

Form **990-EZ**

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

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization San Francisco Bay Bird Observatory		D Employer identification number 94-2788588
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 524 Valley Way		E Telephone number 408-946-6548
		City or town, state or country, and ZIP + 4 Milpitas CA 95035		F Group Exemption Number ▶

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.sfbbo.org

J Tax-exempt status (check only one) — 501(c)(3) ◀ (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 Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts: if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **263,516**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received														224,470												
	2	Program service revenue including government fees and contracts														13,702												
	3	Membership dues and assessments																										
	4	Investment income														1,662												
	5a	Gross amount from sale of assets other than inventory																										
	b	Less: cost or other basis and sales expenses																										
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	a	Gross revenue (not including \$ <u>12,076</u> of contributions reported on line 1)														23,612												
	b	Less: direct expenses other than fundraising expenses														11,754												
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)														11,858													
7a	Gross sales of inventory, less returns and allowances																											
b	Less: cost of goods sold																											
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe ▶ <u>See Statement 1</u>)														70													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														251,762													
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits														340,766												
	13	Professional fees and other payments to independent contractors														78,402												
	14	Occupancy, rent, utilities, and maintenance														21,605												
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe ▶ <u>See Statement 2</u>)														83,519												
17	Total expenses. Add lines 10 through 16														524,292													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														-272,530												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														579,409												
	20	Other changes in net assets or fund balances (attach explanation) <u>See Statement 3</u>														190												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														307,069												

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	366,570	226,282
23	Land and buildings		
24	Other assets (describe ▶ <u>See Statement 4</u>)	254,929	28,463
25	Total assets	621,499	324,750
26	Total liabilities (describe ▶ <u>See Statement 5</u>)	42,090	17,811
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	579,409	307,069

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

Form **990-EZ** (2009)



Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? See Statement 6		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	See Statement 7 (Grants\$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 141,783
29	See Statement 8 (Grants\$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 177,431
30	See Statement 9 (Grants\$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 140,388
31	Other program services (attach schedule) (Grants\$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 459,602

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jill Demers 524 Valley Way Milpitas CA 95035	Ex Director 40.00	56,402	0	0
Scott Smithson 524 Valley Way Milpitas CA 95035	Ex Director 40.00	18,233	0	0
Pati Rouzer 524 Valley Way Milpitas CA 95035	President 4.00	0	0	0
Leonie Batkin 524 Valley Way Milpitas CA 95035	At Large 2.00	0	0	0
Dale Wannan 524 Valley Way Milpitas CA 95035	Treasurer 4.00	0	0	0
Troy Rahmig 524 Valley Way Milpitas CA 95035	Vice President 4.00	0	0	0
Michael Kern 524 Valley Way Milpitas CA 95035	At Large 2.00	0	0	0
		0	0	0
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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. See Statement 10		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>CA</u>		
42a	The organization's books are in care of ▶ <u>Jill Bluso Demers</u> Telephone no. ▶ <u>408-946-6548</u> <u>524 Valley Way</u> Located at ▶ <u>Milpitas, CA</u> ZIP + 4 ▶ <u>95035</u>		
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)?	Yes	No
42b			X
	If "Yes," enter the name of the foreign country ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
42c			
	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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45			

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

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

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

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

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

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

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

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

Sign Here

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

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature **Deborah Daly CPA** Date **04/28/10** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **1592 Ramblewood Way Pleasanton, CA 94566** Preparer's Identifying Number (See instr.) **P00441755**

EIN **925-426-1996** Phone no. **925-426-1996**

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



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

San Francisco Bay Bird Observatory

Employer identification number

94-2788588

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

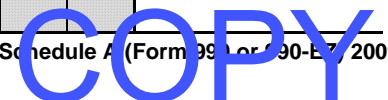
Table with 2 columns: Yes, No and 3 rows: 11g(i), 11g(ii), 11g(iii)

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

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S.?, (vii) Amount of support. Includes a Total row.

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

Schedule A (Form 990 or 990-EZ) 2009



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	119,666	137,068	169,923	317,663	123,127	867,447
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	119,666	137,068	169,923	317,663	123,127	867,447
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)						415,535
6 Public support. Subtract line 5 from line 4						451,912

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	119,666	137,068	169,923	317,663	123,127	867,447
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	973	3,541	5,990	4,907	1,662	17,073
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.)					70	70
11 Total support. Add lines 7 through 10						884,590
12 Gross receipts from related activities, etc. (see instructions)					12	1,436,796
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	51.09%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	63.44%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
7a 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

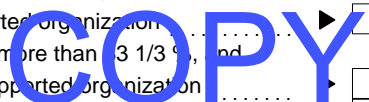
Section D. Computation of Investment Income Percentage

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

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

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

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



Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

Refunds \$ 70

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Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization	Employer identification number
San Francisco Bay Bird Observatory	94-2788588

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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 its Form 990, or check the box in the heading 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).

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

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

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Name of organization San Francisco Bay Bird Observatory	Employer identification number 94-2788588
-------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions)

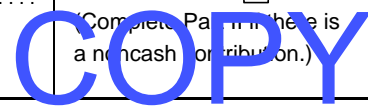
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Resource Legacy Fund 555 Capital Mall, Suite 675 Sacramento CA 95814	\$ 9,153	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Urban Creekds Council 1250 Addison Street Berkeley CA 94702	\$ 24,135	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Santa Clara Valley Water District 5750 Almaden Expressway San Jose CA 95118	\$ 22,684	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	City of Sunnyvale PO Box 3707 Sunnyvale CA 94088	\$ 16,341	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	City of San Jose Water Pollution Control 700 Los Esteros Road San Jose CA 95134	\$ 21,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Newby Island Landfill 1601 Dixon Landing Road Milpitas CA 95035	\$ 21,836	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

COPY

Name of organization San Francisco Bay Bird Observatory	Employer identification number 94-2788588
-------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	US Fish & Wildlife Service SF Bay NWR Complex 9500 Thornton Avenue Newark CA 94560	\$ 32,481	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Midpeninsula Regional Open Space Dis 330 Distel Circle Los Altos CA 94022	\$ 6,342	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

San Francisco Bay Bird Observatory

Employer identification number 94-2788588

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>California Fall</u> (event type)	<u>Western Bird Ba</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	25,427	8,368	33,795
	2	Less: Charitable contributions	11,820	256	12,076
	3	Gross revenue (line 1 minus line 2)	13,607	8,112	21,719
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs		4,471	4,471
	7	Food and beverages	2,745		2,745
	8	Entertainment			
	9	Other direct expenses	2,834	634	3,468
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				11,035

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?	9a	X
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	X

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		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ Jill Bluso Demers		
	524 Valley Way		
	Address ▶ Milpitas CA 95035		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

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Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

<u>Description</u>	<u>Amount</u>
Refunds & reimbursements	\$ 70
Total	\$ <u>70</u>

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
Dues & Subscriptions	6,872
Equip Lease & Maintenance	352
Postage & Delivery	6,964
Printing & Copying	13,654
Supplies	27,079
Telephone & Internet	2,234
Travel	17,049
Conferences & Meetings	6,588
Interest Expense	9
Insurance	2,718
Total	\$ <u>83,519</u>

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
Unrealized Gains on Investments	\$ 190
Total	\$ <u>190</u>

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Grants Receivable	\$ 91,550	\$ 32,482
Accounts Receivable	133,945	29,130
Prepaid Expenses and Deferred Charges	3,376	7,259
Vehicles, Boats, & Trailors	14,320	21,750
Furniture & Fixtures	10,524	10,524
Equipment	18,050	19,792
Computers	11,891	13,659
Software	7,576	7,576
Accumulated Depreciation		
Less Accumulated Depreciation	36,303	43,704
	<u>254,929</u>	<u>98,468</u>

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Federal Statements

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 42,090	\$ 17,681
	<u>42,090</u>	<u>17,681</u>

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Federal Statements**Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description

The San Francisco Bay Bird Observatory is dedicated to the conservation of birds and their habitats through science and outreach, and to contributing to informed resource management decisions in the San Francisco Bay Area.

Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service AccomplishmentsDescription

Land Bird Program: The goals of this program consist of conserving landbirds and contributing to informed land management decisions. Monitoring conducted at the Coyote Creek Field Station, the longest continuous inland bird banding program in the West, and in other riparian habitats contributes to one of the most comprehensive riparian monitoring programs in California.

Statement 8 - Form 990-EZ, Part III, Line 29 - Statement of Program Service AccomplishmentsDescription

Water Bird Program: The goals of the Water Bird Program are to contribute to conservation of waterbirds, including endangered species, through informing land management decisions. Program scientists work closely with U.S. Fish and Wildlife Service as well as the South Bay Salt Pond Restoration Project, to inform management and track the population status of endangered species.

Statement 9 - Form 990-EZ, Part III, Line 30 - Statement of Program Service AccomplishmentsDescription

Education Program: The program's goal consists of informing people of all ages about avian conservation science. In the year ending December 31, 2008, the program served over 3,000 Bay Area residents through bird walks, bird banding demonstrations, and volunteer opportunities to assist scientists in field studies.

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**Statement 10 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not
Reported on Form 990-T**

Description

Organization reported program service revenue on line 2 in the amount of \$13,702. These fees are charged to participants of educational activities. This revenue is related to the Organization's mission as this money supports the operations to put on the respective educational activity.

The Organization reported \$23,612 on line 6a for their special events which are detailed in a schedule attached to this return. These events are not regularly carried on and provide money for the Organization.

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MAIL TO:

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

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 four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number <u>45771</u> <u>San Francisco Bay Bird Observatory</u> Name of Organization <u>524 Valley Way</u> Address (Number and Street) <u>Milpitas CA 95035</u> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1094212</u> Federal Employer I.D. No. <u>94-2788588</u>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 01/01/09 ending 12/31/09) list:
 Gross annual revenue \$ 251,762 Total assets \$ 324,750

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 prop. 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. stmt 1	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 408-946-6548

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.

COPY

Signature of authorized officer _____

Printed Name _____

Title _____

Date 04/28/10

TAXABLE YEAR

2009

**California Exempt Organization
Annual Information Return**

FORM

199

month day year month day year

Calendar Year 2009 or fiscal year beginning , and ending

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 d (insert letter) **CORP #**
IRC Section 4947(a)(1) trust **1094212**

Corporation/Organization Name **San Francisco Bay Bird Observatory** **FEIN**
94-2788588

Address **524 Valley Way**

City **Milpitas** State **CA** ZIP Code **95035**

C Amended Return? Yes No **H** Accounting method used (1) Cash (2) Accrual (3) Other

D Are you a subordinate/affiliate in a group exemption? Yes No **I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No

(a) Is this a group filing for affiliates? See General Instruction L Yes No

(b) If "Yes," enter the number of affiliates

(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No

(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

(e) Federal Group Exemption Number

(f) Is a roster of subordinates attached? Yes No

E Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized (attach explanation)

If a box is checked, enter date

F Check the box if the organization filed the following federal forms or schedule:
(1) 990T (2) 990PF (3) (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$

L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

M Is the organization a Limited Liability Company? Yes No

N Did the org. file Form 100 or Form 109 to report taxable inc.? Yes No

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	27,292	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received.	3	224,470	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 \$25,000, see General Instruction C	4	251,762	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	251,762	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	524,292	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-272,530	00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10	00
	12	Total payments	12		00
	13	Penalties and Interest. See General Instruction J	13		00
	14	Use tax. See General Instruction K	14		00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15		10 00

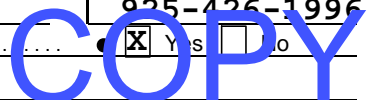
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer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

Signature of officer _____ Title _____ Date _____ Telephone _____

Paid Preparer's Use Only Preparer's signature _____ Date **04/28/10** Check if self-employed Preparer's SSN/PTIN **P00441755**

Firm's name (or yours, if self-employed) and address **Deborah Daly CPA**
1592 Ramblewood Way
Pleasanton, CA 94566 Telephone **925-426-1996**

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



San Francisco Bay Bird Observatory 94-2788588

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	13,702	00
	2	Interest	•	2	1,662	00
	3	Dividends	•	3		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 See Statement 2	•	7	11,928	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	27,292	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9		00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule See Statement 3	•	11	74,635	00
	12	Other salaries and wages	•	12	219,949	00
	13	Interest	•	13	9	00
	14	Taxes	•	14		00
	15	Rents	•	15	10,704	00
	16	Depreciation and depletion (See instructions)	•	16	10,901	00
	17	Other. Attach schedule See Statement 4	•	17	208,094	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	524,292	00

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		212,691	•	172,034
2 Net accounts receivable		225,495	•	61,612
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock. stmt 5		153,879	•	54,248
8 Mortgage loans (number of loans _____)			•	
9 Other investments			•	
10 a Depreciable assets	62,361		73,301	
b Less accumulated depreciation	(36,303)	26,058	(43,704)	29,597
11 Land			•	
12 Other assets. stmt 6		3,376	•	7,259
13 Total assets		621,499		324,750
Liabilities and net worth				
14 Accounts payable		42,090	•	17,681
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities			•	
19 Capital stock or principle fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		579,409	•	307,069
22 Total liabilities and net worth		621,499		324,750

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

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	•	-272,339	7	Income recorded on books this year not included in this return. Attach schedule See Stmt 8	•	52,155
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8	•	52,155
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6	•	-272,570
5	Expenses recorded on books this year not deducted in this return. Attach schedule stmt 7	•	51,964				
6	Total. Add line 1 through line 5	•	-220,375				

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Form 199 - General Footnote

Description

The Organization has filed their previous state returns under ID#30203244

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Statement 1 - Form RRF-1, Part B, Line 6 - Governmental Funding

Description

Santa Clara Valley Water District, \$22,684
Natalie Dominguez, Contract Administrator, 408.979.9781
5750 Almaden Expy, San Jose, CA 95118

US Fish & Wildlife, \$32,481
Cheryl Strong, Project Officer, 510.792.0222
9500 Thornton Avenue, Newark, CA 94560

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California Statements**Statement 2 - Form 199, Part II, Line 7 - Other Income**

<u>Description</u>	<u>Amount</u>
Western Bird Banding	\$ 8,112
California Fall Challenge	13,607
Annual Meeting	1,893
Refunds & reimbursements	70
Direct Expense of Spec Evnts	<u>-11,754</u>
Total	<u>\$ 11,928</u>

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California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
Jill Demers	Milpitas	524	Valley Way CA 95035	Ex Director	40.00	56,402	
Scott Smithson	Milpitas	524	Valley Way CA 95035	Ex Director	40.00	18,233	
Pati Rouzer	Milpitas	524	Valley Way CA 95035	President	4.00		
Leonie Batkin	Milpitas	524	Valley Way CA 95035	At Large	2.00		
Dale Wannan	Milpitas	524	Valley Way CA 95035	Treasurer	4.00		
Troy Rahmig	Milpitas	524	Valley Way CA 95035	Vice Preside	4.00		
Michael Kern	Milpitas	524	Valley Way CA 95035	At Large	2.00		
Total							<u>74,635</u>

California Statements**Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Benefits	\$ 27,845
Staff Development	2,412
Payroll Taxes	15,925
Outside Services	78,402
Travel	17,049
Conferences & Meetings	6,588
Dues & Subscriptions	6,872
Equip Lease & Maintenance	352
Postage & Delivery	6,964
Printing & Copying	13,654
Supplies	27,079
Telephone & Internet	2,234
Insurance	2,718
Total	<u>\$ 208,094</u>

Statement 5 - Form 199, Schedule L, Line 7 - Investments in Stock

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Money Market & Mutual Funds	\$ 153,879	\$ 54,248
Total	<u>\$ 153,879</u>	<u>\$ 54,248</u>

Statement 6 - Form 199, Schedule L, Line 12 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Prepaid Expenses	\$ 3,376	\$ 7,259
Total	<u>\$ 3,376</u>	<u>\$ 7,259</u>

Statement 7 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books

<u>Description</u>	<u>Amount</u>
Donated services	\$ 51,964
Total	<u>\$ 51,964</u>

Statement 8 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

<u>Description</u>	<u>Amount</u>
Net unrealized gains	\$ 191
Donated services	51,964
Total	<u>\$ 52,155</u>

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