

**Short Form**  
**Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**2017****Open to Public  
Inspection****A For the 2017 calendar year, or tax year beginning**

10/01, 2017, and ending

09/30, 2018

**B** Check if applicable:

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization

THE PACIFIC SEABIRD GROUP

Number and street (or P.O. box, if mail is not delivered to street address)

450 SE LILLY AVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

CORVALLIS, OR 97333

**D** Employer identification number

91-0977708

**E** Telephone number

(360) 302-0160

**F** Group Exemption

Number ▶

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ PACIFICSEABIRDBIRDGROUP.ORG**J** Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 199,658.

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

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	10,070.	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	168,606.	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	15,564.	
	<b>4</b>	Investment income . . . . . ATCH. 1	<b>4</b>	5,418.	
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . . <b>5a</b>	<b>5c</b>		
	<b>b</b>	Less: cost or other basis and sales expenses . . . . . <b>5b</b>			0.
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .			
	<b>6</b>	Gaming and fundraising events	<b>6d</b>		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>			
<b>b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6b</b>				
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>				
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .				
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>	<b>7c</b>			
<b>b</b>	Less: cost of goods sold . . . . . <b>7b</b>			0.	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .				
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>			
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	199,658.		
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . . ATCH. 8.	<b>10</b>	49,563.	
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>		
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>		
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	2,047.	
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	276.	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	12,966.	
	<b>16</b>	Other expenses (describe in Schedule O) . . . . . ATCH. 2.	<b>16</b>	113,193.	
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	178,045.	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	21,613.	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	304,984.	
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) ATCH. 3. . . . .	<b>20</b>	23,170.	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	349,767.	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

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

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

		(A) Beginning of year	(B) End of year	
<b>22</b>	Cash, savings, and investments . . . . ATTACHMENT 4 . . . . .	300,605.	<b>22</b>	346,919.
<b>23</b>	Land and buildings . . . . .	4,506.	<b>23</b>	2,989.
<b>24</b>	Other assets (describe in Schedule O) . . . . .	0.	<b>24</b>	0.
<b>25</b>	<b>Total assets</b> . . . . .	305,111.	<b>25</b>	349,908.
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) ATTACHMENT 5 . . . . .	127.	<b>26</b>	141.
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . .	304,984.	<b>27</b>	349,767.

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

Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose? ATTACHMENT 6

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

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	ATTACHMENT 7		
	(Grants \$ 49,563. ) If this amount includes foreign grants, check here . . . . . ▶ <input type="checkbox"/>	28a	99,569.
29	THE PACIFIC SEABIRD GROUP HAS A PUBLICATION WHICH CONTAINS NEWS AND CURRENT DEVELOPMENTS ARISING FROM SCIENTIFIC RESEARCH PERTINENT TO PACIFIC SEABIRDS.		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶ <input type="checkbox"/>	29a	277.
30	THE PACIFIC SEABIRD GROUP PUBLISHES "MARINE ORNITHOLOGY", A JOURNAL OF INTERNATIONAL SEABIRD RESEARCH AND CONSERVATION.		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶ <input type="checkbox"/>	30a	12,677.
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . . ▶	32	112,523.

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

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

[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	X
<b>34</b> 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) . . . . .	<b>34</b>	X
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	X
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>	X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	X
<b>38a</b> 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? . . . . .	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 . . . . .	<b>40b</b>	X
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ CA,		
<b>42a</b> The organization's books are in care of ▶ KIRSTEN BIXLER Telephone no. ▶ 360-302-0160 Located at ▶ 450 SE LILLY AVE CORVALLIS, OR ZIP + 4 ▶ 97333		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ CANADA See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? . . . . . If "Yes," enter the name of the foreign country: ▶	<b>42c</b>	X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). . . . .	<b>45b</b>	X

**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. . . . .

	Yes	No
<b>46</b>		X

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

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

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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .

	Yes	No
<b>47</b>		X

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .

	Yes	No
<b>48</b>		X

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

	Yes	No
<b>49a</b>		X

**b** If "Yes," was the related organization a section 527 organization? . . . . .

	Yes	No
<b>49b</b>		X

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. . . . . ☒ Yes ☐ No

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

<b>Sign Here</b>	Signature of officer	08/12/2019
	KIRSTEN BIXLER	Date
	TREASURER	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARY ARCHIBALD CPA		08/12/2019		P00370997
	Firm's name <b>FRITH-SMITH &amp; ARCHIBALD, LLP</b>	Firm's EIN <b>95-4714778</b>			
	Firm's address <b>6355 TOPANGA CANYON BLVD, STE #400</b>	Phone no. <b>818-774-1500</b>			

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

WOODLAND HILLS, CA 91367

Form **990-EZ** (2017)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

THE PACIFIC SEABIRD GROUP

Employer identification number

91-0977708

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☒ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations. . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2017

JSA  
7E1210 1.000

2519EP N480 8/12/2019 6:58:00 PM V 17-7.10

PACIFICSEA

PAGE 6

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,828.	21,927.	26,312.	21,354.	23,729.	106,150.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	62,918.	115,148.	87,903.	145,766.	170,511.	582,246.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>6 Total.</b> Add lines 1 through 5 . . . . .	75,746.	137,075.	114,215.	167,120.	194,240.	688,396.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0.
<b>c</b> Add lines 7a and 7b. . . . .						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						688,396.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .	75,746.	137,075.	114,215.	167,120.	194,240.	688,396.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	17,841.	5,486.	1,452.	2,579.	5,418.	32,776.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0.
<b>c</b> Add lines 10a and 10b . . . . .	17,841.	5,486.	1,452.	2,579.	5,418.	32,776.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .		160.	458.			618.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	93,587.	142,721.	116,125.	169,699.	199,658.	721,790.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	95.37 %
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	95.48 %

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	4.54 %
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	4.36 %

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2017 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

  

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b>	Distributable amount for 2017 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2017			
<b>a</b>				
<b>b</b>	From 2013 . . . . .			
<b>c</b>	From 2014 . . . . .			
<b>d</b>	From 2015 . . . . .			
<b>e</b>	From 2016 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2017 distributable amount			
<b>i</b>	Carryover from 2012 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2017 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2017 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2013 . . . .			
<b>b</b>	Excess from 2014 . . . .			
<b>c</b>	Excess from 2015 . . . .			
<b>d</b>	Excess from 2016 . . . .			
<b>e</b>	Excess from 2017 . . . .			

Schedule A (Form 990 or 990-EZ) 2017

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

---

## Schedule of Contributors

OMB No. 1545-0047

**2017**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Name of the organization**

THE PACIFIC SEABIRD GROUP

**Employer identification number**

91-0977708

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)(<sup>3</sup>) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- ☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization THE PACIFIC SEABIRD GROUP

Employer identification number  
91-0977708**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CASH CONTRIBUTION UNDER \$5,000 450 SE LILLY AVE CORVALLIS, OR 97333	\$ 8,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NON CASH CONTRIBUTIONS UNDER \$5,000 450 SE LILLY AVE CORVALLIS, OR 97333	\$ 1,906.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

91-0977708

## Part II

[illegible]

Name of organization THE PACIFIC SEABIRD GROUP

Employer identification number

91-0977708

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE PACIFIC SEABIRD GROUP

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

91-0977708

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

AMOUNT

DIVIDEND INCOME

5,418.

TOTAL

5,418.

ATTACHMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES

2,003.

CONFERENCES, CONVENTIONS

99,569.

DEPRECIATION

1,517.

BANK CHARGES

1,972.

INSURANCE

1,325.

REGISTRATION FEES

50.

ONLINE SERVICES

6,245.

WEBSITE

512.

TOTAL

113,193.

ATTACHMENT 3

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

INCREASES IN FUND BALANCES

UNREALIZED GAINS/LOSSES

23,170.

TOTAL

23,170.

ATTACHMENT 4

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

DESCRIPTION

BEGINNING  
OF YEAR

END  
OF YEAR

CASH

52,199.

96,032.

SAVINGS

11,210.

10,420.

INVESTMENTS - SECURITIES

237,196.

240,467.

TOTALS

300,605.

346,919.

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

Schedule O (Form 990 or 990-EZ) (2017)

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

ATTACHMENT 5FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	127.	141.
TOTALS	<u>127.</u>	<u>141.</u>

ATTACHMENT 6FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PRINCIPAL GOALS OF PACIFIC SEABIRD GROUP ARE (1) TO INCREASE THE QUALITY AND QUANTITY OF SEABIRD RESEARCH THROUGH FACILITATING EXCHANGE OF INFORMATION AND (2) TO IDENTIFY AND ASSESS THE IMPORTANCE OF THREATS TO SEABIRD POPULATIONS AND PROVIDE GOVERNMENT AGENCIES AND OTHERS WITH EXPERT ADVICE ON MANAGING THE THREATS AND POPULATIONS.

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

THE PACIFIC SEABIRD GROUP HOSTS AN ANNUAL MEETING FOR SEABIRD RESEARCHERS TO SHARE THEIR DISCOVERIES AND CONCERNS WITH EACH OTHER AND THE GENERAL PUBLIC. ATTENDEES INCLUDE PROFESSIONAL BIOLOGISTS, WILDLIFE MANAGERS, STUDENTS AND CONSERVATIONISTS, AS WELL AS THE INTERESTED PUBLIC FROM AROUND THE WORLD. THROUGH PRESENTATIONS AND SYMPOSIUMS, ATTENDEES LEARN ABOUT CURRENT ISSUES FACING THE PACIFIC SEABIRD POPULATIONS. THE ANNUAL MEETING IS WHERE THE SEABIRD CONSERVATION AND TRAVEL GRANTS ARE AWARDED TO STUDENTS AND FOREIGN SCIENTISTS BASED ON NEED.

ATTACHMENT 8

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

IN EXCESS OF \$5000

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
FOREIGN SCIENTIST TRAVEL AWARD 450 SE LILLY AVE CORVALLIS, OR 97333	NONE	TRAVEL AWARD	13,276.
STUDENT TRAVEL AWARD 450 SE LILLY AVE CORVALLIS, OR 97333	NONE	TRAVEL AWARD	9,763.
STUDENT TRAVEL AWARD 450 SE LILLY AVE CORVALLIS, OR 97333	NONE	TRAVEL AWARD	7,376.
TOTAL CONTRIBUTIONS PAID			30,415.

THE PACIFIC SEABIRD GROUP

91-0977708

ATTACHMENT 9

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

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED TO POSITION	REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)	HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION	ESTIMATED AMOUNT OF OTHER COMPENSATION
KYRA PARKER PAST CHAIR	1.70	0.	0.	0.
ADRIAN GALL CHAIR	6.20	0.	0.	0.
DAVID CRAIG CHAIR ELECT	4.80	0.	0.	0.
KIRSTEN BIXLER TREASURER	19.30	0.	0.	0.
MARK RAUZON CONSERVATION CHAIR	5.10	0.	0.	0.
JANE DOLLIVER SECRETARY	14.40	0.	0.	0.
MARC ROMANO REGIONAL REPRESENTATIVE	1.10	0.	0.	0.
PETER HODUM REGIONAL REPRESENTATIVE	.80	0.	0.	0.

THE PACIFIC SEABIRD GROUP

91-0977708  
ATTACHMENT 9 (CONT'D)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES				
NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED TO POSITION	REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)	HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION	ESTIMATED AMOUNT OF OTHER COMPENSATION
KIRSTEN LINDQUIST REGIONAL REPRESENTATIVE	.70	0.	0.	0.
ANDRE RAINE REGIONAL REPRESENTATIVE	4.00	0.	0.	0.
SAMANTHA RICHMAN REGIONAL REPRESENTATIVE	.30	0.	0.	0.
TRUDY CHATWIN REGIONAL REPRESENTATIVE	.90	0.	0.	0.
LUKE EINODER REGIONAL REPRESENTATIVE	.50	0.	0.	0.
ROSS WANLESS REGIONAL REPRESENTATIVE	.30	0.	0.	0.
COREY CLATTERBUCK REGIONAL REPRESENTATIVE	5.50	0.	0.	0.
GRAND TOTALS		0.	0.	0.



2017

California Exempt Organization  
Annual Information Return

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) <b>10/01/2017</b> , and ending (mm/dd/yyyy) <b>09/30/2018</b>	
Corporation/Organization name <b>THE PACIFIC SEABIRD GROUP</b>	California corporation number <b>1254666</b>
Additional information. See instructions.	FEIN <b>91-0977708</b>
Street address (suite or room) <b>450 SE LILLY AVE</b>	PMB no.
City <b>CORVALLIS</b>	State <b>OR</b> Zip code <b>97333</b>
Foreign country name	Foreign province/state/county Foreign postal code

<b>A</b> First Return. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>B</b> Amended Return. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>C</b> IRC Section 4947(a)(1) trust. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>D</b> Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) • _____ <b>E</b> Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other <b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series <b>G</b> Is this a group filing? See instructions. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H</b> Is this organization in a group exemption. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? <b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>K</b> Is the organization exempt under R&TC Section 23701g? • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources . . . . . \$ _____ <b>L</b> If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. . . . . <input checked="" type="checkbox"/> <b>M</b> Is the organization a Limited Liability Company? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>P</b> Is federal Form 1023/1024 pending? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____
---	---

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

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. . . . .	1	174,024	00
	2 Gross dues and assessments from members and affiliates . . . . .	2	15,564	00
	3 Gross contributions, gifts, grants, and similar amounts received. . . . .	3	10,070	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B . . . . .	4	199,658	00
	5 Cost of goods sold . . . . .	5	00	00
	6 Cost or other basis, and sales expenses of assets sold . . . . .	6	00	00
	7 Total costs. Add line 5 and line 6 . . . . .	7	00	00
	8 Total gross income. Subtract line 7 from line 4. . . . .	8	199,658	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18. . . . .	9	178,045	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . . .	10	21,613	00
<b>Filing Fee</b>	11 Total payments. . . . .	11	00	00
	12 Use tax. See General Information K . . . . .	12	00	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 . . . . .	13	00	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 . . . . .	14	00	00
	15 Filing fee \$10 or \$25. See General Information F. . . . .	15	00	00
	16 Penalties and Interest. See General Information J . . . . .	16	00	00
	17 <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result . . . . .	17	00	00
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer <b>KIRSTEN BIXLER</b>	Title <b>TREASURER</b>	Date	Telephone <b>360-302-0160</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00370997</b>
	Firm's name (or yours, if self-employed) and address <b>FRITH-SMITH &amp; ARCHIBALD, LLP 6355 TOPANGA CANYON BLVD, STE #400 WOODLAND HILLS, CA 91367</b>			FEIN <b>95-4714778</b>
				Telephone <b>818-774-1500</b>
May the FTB discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions . . . . .	•	1	168,606	00
	2	Interest . . . . .	•	2		00
	3	Dividends . . . . .	•	3	5,418	00
	4	Gross rents . . . . .	•	4		00
	5	Gross royalties . . . . .	•	5		00
	6	Gross amount received from sale of assets (See Instructions) . . . . .	•	6		00
	7	Other income. Attach schedule . . . . .	•	7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .		8	174,024	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	•	9	49,563	00
	10	Disbursements to or for members . . . . .	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule . . . . .	•	11		00
	12	Other salaries and wages . . . . .	•	12		00
	13	Interest . . . . .	•	13		00
	14	Taxes . . . . .	•	14		00
	15	Rents . . . . .	•	15	276	00
	16	Depreciation and depletion (See instructions). . . . .	•	16	1,517	00
	17	Other Expenses and Disbursements. Attach schedule . . . . .	•	17	126,689	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .		18	178,045	00

Schedule L	Balance Sheets	Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1 Cash . . . . .			63,409.		106,452.
2 Net accounts receivable . . . . .					
3 Net notes receivable . . . . .					
4 Inventories . . . . .					
5 Federal and state government obligations . . .					
6 Investments in other bonds . . . . .					
7 Investments in stock . . . . .	ATCH 5		237,196.		240,467.
8 Mortgage loans . . . . .					
9 Other investments. Attach schedule . . . . .					
10 a Depreciable assets . . . . .		16,998.		16,998.	
b Less accumulated depreciation . . . . .	(	12,492.)	4,506.	(	14,009.)
11 Land . . . . .					
12 Other assets. Attach schedule . . . . .					
13 Total assets . . . . .			305,111.		349,908.
Liabilities and net worth					
14 Accounts payable . . . . .			127.		141.
15 Contributions, gifts, or grants payable . . . .					
16 Bonds and notes payable . . . . .					
17 Mortgages payable . . . . .					
18 Other liabilities. Attach schedule . . . . .					
19 Capital stock or principal fund . . . . .					
20 Paid-in or capital surplus. Attach reconciliation					
21 Retained earnings or income fund . . . . .			304,984.		349,767.
22 Total liabilities and net worth . . . . .			305,111.		349,908.

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

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

1	Net income per books . . . . .	•	44,783.	7	Income recorded on books this year not included in this return. Attach schedule . . . . .	•	
2	Federal income tax . . . . .	•		8	Deductions in this return not charged against book income this year. Attach schedule . . . . .	•	23,170.
3	Excess of capital losses over capital gains . . . . .	•		9	Total. Add line 7 and line 8 . . . . .	•	23,170.
4	Income not recorded on books this year. Attach schedule . . . . .	•		10	Net income per return. Subtract line 9 from line 6 . . . . .	•	21,613.
5	Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .	•					
6	Total. Add line 1 through line 5 . . . . .	•	44,783.				

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

**2017****California e-file Return Authorization for  
Exempt Organizations**

FORM

**8453-EO**

Exempt Organization name

THE PACIFIC SEABIRD GROUP

Identifying number

91-0977708

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4) . . . . .	<b>1</b>	199,658.
2 Total gross income (Form 199, line 8) . . . . .	<b>2</b>	199,658.
3 Total expenses and disbursements (Form 199, Line 9) . . . . .	<b>3</b>	178,045.

**Part II Settle Your Account Electronically for Taxable Year 2017**

4 ☐ Electronic funds withdrawal      4a Amount \_\_\_\_\_      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_      7 Type of account: ☐ Checking ☐ Savings  
 6 Account number \_\_\_\_\_

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign  
Here**

Signature of Officer

|08/12/2019

Date



TREASURER

Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO  
Must  
Sign**ERO's-  
signature 

Date

Check if  
also paid  
preparer ☐Check  
if self-  
employed ☐

ERO's PTIN

Firm's name (or yours  
if self-employed)  
and address 

FEIN

ZIP code

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid  
Preparer  
Must  
Sign**Paid  
preparer's  
signature 

Date

Check  
if self-  
employed ☐

Paid preparer's PTIN

P00370997

Firm's name (or yours  
if self-employed)  
and address FRITH-SMITH & ARCHIBALD, LLP  
6355 TOPANGA CANYON BLVD, STE #400  
WOODLAND HILLS

FEIN

95-4714778

ZIP code

CA

91367

THE PACIFIC SEABIRD GROUP

91-0977708

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

ATTACHMENT 1

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
CASH CONTRIBUTION UNDER \$5,000 450 SE LILLY AVE CORVALLIS, OR 97333	09/30/2018	8,164.
NON CASH CONTRIBUTIONS UNDER \$5,000 450 SE LILLY AVE CORVALLIS, OR 97333	09/30/2018	1,906.
TOTAL CONTRIBUTION AMOUNTS		10,070.

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 2

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
<u>GRANTS PAID</u>			
FOREIGN SCIENTIST TRAVEL AWARD 450 SE LILLY AVE CORVALLIS, OR 97333	NONE	TRAVEL AWARDS	3,300.
FOREIGN SCIENTIST TRAVEL AWARD 450 SE LILLY AVE CORVALLIS, OR 97333	NONE	TRAVEL AWARDS	1,923.
FOREIGN SCIENTIST TRAVEL AWARD 450 SE LILLY AVE CORVALLIS, OR 97333	NONE	TRAVEL AWARD	13,276.
EARLY CAREER SCIENTIST 450 SE LILLY AVE CORVALLIS, OR 97333	NONE	SUPPORT	1,400.
STUDENT TRAVEL AWARD 450 SE LILLY AVE CORVALLIS, OR 97333	NONE	TRAVEL AWARD	1,000.
STUDENT TRAVEL AWARD 450 SE LILLY AVE CORVALLIS, OR 97333	NONE	TRAVEL AWARD	1,731.
STUDENT TRAVEL AWARD 450 SE LILLY AVE CORVALLIS, OR 97333	NONE	TRAVEL AWARD	9,763.
CONSERVATION AWARD 450 SE LILLY AVE CORVALLIS, OR 97333	NONE	SUPPORT	2,079.

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 2 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
	AND	STATUS OF RECIPIENT		
ORNITHOLOGICAL COUNCIL 6512 EAST HALBERT ROAD BETHESDA, MD 20817	NONE	501 (C) (3)	SUPPORT	2,460.
STUDENT TRAVEL AWARD 450 SE LILLY AVE CORVALLIS, OR 97333	NONE		TRAVEL AWARD	7,376.
EARLY CAREER SCIENTIST TRAVEL AWARD 450 SE LILLY AVE CORVALLIS, OR 97333	NONE		TRAVEL AWARD	3,505.
STUDENT TRAVEL AWARD 450 SE LILLY AVE CORVALLIS, OR 97333	NONE		TRAVEL AWARD	1,750.
TOTAL CONTRIBUTIONS PAID				49,563.

ATTACHMENT 3

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME	TITLE	COMPENSATION
KYRA PARKER	PAST CHAIR	0.
ADRIAN GALL	CHAIR	0.
DAVID CRAIG	CHAIR ELECT	0.
KIRSTEN BIXLER	TREASURER	0.
MARK RAUZON	CONSERVATION CHAIR	0.
JANE DOLLIVER	SECRETARY	0.
MARC ROMANO	REGIONAL REPRESENTATIVE	0.
PETER HODUM	REGIONAL REPRESENTATIVE	0.
KIRSTEN LINDQUIST	REGIONAL REPRESENTATIVE	0.
ANDRE RAINE	REGIONAL REPRESENTATIVE	0.
SAMANTHA RICHMAN	REGIONAL REPRESENTATIVE	0.
TRUDY CHATWIN	REGIONAL REPRESENTATIVE	0.
LUKE EINODER	REGIONAL REPRESENTATIVE	0.
ROSS WANLESS	REGIONAL REPRESENTATIVE	0.
COREY CLATTERBUCK	REGIONAL REPRESENTATIVE	0.

TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

---

ATTACHMENT 4

---

---

PART II - OTHER EXPENSES

---

SUPPLIES	2,003.
PROFESSIONAL EXPENSE	2,047.
PRINTING EXPENSE	12,966.
CONFERENCES	99,569.
BANK CHARGES	1,972.
INSURANCE	1,325.
REGISTRATION FEES	50.
ONLINE SERVICES	6,245.
WEBSITE	512.
 TOTAL OTHER EXPENSES	 <hr/> 126,689. <hr/>

ATTACHMENT 5SCHEDULE L - INVESTMENTS IN STOCK

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
MARKETABLE SECURITIES	237,196.	240,467.
TOTAL INVESTMENTS IN STOCK	<u>237,196.</u>	<u>240,467.</u>

SCHEDULE M-1 - DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK

UNREALIZED GAINS/LOSSES	23,170.
TOTAL DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK	<u>23,170.</u>

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
(916) 210-6400

WEB SITE 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 the 15th day of the 5th month 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.

OFFICE OF THE  
ATTORNEY GENERAL

CALIFORNIA  
DEPARTMENT  
OF JUSTICE

State Charity Registration Number <u>057590</u>	Check if: <input checked="" type="checkbox"/> Change of address <input type="checkbox"/> Amended report
THE PACIFIC SEABIRD GROUP Name of Organization	Corporate or Organization No. <u>1254666</u>
450 SE LILLY AVE Address (Number and Street)	Federal Employer I.D. No. <u>91-0977708</u>
CORVALLIS OR 97333 City or Town, State and ZIP Code	

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

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

#### PART A - ACTIVITIES

For your most recent full accounting period (beginning 10/01/2017 ending 09/30/2018 ) list:

Gross annual revenue \$ 199,658. Total assets \$ 349,908.

#### PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

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

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

Organization's area code and telephone number (360) 302-0160

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

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

Signature of authorized officer	KIRSTEN BIXLER	TREASURER	Date
---------------------------------	----------------	-----------	------