051	.9	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
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.
${f c}$ At any time during the calendar year, did the c	organization maintain an office outside of 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	I	►□	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
<u>م</u> لا	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		Yes	No
	of Form 990-EZ	44a		Х
t	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 b		Х
c	Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
C	I f 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	44 d		
	-			0010

Х

42 c

Form 990-EZ (2010) The Pacific Seabird Group 91-0977708 Pag							Page 4	
	_						Yes	
	y related organization a controlled entity	J		5			5	X
a Did th	ne organization receive any payment fror ction 512(b)(13)? If 'Yes,' Form 990 and	n or engage in any tran Schedule R may need t	saction with	n a controlle eted instead	ed entity within the m 1 of Form 990-F7 (se	eaning e inst.) 4	ia	Х
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.								X
candidates for public office? If 'Yes,' complete Schedule C, Part I								
Tartvi	501(c)(3) organizations and sec	ction 4947(a)(1) noi	nexempt (charitable	trusts must answ	ver quest	ons	
	47-49b and 52, and complete th	ne tables for lines 5	60 and 51					
	Check if the organization used Schedu	le O to respond to any	question in	this Part VI				🗌
							Yes	
	ne organization engage in lobbying activi							X
	e organization a school as described in s			•				X X
	ne organization make any transfers to ar s,' was the related organization a section		-					
	-	-					-	<u> </u>
emplo	olete this table for the organization's five oyees) who each received more than \$10	0,000 of compensation	from the or	rganization.	If there is none, ente	er 'None.'	су	
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Comp	pensation	(d) Contributions to employ benefit plans and deferred compensation	ac	Expense count and allowance	es
None		-						
		-						
f Total	number of other employees paid over \$	100,000 ►						
51 Comp	plete this table for the organization's five	highest compensated i	ndependent	contractors	s who each received i	more than \$	100,000) of
comp	ensation from the organization. If there (a) Name and address of each independent cont		1		(b) Type of service	(c) (c	ompensatio	on
None							mpensati	
d Total	number of other independent contractor	s each receiving over \$	100,000	►				
	ne organization complete Schedule A? N					► VI	, r	_
	table trusts must attach a completed Sch						es	No
true, correct, a	es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than offic	er) is based on all information of	of which prepare	er has any know	vledge.			
•	Signature of officer				Date			
Sign Here	. Ron LeValley				Treasurer			
nere	Type or print name and title.				ITEASUTET			
	Print/Type preparer's name	Preparer's signature		Date	Check X if	PTIN		
Paid	Jessica McKnight	Jessica McKnig	ht	5/07/1		N/A		
Preparer	Firm's name ► Plaza Professio	nals, LLC						
Use Only	Firm's address ► <u>928 H Street</u>				Firm's EIN	N/A		
	Arcata, CA 9552				Phone no. (- / -	2-9190	
May the IR BAA	S discuss this return with the preparer s	hown above? See instru	uctions		<u></u>		'es 990-EZ	No (2010)

SCHEDULE A	
(Earm 990 or 990 E	7

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Public Charity Status and Public Support

10 orm 990 or 990 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Open to Public Department of the Treasury Internal Revenue Service Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number The Pacific Seabird Group 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.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) Х A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated d a Type I b Type II С Type III - Other 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). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization?..... <u>11 g (i)</u> (ii) A family member of a person described in (i) above?..... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11g (iii) Provide the following information about the supported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of (vi) Is the organization in column (i) (i) Name of supported organization (ii) EIN (vii) Amount of support (see instructions)) your governing document? organized in the U.S.? your support? Yes Yes No No Yes No

(A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2010

OMB No. 1545-0047

 Schedule A (Form 990 or 990-EZ) 2010
 The Pacific Seabird Group
 91-0977708

 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.)

Sec	Section A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')		136,297.	28,316.	24,776.	14,670.	204,059.	
	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 by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	0.	136,297.	28,316.	24,776.	14,670.	204,059.	
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						204,059.	
Sec	tion B. Total Support	ГТ						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4	0.	136,297.	28,316.	24,776.	14,670.	204,059.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		17,096.	8,700.	9,454.	442.	35,692.	
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						239,751.	
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	0.	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3	³⁾ ► X	
-	tion C. Computation of Pu		3	11 1 (0)				
	Public support percentage for 20 Public support percentage from						<u>%</u> %	
						LL		
	16a 33-1/3% support test – 2010. 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.							
ł	b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	17 a 10%-facts-and-circumstances test – 2010. 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 ►							
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly suppor	e. Explain in Part ted organization.	IV how the►	
	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a				
BAA					Sch	nedule A (Form 99	00 or 990-EZ) 2010	

Page 2

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.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	D	(f) Total
1	Gifts, grants, contributions							
	and membership fees received. (Do not include							
	any 'unusual grants.')							
2	Gross receipts from admis-							
	sions, merchandise sold or							
	services performed, or facilities furnished in any activity that is							
	related to the organization's							
_	tax-exempt purpose							
3	Gross receipts from activities							
	that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the							
	organization's benefit and							
	either paid to or expended on							
5	its behalf The value of services or							
•	facilities furnished by a							
	governmental unit to the							
-	organization without charge							
	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3 received from							
	disgualified persons							
h	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.							
с	Add lines 7a and 7b							
	Public support (Subtract line							
U	7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	0	(f) Total
9	Amounts from line 6			, í	Ň			
	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							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
	regularly carried on							
12	Other income. Do not include gain or loss from the sale of							
	capital assets (Explain in							
	Part IV.)							
13	Total support. (Add Ins 9, 10c, 11, and 12.)							
14	First five years. If the Form 990	is for the organiz	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 5	01(c)(3) 🗖
500	organization, check this box and							
	tion C. Computation of Pu			10 1			45	
	Public support percentage for 20	•	•••			F	15	00
16	Public support percentage from						16	010
	tion D. Computation of Inv		2					
	Investment income percentage f	•		-		F	17	010
18	Investment income percentage f					<u>.</u>	18	olo
19 a	33-1/3% support tests – 2010. If is not more than 33-1/3%, check	the organization	did not check the	box on line 14,	and line 15 is mor	e than 33-1/	3%, a	nd line 17
b	33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%	the organization	ald not check a b and stop here Th	ox on line 14 or	line 19a, and line	16 is more t	nan 33 Lorga	3-1/3%, and nization ► □
20	Private foundation. If the organi			- '			-	
20	i invate iounuation. It the organi			1 -1 , 19a, 01 19D, 1	CHECK THIS DUX ALL		10115.	

Schedule A (Form 990 or 990-EZ) 2010 The Pacific Seabird Group

Part IV Supplemental Information. Complete this part to 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).

2010

Employer identification number

91-0977708

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

Department of the Treasury Internal Revenue Service

Name of the organization

The Pacific Seabird Group

	51 0577700	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (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

X 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, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

religious, charitable, etc, contributions of \$5,000 or more during the year..... ► \$

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page	1 of 1	of Part I
Name of organization	Emp	loyer identification number	
The Pacific Seabird Group	91	-0977708	

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	USFWS 95 Sterling Hwy, Ste. 1 MS 505 Homer, AK 99603	\$7 <u>,500</u> .	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Environment Canada - Dept_of_Interi NWRC_Carlton_University Ottowa, Ontario_K1A_OH3_Canada	\$20,308.	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	USDA Forest Service, Region 6 1835 Black Lake Blvd SW, Ste A Olympia, WA 98512	\$5,000.	PersonXPayrollImage: Second
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_4	OR Coop Fish & Wildlife Res. Unit OR State Univ - 104 Nash Hall Corvallis, OR 97331-3803	\$10,065.	Person X Payroll Image: Second secon
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Ocean Associates/NOAA 4007 North Abingdon Street Arlington, VA 22207-2920	\$25,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash

Part II Noncash Property (see instructions.)

(a) Io. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
N/A			
		\$\$	
(a) Io. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
(a) Io. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		<u> </u>	
(a) o. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
(a) o. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	

	B (Form 990, 990-EZ, or 990-PF) (2010)			Page 1	of 1	of Part III				
Name of organ					Employer identificat					
	cific Seabird Group				91-0977708	8				
Part III	<i>Exclusively</i> religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.									
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, cl (Enter this information once. S	naritable, etc, See instruction	ns.)	►\$	N/A				
(a)	(b)	(c) Use of gift			(d)					
No. from Part I	Purpose of gift		Des	cription of how gif	t is held					
	N/A									
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of	transferor to trans	sferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Des	(d) cription of how gif	t is held				
1 41(1										
	Transferee's name, addres	(e) Transfer of gift ss. and ZIP + 4	Rela	ationship of	f transferor to trans	sferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held						
	Transferee's name, addres	Rela	ationship of	f transferor to trans	sferee					
		(c)		-						
(a) No. from Part I	(b) Purpose of gift		Des	(d) cription of how gif	t is held					
		(e)								
	Transferee's name, addres	Relationship of transferor to transferee								

Supplemental Information to Form 990 or 990-EZ

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.

Open to Public Inspection

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE O (Form 990 or 990-EZ)

The Pacific Seabird Group

Employer identification number 91-0977708

Form 990-EZ, Part III - Organization's Primary Exempt Purpose
BIOLOGY AND CONSERVATION OF SEABIRDS
Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments
The Pacific Seabird Group hosts and annual meeting for seabird researchers to
share their discoveries and concerns with each other and the general public
Attendees include professional biolgists, wildlife managers, students and
conservationists, as well the interested public from around the world. Through
presenatations_and_symposiums,_attendees_learn_about_current_issues_facing_the
Pacific seabird populations.
Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments
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.
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts
(a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or
indirectly, on a personal benefit contract?

2010 Sch	nedule O - Supplemental Information	Page 2
	The Pacific Seabird Group	91-0977708
Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninver Publicly Traded Securiti Gross Sales Price: Cost or Other Basis:	41,268. 36,487. Total Gain (Loss) Publicly Traded Securities <u>\$</u>	4,781.
Form 990-EZ, Part I, Line 16 Other Expenses	Total Net Gain (Loss) From Noninventory Sales <u>\$</u>	4,781.
Conference Expense Dues & Subscriptions Insurance Meeting Expenses Outreach Education	\$ 	1,489. 64,062. 1,999. 1,400. 22,472. 6,000. <u>133.</u> 97,555.
Form 990-EZ, Part I, Line 20 Other Changes In Net Assets (Or Fund Balances	
Unrealized Gains/Losses.		<u>-7,577.</u> <u>-7,577.</u>



Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box..... Х

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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

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

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

	Name of exempt organization	Employer identification number			
Type or print					
print	The Pacific Seabird Group	91-0977708			
File by the due date for Number, street, and room or suite number. If a P.O. box, see instructions.					
filing your return. See					
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
	Little River, CA 95456-0519				

03 Enter the Return code for the return that this application is for (file a separate application for each return).....

Application Is For		Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The books are in the care of .
Ron LeValley

Telephone No. ► 707-937-1742 FAX No. ►			
• If the organization does not have an office or place of business in the United States, check this box		•••••	
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If t			
check this box ► 🗌 . If it is for part of the group, check this box . ► 🗌 and attach a list with the names ar	nd EIN	ls of all members	
the extension is for.			
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
until $5/15$, 20 12, to file the exempt organization return for the organization named above.			
The extension is for the organization's return for:			
► calendar year 20 or			
 calendar year 20 or X tax year beginning 10/01 , 20 10 , and ending 9/30 , 20 11 . 			
	al retu	rn	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Forr payment instructions.	n 887	9-EO for	

BAA For Paperwork Reduction Act Notice, see Instructions.

Filing Fee 12 Total payments. 12 13 13 Penalties and Interest. See General Instruction J. 13 13 14 Use tax. See General Instruction K. 14 15 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result 15 10. Vinder penalties of perjury. Ideclare 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. Telephone Sign Here Order penalties of perjury. Ideclare 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. Telephone Signature of officer Form LeVally TreeASURER Date 5/15/2012 Preparer's PTIN/SSN Paid Preparer's signature JESSICA MCKNIGHT 5/07/12 Preparer's PTIN/SSN P01029871 Firm's name of ry yours, if self-employed) and address P1AZA PROFESSIONALS, LLC FEIN Telephone Yor yours, if self-employed, and address P28 H STREET Telephone	TAXABLE	YEAR	Calif	ornia	Exem	ot Or	ganiza	tion						_	FORM
A rest laum tion In the second of the se	201	0	Annı	ial In	format	ion R	eturn								199
Ar inclustor Instruction Despite distribution Classifier event Classifier event Construction/Organization Nume Tell Tell Tell Tell Arrange and the second	Calendar ye	ear 2010	or fiscal y	ear beg	nning month	10	day 01	year 2	2010,	and endir	ng month 09	da	ay 30	year	2011
Component-organization basis PEN PHE PACIFIC SEABIRD GROUP 91-0977708 Access 91-0977708 PO BOX 324 Sales 20° Core Control Pension Control Pension D Approx Sales 20° Core LITTLE RIVER, CA 95456-0519 Control Control Pension See General Instruction I. Yes A yea subordinate/sfills in a space semption. Yes D M vp vas subordinate/sfills in a space semption. Yes D M vp vas subordinate/sfills in statutes Pension B in a sequence with the parameter semption. Yes D M the aspectate frame fill statute on the parameter semption. Yes P and the aspectate in the parameter semption. Yes D M the aspectate in the parameter semption. Yes D M the aspectate in the parameter semption. Yes D M the aspectate in the parameter semption. Pension D H the aspectate in the parameter semption. Pension D M the aspectate in the parameter semption. Pension D H the aspectate in the parameter semption. Pension D H the aspectate in the parameter semption.	A First Retu	urn Filed?	Yes		B Type of or	ganization	Exem	pt under Sectio	on 23701.	. <u>D</u>	(insert letter)	(CORP #		
The PATIFIC SEABIRD GROUP 91-097708 Arrows Bute 2P Cole City State 2P Cole Constructed Related State 2P Cole Constructed							IRC S	ection 4947(a)	(1) trust .					66	
Andress PD BOX 324 State 20° Col City Cold		-													
ED BOX 324 Description CATTELE RIVER, CA 95456-0519 Contradict of thirds in a group exemption. Image: Section of the sectin of the section of the section of the sect		CIFIC	SEABIR	D GRC	UP								91-097	<u>7708</u>	
City Same 20* Cole LITTLE RIVER, CA 95456-0519 Image: Carbon construction of the construction o		204													
LITTLE RIVER, CA 95456-0519 C Amended Rehm? A rey va subordinate/affiliates? Contributions, check box. See General Instruction F. B rey va subordinate/affiliates? Contributions, check box. See General Instruction F. Contributions, check box. See General Instruction F. B rey va, subordinate/affiliates? Contributions, check box. See General Instruction F. Contributions, check box. See General Instruction F. B reys, restored and stands form FIB 3020, Foltable and stands of the same set of this see and stands form FIB 3020, Foltable and stands control of the same set of the s		324										S	State ZIP Co	ode	
C Amended Return? D Are you a solution the diffusion in a group emergino?. B the agreep filting for it requires filting for			, CA 0	5156-	0510									ide i	
D Are put a subordiration filling for difficults? Yes No No filling fee is required. Accounting method used. 1 (a) (a) (b) (b) (b) (c) (b) (c) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c						Yes	X No		contributi	ons. check b	oox. See General Inst	tructio	n F.		
a is this a group filing for affiliate? Image: the second instruction in the second instruction is the second instruction in the second instruction is the second insthe second instruction is the second instruction is the second ins									No filing	fee is requir	ed <u></u>		· <u>· · ·</u> · · · · ·		
See General Instruction L	a is this	a aroun filir	ng for affiliat	е . 69	·					-					
D In Tes, ented de futures of animales.	See Ge	neral Instru	iction L				No	I	If exempt (1) partic	under R&T(C Section 23701d, ha	as the o	organization attempted to	during th	ie year:
(If No, attach a list, See instructions.)									legislation	n or anv ball	ot measure, or (3) n	nade a	n election ur	nder	
(1) No, attach a list, 200 Instructions. (1) No, attach a list, 200 Instructions. <t< th=""><td></td><td></td><td></td><td></td><td></td><td>Yes</td><td>No</td><td></td><td>complete</td><td>and attach f</td><td>5 (relating to lobbyin form FTB 3509. Polit</td><td>ig by p tical or</td><td>Legislative</td><td>es)? If 'Y Activities</td><td>es, bv</td></t<>						Yes	No		complete	and attach f	5 (relating to lobbyin form FTB 3509. Polit	ig by p tical or	Legislative	es)? If 'Y Activities	es, bv
a bit is a staping at four line if y an upging and in Over 10 yes No b a group campion In the organization hards in the weak disc governing in standard copies f is a rote of subordinates attached? Ives No e federal Group Campion Number. Ives No No e federal Group Campion Number. Ives No No No e federal Group Campion Number. Ives No No No No f a constable and supported printing (20% or more) No Prest No	. ,			,									-		
e fodeal Group Exemption Number.							No			-					
If is a roster of subordinates attached? Image: minipage: m									articles of	f incorporati	on, or bylaws that h	ave no	t been repor	ted to the	; ;
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May the FTB discuss this return with the preparer shown above? See instructions		May the	e FIB disc	uss this	return with	ine prepa	irer shown	above? Se	e instru	ctions			• X Ye	S	No

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THE PACIFIC SEABIRD GROUP

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Schedule of Contributors

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

2010

Employer identification number

91-0977708

Department of the Treasury Internal Revenue Service

Name of the organization

The Pacific Seabird Group

o ap	51 0511100
Section:	
X 501(c)(<u>3</u>) (enter number) organizat	tion
4947(a)(1) nonexempt charitable trust no	ot treated as a private foundation
527 political organization	
501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust tre	eated as a private foundation
501(c)(3) taxable private foundation	
	X 501(c)(_3_) (enter number) organization 4947(a)(1) nonexempt charitable trust not struct trust not struct trust not struct trust in the struct trust tru

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

X 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, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

religious, charitable, etc, contributions of \$5,000 or more during the year..... ► \$

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page	1 of 1	of Part I
Name of organization	Emp	loyer identification number	
The Pacific Seabird Group	91	-0977708	

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	USFWS 95 Sterling Hwy, Ste. 1 MS 505 Homer, AK 99603	\$7,500.	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Environment Canada - Dept_of_Interi NWRC_Carlton_University Ottowa, Ontario_K1A_OH3_Canada	\$20,308.	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	USDA Forest Service, Region 6 1835 Black Lake Blvd SW, Ste A Olympia, WA 98512	\$5,000.	PersonXPayrollImage: Second
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_4	OR Coop Fish & Wildlife Res. Unit OR State Univ - 104 Nash Hall Corvallis, OR 97331-3803	\$10,065.	Person X Payroll Image: Second secon
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Ocean Associates/NOAA 4007 North Abingdon Street Arlington, VA 22207-2920	\$25,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash

Part II Noncash Property (see instructions.)

(a) Io. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
N/A			
		\$\$	
(a) Io. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
(a) Io. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
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(a) o. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
(a) o. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	

	B (Form 990, 990-EZ, or 990-PF) (2010)			Page 1	of 1	of Part III
Name of organ					Employer identificat	
	cific Seabird Group				91-0977708	8
Part III	<i>Exclusively</i> religious, charitable, e organizations aggregating more the second secon	tc, individual contributio an \$1,000 for the year.Co	ns to secti mplete cols (on 501(c) a) through ((7), (8), or (10) (e) and the followin	ig line entry.
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, cl (Enter this information once. S	naritable, etc, See instruction	ns.)	►\$	N/A
(a)	(b)	(c)			(d)	
No. from Part I	Purpose of gift	Use of gift		Des	cription of how gif	t is held
	N/A					
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of	transferor to trans	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Des	(d) cription of how gif	t is held
1 41(1						
	Transferee's name, addres	(e) Transfer of gift ss. and ZIP + 4	Rela	ationship of	f transferor to trans	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Des	(d) cription of how gif	t is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of	f transferor to trans	sferee
		· ·		-		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Des	(d) cription of how gif	t is held
		(2)				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee			

IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE:	Using black or blue ink, make check or money order payable to the
	'Franchise Tax Board.' Write the corporation number or FEIN and
	'2010 FTB 3539' on the check or money order. Detach form below. Enclose, but do not staple, payment with form and mail to:
	FRANCHISE TAX BOARD
	PO BOX 942857
	SACRAMENTO CA 94257-0551
	·····
Make all checks or mo	oney orders payable in U.S. dollars and drawn against a U.S. financial institution.
Make all checks of the	

WHEN TO FILE: Calendar year corporations — File and Pay by March 15, 2011 Fiscal year filers — See instructions Employees' trust and IRA — File and Pay by April 15, 2011* Calendar year exempt organizations — File and Pay by May 16, 2011

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day. *Due to the federal Emancipation Day holiday on April 15, 2011, tax returns or payments due by this date, and received on April 18, 2011, will be considered timely.

PAY ONLINE: Beginning **November 2010**, corporations and exempt organizations can make payments electronically at the Franchise Tax Board's website using Web Pay. After a one-time online registration, corporations and exempt organizations can make an immediate payment or schedule payments up to a year in advance. For more information, go to **ftb.ca.gov** and search for **web pay**.

____ DETACH HERE ____ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS FORM ____ DETACH HERE _____

TAXABLE YEARPayment for Automatic Extension2010for Corps and Exempt Orgs					CALIFORNIA FORM 3539 (CORP)
0000000 PACI TYB 10-01-10 THE PACIFIC SEABIE RON LEVALLEY PO BOX 324 LITTLE RIVER	TYE 09-30-11	. ,	937-1742	10	FORM 3
			TOTAL PAYMEN	T AMT	10.

L

2010 California Statements							Page 1		
	TI	he Pacific Seabird	Grou	р				91-0977708	
Statement 1 Form 199, Part II, Line 7 Other Income Other Investment Income Program Service Revenue								442. <u>136,612.</u> 137,054.	
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Dire	ectors, Truste	es and Key Emplo	yees						
Current Officers: Name and Addres	S	Title and Average Hour Per Week Devo			npen- tion	buti	ntri- on to & DC	Expense Account/ Other	
Heather Major 8888 University Drive Burnaby, BC V5A 1S6 Can		Secretary 3.00	<u></u>	\$		\$	0.	0.	
Craig S. Harrison 4953 Sonoma Mountain Ro Santa Rosa, CA 95404	ad	Vice Chair Con 4.00	ıs		0.		0.	0.	
Ron LeValley PO Box 324 Litte River, CA 95456-0	519	Treasurer 8.00			0.		0.	0.	
Pat Jodice G27 Lehotsky Hall Clems Clemson, SC 29634	on Univ	Chairman 8.00			0.		0.	0.	
Kim Rivera PO Box 21668 Juneau, AK 99802		Chair-Elect 4.00			0.		0.	0.	
Tom Good 2725 Montlake Blvd East Seattle, WA 98112		Past Chair O			0.		0.	0.	
		То	otal	\$	0.	\$	0.	\$ 0.	
Statement 3 Form 199, Part II, Line 17 Other Expenses Accounting Fees Bank Charges Conference Expense Dues & Subscriptions Insurance Meeting Expenses Outreach Education Postage and Shipping			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	575. 1,489. 64,062. 1,999. 1,400. 22,472. 6,000. 106.	

201	0
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California Statements

Page 2

The Pacific Seabird Group

91-0977708

Statement 3 (continued) Form 199, Part II, Line 17 Other Expenses	
Printing and Publications. Taxes Paid Tota	14,643. 133. 112,879.

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.



Chate Oberite Deviatedian Number 57500		Check if:					
State Charity Registration Number 57590		Change of address Amended report					
THE PACIFIC SEABIRD GROUP							
Name of Organization							
PO BOX 324 Address (Number and Street)		Corporate or C	Drganization No. <u>C1254666</u>				
LITTLE RIVER, CA 95456-0519		Federal Emplo	oyer ID No. 91-0977708				
City or Town	State ZIP Code		<u>,</u>				
ANNUAL REGISTRATION R Make Check	ENEWAL FEE SCHEDULE (11 Ca k Payable to Attorney General's F	I. Code Regs. s Registry of Cha	ections 301-307, 311 and 312) ritable Trusts				
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee			
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 millio		Between \$1,000,001 and \$10 mil Between \$10,000,001 and \$50 m Greater than \$50 million				
PART A – ACTIVITIES							
For your most recent full accounting per Gross annual revenue \$			<u>9/30/11</u>) list: 242,700.				
PART B – STATEMENTS REGARDIN							
Note: If you answer 'yes' to any of the que 'yes' response. Please review RRF-1				tails for each			
yes response. Thease review RRT-1		uneu.		Yes No			
 During this reporting period, were there a organization and any officer, director or t director or trustee had any financial intered 	rustee thereof either directly or wi						
2 During this reporting period, was there ar property or funds?	ny theft, embezzlement, diversion	or misuse of th	e organization's charitable				
3 During this reporting period, did non-prog	ram expenditures exceed 50% of	gross revenues	?				
4 During this reporting period, were any org Form 4720 with the Internal Revenue Ser	ganization funds used to pay any vice, attach a copy.	penalty, fine or	judgment? If you filed a				
5 During this reporting period, were the ser purposes used? If 'yes,' provide an attack service provider.	vices of a commercial fundraiser nment listing the name, address,	or fundraising c and telephone r	ounsel for charitable number of the				
6 During this reporting period, did the organ the name of the agency, mailing address	nization receive any governmenta , contact person, and telephone n	I funding? If so, number.	provide an attachment listing				
7 During this reporting period, did the organ indicating the number of raffles and the c	nization hold a raffle for charitable late(s) they occurred.	e purposes? If 'y	yes,' provide an attachment				
8 Does the organization conduct a vehicle of the program is operated by the charity or charitable purposes.	donation program? If 'yes,' provid whether the organization contrac	e an attachmen ts with a comm	t indicating whether ercial fundraiser for				
9 Did your organization have prepared an a principles for this reporting period?	audited financial statement in acco	ordance with ge	nerally accepted accounting				
Organization's area code and telephone numb	er (707) 937-1742						
Organization's e-mail address							
I declare under penalty of perjury that I have and belief, it is true, correct and complete.	examined this report, including a	ccompanying d	ocuments, and to the best of my	knowledge			
	LEVALLEY	TREASURER Title	5/15/2012 Date				

		Short Form Return of Organization Exempt From Income Tax		OMB No. 1545-1150
For	m 9	90-EZ Return of Organization Exempt From income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2010
		 Y9U-EZ 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, organizations that operate one or more hospital facilitie and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 	es,	2010
Depa Inter	irtment nal Rev	and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.		Open to Public Inspection
A	For t	he 2010 calendar year, or tax year beginning $10/01$, 2010, and ending $9/30$, 2011
			Employer	identification number
		ss change The Pacific Seabird Group	91-09	977708
			Telephone	number
	Initial Termir		(707)	937-1742
	Ameno		Group E Number	xemption
		unting Method: X Cash Accrual Other (specify) ► H Check ►		e organization is not
			l t <u>o a</u> ttach D-EZ, or 9	Schedule B (Form
		xempt status (ck only one) $ \begin{bmatrix} x \\ y \end{bmatrix}$ 501(c) () $=$ (insert no.) $\begin{bmatrix} 4947(a)(1) & y \end{bmatrix}$ 527		-
	Chec \$50,0 orgai	Ick ► L if the organization is not a section 509(a)(3) supporting organization and its gross receipts are 200. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be require nization chooses to file a return, be sure to file a complete return.		
L	Add asse	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	total ► \$	193,496.
	rtl	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instr		
		Check if the organization used Schedule O to respond to any question in this Part I	<u></u>	X
	1	Contributions, gifts, grants, and similar amounts received	1	4,287.
	2	Program service revenue including government fees and contracts		136,612.
	3	Membership dues and assessments	3	10,887.
	4	Investment income	4	442.
		Gross amount from sale of assets other than inventory		
		Less: cost or other basis and sales expenses 5b 36,48		
	-	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) See. Schedule . O	<u>5</u> c	4,781.
R	6	Gaming and fundraising events		
Ĕ		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	_	
R m > m > D	D	Gross income from fundraising events (not including \$ of contributions		
UE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	с	Less: direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and		
		6b and subtract line 6c)	6d	
		Gross sales of inventory, less returns and allowances	_	
		Dess: cost of goods sold.	_	
	-	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 9	Other revenue (describe in Schedule O).		157,009.
	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. Grants and similar amounts paid (list in Schedule O).		137,009.
	11	Benefits paid to or for members		
Ë	12	Salaries, other compensation, and employee benefits		
P	13	Professional fees and other payments to independent contractors.		575.
HXPHZSH	14	Occupancy, rent, utilities, and maintenance.		
Ĕ	15	Printing, publications, postage, and shipping.		14,749.
s	16	Other expenses (describe in Schedule O)		97,555.
	17	Total expenses. Add lines 10 through 16		112,879.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		44,130.
A	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y	ear	
A NS ES T		figure reported on prior year's return)	19	206,147.
'T S	20	Other changes in net assets or fund balances (explain in Schedule O) See. Schedule . O		-7,577.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	242,700.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2010)

Forn	n 990-EZ (2010) The Pacific Sea	bird Group		91-	097770)8 Page 2
Pa	rt II Balance Sheets. (see the ins		antine in this Dout II			
	Check if the organization used Sch	edule O to respond to any qu		A) Beginning of year		B) End of year
22	Cash, savings, and investments		·····	206,147.		242,700.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			206,147.	25	242,700.
	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of)	0. 206,147.	26 27	<u> </u>
Pa						Expenses
1 01	Check if the organization used So	chedule O to respond to any	question in this Part II	X X (for section
What					501(c)(3)	and 501(c)(4) ons and section
Desc	is the organization's primary exempt purpose? See cribe what was achieved in carrying out th ribe the services provided, the number of	e organization's exempt purp	oses. In a clear and c r relevant information	oncise manner, 4	49ॅ47(a)(1) trusts; optional
prog	ram title.			1	or others	.)
28	See Schedule 0					
	(Grants \$) If th	is amount includes foreign g	ants check here	- ▼x :	28 a	
29	See Schedule_0					
	(Grants \$) If th	is amount includes foreign gr	rants, check here	<u></u> *	29 a	
30						
	(Grants \$) If th	is amount includes foreign gr	ants check here		30 a	
31	Other program services (describe in Sch	edule O)				
	(Grants \$) If th	is amount includes foreign gr	rants, check here	<u></u> ► 🗍 :	31 a	
	Total program service expenses (add lin				32	
Pa	t IV List of Officers, Directors,					
	Check if the organization used So	(b) Title and average hours				Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plans deferred compensation	and and	other allowances
Hea	ather Major	to position Secretary	0.		0.	0.
	88 University Drive	3	0.		0.	0.
Bui	rnaby, BC V5A 1S6 Canada	-				
	aig S. Harrison	Vice Chair Cons	0.		0.	0.
	53 Sonoma Mountain Road	4				
-	nta Rosa, CA 95404				0	0
	<u>1 LeValley</u> Box 324	Treasurer	0.		0.	0.
	te River, CA 95456-0519	0				
	Jodice	Chairman	0.		0.	0.
	7 Lehotsky Hall Clemson Un	iv 8				
	emson, SC 29634					-
	n Rivera	Chair-Elect	0.		0.	0.
	Box 21668 neau, AK 99802	4				
	n Good	Past Chair	0.		0.	0.
	25 Montlake Blvd East	0	0.		0.	0.
	attle, WA 98112	-				
·				1		

Forr	n 990-EZ (2010) The Pacific Seabird Group 91-097770	8	Ρ	age 3
Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.) See Sch Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	33	res	X
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)	34		Х
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, explain in Schedule O why the organization did not report the income on Form 990-T.			
i	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
I	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
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	36		Х
37	a 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?	37b		Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
i	a Initiation fees and capital contributions included on line 9			
l	b Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	b 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	40 b		Х
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
	d Section 501(c)(3) and 501(c)(4) organizations. 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	40 e		Х
41	List the states with which a copy of this return is filed None			

42 a	The	organization's
------	-----	----------------

books are in care of ► Ron LeValley Telephone no.	▶ 707-937-1	742	
Located at ► PO Box 324 Little River CA ZIP + 4	▶ 95456-051	.9	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority	over a	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
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.
${f c}$ At any time during the calendar year, did the c	organization maintain an office outside of 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	I	►□	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
<u>م</u> لا	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		Yes	No
	of Form 990-EZ	44a		Х
t	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 b		Х
c	Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
C	I If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	44 d		
	-			0010

Х

42 c

Form 990-I	EZ (2010) The Pacific Seabird	l Group			91-09	77708	Р	Page 4
							Yes	No
45 Is an	y related organization a controlled entity	of the organization with	in the meanir	ng of section 51	l2(b)(13)?	45		Х
a Did tl	he organization receive any payment fror ction 512(b)(13)? If 'Yes,' Form 990 and	n or engage in any tran	saction with a	a controlled ent	ity within the mea	aning inst.) 45 a		Х
	he organization engage, directly or indire					111St.) 4Ja		
cand	idates for public office? If 'Yes,' complete	e Schedule C, Part I						Х
Part VI	Section 501(c)(3) organizations	and section 4947	(a)(1) none	xempt chari	table trusts or	nly. All se	ction	
	501(c)(3) organizations and sec 47-49b and 52, and complete th	tables for lines 5	0 and 51.	iantable trus	as must answe	er questio	115	
	Check if the organization used Schedu			ic Part \/I				
							Yes	No
47 Did tl	he organization engage in lobbying activi	ties? If 'Yes,' complete	Schedule C, I	Part II		47		X
	e organization a school as described in se							Х
49 a Did tl	he organization make any transfers to an	exempt non-charitable	related organ	nization?		49a		Х
	es,' was the related organization a section	5						
50 Comp	olete this table for the organization's five oyees) who each received more than \$10	highest compensated e	employees (ot	ther than officer	rs, directors, trust	ees and key	/	
	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Comper	nsation (d) Co	ntributions to employee benefit plans and ferred compensation	e (e) E accor	xpense unt and lowances	
None					p			
f Total	number of other employees paid over \$	00,000 •						
51 Comp	plete this table for the organization's five pensation from the organization. If there i	highest compensated in	ndependent c	ontractors who	each received mo	ore than \$10	00,000	of
	(a) Name and address of each independent cont			(b) Ty	pe of service	(c) Com	pensatio	'n
None								
	number of other independent contractor	0						
	he organization complete Schedule A? No table trusts must attach a completed Sch					. ► X Yes	5	No
Under penalti	es of perjury, I decisre that I have examined this return and complete. Declaration of preparer (other than offic	, including accompanying sche	dules and stateme	ents, and to the best	of my knowledge and b	elief, it is		,
	For le alley			nus any knowledge.	5/	/15/2012		
Sign	Signature of officer			D	ate			
Here	▶ Ron LeValley			Tre	asurer			
	Type or print name and title.	Dreperer's signature) oto				
D · · ·	Print/Type preparer's name	Preparer's signature		Date 5/07/12		PTIN N/A		
Paid Preparer	Jessica McKnight Firm's name ► Plaza Professio	Jessica McKnig	111	J/U//12	self-employed	W/ A		
Use Only	Firm's address ► 928 H Street				Firm's EIN ►	N/A		
	Arcata, CA 9552	1)7) 822-	9190)
May the IR	S discuss this return with the preparer sl	nown above? See instru	ictions			►X Ye	5	No
BAA						Form 99	0-EZ ((2010)

SCHEDULE A	
(Earm 990 or 990 E	7

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Public Charity Status and Public Support

10 orm 990 or 990 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Open to Public Department of the Treasury Internal Revenue Service Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number The Pacific Seabird Group 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.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) Х A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated d a Type I b Type II С Type III - Other 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). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization?..... <u>11 g (i)</u> (ii) A family member of a person described in (i) above?..... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11g (iii) Provide the following information about the supported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of (vi) Is the organization in column (i) (i) Name of supported organization (ii) EIN (vii) Amount of support (see instructions)) your governing document? organized in the U.S.? your support? Yes Yes No No Yes No

(A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2010

OMB No. 1545-0047

 Schedule A (Form 990 or 990-EZ) 2010
 The Pacific Seabird Group
 91-0977708

 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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')		136,297.	28,316.	24,776.	14,670.	204,059.
	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 by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	136,297.	28,316.	24,776.	14,670.	204,059.
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						204,059.
Sec	tion B. Total Support	ГТ					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	0.	136,297.	28,316.	24,776.	14,670.	204,059.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		17,096.	8,700.	9,454.	442.	35,692.
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						239,751.
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3	³⁾ ► X
-	tion C. Computation of Pu		3	11 1 (0)			
	Public support percentage for 20 Public support percentage from						<u>%</u> %
						LL	
	a 33-1/3% support test – 2010. If and stop here. The organization	qualifies as a put	olicly supported or	ganization			▶
ł	33-1/3% support test – 2009. If and stop here. The organization	the organization d qualifies as a pub	id not check a box blicly supported or	x on line 13 or 16 ganization	a, and line 15 is 3	33-1/3% or more,	check this box
17a	17a 10%-facts-and-circumstances test – 2010. 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 ►						
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly suppor	e. Explain in Part ted organization.	IV how the►
	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a			
BAA					Sch	nedule A (Form 99	00 or 990-EZ) 2010

Page 2

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.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include							
2	any 'unusual grants.') Gross receipts from admis-							
-	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
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							
c	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total
	Amounts from line 6	(u) 2000	(5) 2007	(0) 2000	(u) 2005	(6) 2010		() rotar
10 a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add Ins 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 50	1(c)(3) ▶
Sec	tion C. Computation of Pu	blic Support P	Percentage					
15	Public support percentage for 20	010 (line 8, colum	n (f) divided by lir	ne 13, column (f))		15	010
16	Public support percentage from						16	00
	tion D. Computation of Inv							
	Investment income percentage f		9		umn (f))		17	010
18	Investment income percentage f	-	••	-			18	
	33-1/3% support tests – 2010. It is not more than 33-1/3%, check							
	33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%	f the organization	did not check a b	ox on line 14 or l	line 19a, and line	16 is more th	an 33	-1/3%, and 📃
20	Private foundation. If the organi		•				-	

Schedule A (Form 990 or 990-EZ) 2010 The Pacific Seabird Group

Part IV Supplemental Information. Complete this part to 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).

2010

Employer identification number

91-0977708

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

Department of the Treasury Internal Revenue Service

Name of the organization

The Pacific Seabird Group

	51 0577700	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (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

X 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, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

religious, charitable, etc, contributions of \$5,000 or more during the year..... ► \$

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page	1 of 1	of Part I
Name of organization	Emp	loyer identification number	
The Pacific Seabird Group	91	-0977708	

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	USFWS 95 Sterling Hwy, Ste. 1 MS 505 Homer, AK 99603	\$7,500.	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Environment Canada - Dept_of_Interi NWRC_Carlton_University Ottowa, Ontario_K1A_OH3_Canada	\$20,308.	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	USDA Forest Service, Region 6 1835 Black Lake Blvd SW, Ste A Olympia, WA 98512	\$5,000.	PersonXPayrollImage: Second
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_4	OR Coop Fish & Wildlife Res. Unit OR State Univ - 104 Nash Hall Corvallis, OR 97331-3803	\$10,065.	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Ocean Associates/NOAA 4007 North Abingdon Street Arlington, VA 22207-2920	\$25,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash

Part II Noncash Property (see instructions.)

(a) Io. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
N/A			
		\$\$	
(a) Io. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
(a) Io. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		<u> </u>	
(a) o. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
(a) o. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	

	B (Form 990, 990-EZ, or 990-PF) (2010)			Page 1	of 1	of Part III
Name of organ					Employer identificat	
	cific Seabird Group				91-0977708	}
Part III	<i>Exclusively</i> religious, charitable, e organizations aggregating more the second secon	tc, individual contributio an \$1,000 for the year.Co	ns to secti mplete cols (on 501(c) a) through ((7), (8), or (10) (e) and the followin	ig line entry.
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, cl (Enter this information once. S	naritable, etc, See instructior	าร.)	►\$	N/A
(a)	(b)	(c)			(d)	
No. from Part I	Purpose of gift	Use of gift		Des	cription of how gif	t is held
	N/A					
	Transferee's name, addres	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				sferee
(a)	(b)	(c)			(d)	
No. from Part I	Purpose of gift	Use of gift		Des	cription of how gif	t is held
Farti						
		(e) Transfer of gift				
	Transferee's name, addres		Rela	tionship of	transferor to trans	sferee
		•				
(2)	(1)	(-)			(4)	
(a) No. from	(b) Purpose of gift	(c) Use of gift		Dec	(d) cription of how gif	t is hold
Part I		Use of gift		Des	cription of now gi	(13 Held
	Transferee's name, addres	Rela	tionship of	transferor to trans	sferee	
(a)	(b)	(c)			(d)	
No. from	Purpose of gift	Use of gift		Des	cription of how gif	t is held
Part I						
	Turan fana la nama addua	Polationship of transforms to transforms				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
			1			

Supplemental Information to Form 990 or 990-EZ

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.

Open to Public Inspection

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE O (Form 990 or 990-EZ)

The Pacific Seabird Group

Employer identification number 91-0977708

Form 990-EZ, Part III - Organization's Primary Exempt Purpose
BIOLOGY AND CONSERVATION OF SEABIRDS
Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments
The Pacific Seabird Group hosts and annual meeting for seabird researchers to
share their discoveries and concerns with each other and the general public
Attendees_include_professional_biolgists, wildlife_managers, students_and
conservationists, as well the interested public from around the world. Through
presenatations_and_symposiums,_attendees_learn_about_current_issues_facing_the
Pacific seabird populations.
Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments
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.
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts
(a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract? No
(b) Did the organization, during the year, pay premiums, directly or
indirectly, on a personal benefit contract?

2010 Scł	nedule O - Supplemental Information	Page 2
	The Pacific Seabird Group	91-0977708
Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninve Publicly Traded Securiti Gross Sales Price: Cost or Other Basis:	41,268. 36,487. Total Gain (Loss) Publicly Traded Securities <u>\$</u>	4,781.
Form 990-EZ, Part I, Line 16 Other Expenses	Total Net Gain (Loss) From Noninventory Sales <u>\$</u>	4,781.
Conference Expense Dues & Subscriptions Insurance Meeting Expenses Outreach Education	\$ 	1,489. 64,062. 1,999. 1,400. 22,472. 6,000. <u>133.</u> 97,555.
Form 990-EZ, Part I, Line 20 Other Changes In Net Assets	Or Fund Balances	
Unrealized Gains/Losses.		-7,577. -7,577.



Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.....

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

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

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

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

	Name of exempt organization	Employer identification number
Type or print		
print	The Pacific Seabird Group	91-0977708
File by the due date for		
C11	PO Box 324	
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Little River, CA 95456-0519	

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of . ► <u>Ron LeValley</u>

Telephone No. ► 707-937-1742 FAX No. ►			
• If the organization does not have an office or place of business in the United States, check this box		•	
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If t			
check this box ► 🔲 . If it is for part of the group, check this box . ► 🗌 and attach a list with the names ar	nd EIN	Is of all members	
the extension is for.			
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
until $5/15$, 20 12, to file the exempt organization return for the organization named above.			
The extension is for the organization's return for:			
► calendar year 20 or			
 calendar year 20 or X tax year beginning <u>10/01</u>, 20 <u>10</u>, and ending <u>9/30</u>, 20 <u>11</u>. 			
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Fina Change in accounting period	ıl retu	rn	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Forr payment instructions.	n 887	9-EO for	

BAA For Paperwork Reduction Act Notice, see Instructions.