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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 1545-0047 2009

Department of the Treasury

$\overline{}$	nal Rever		 					
		2009 calendar year, or tax year begin	ning	, 20	09, and endir		yer Identification	W 1
B	Check if		TCAN DITTED	TDD COCTERS	TNO	ŀ		number
	\vdash	essichange IIRS label INUKTH AMER.	ICAN BLUEB	IRD SOCIETY	, INC.		1118450	
	Nam	e change or print or type. See MIAMIVILLE	OH 45147			E Teleph	one number	
	Initia	return specific Instruc-	, 011 45147					
	Terr	ination tions.						_
		nded return				_ G Gross		70,951.
	App	cation pending F Name and address of principal	officer			H(a) Is this a group retu		Yes X No
		Same As C Above				H(b) Are all affiliates ind If 'No,' attach a list		;) Yes No
<u></u>			(insert no)	4947(a)(1) or	527			
<u> </u>	Web	ite: ► www.nabluebirdsocie	ty.org	<u> </u>		H(c) Group exemption n	umber 🟲	
K_		organization X Corporation Trust	Association O	ther -	L Year of Forma	tion M	State of legal don	nicite
Pa	ırt I	Summary						
		riefly describe the organization's missi						
8 l		HARITABLE PURSUITS THAT					<u>BLUEBIRI</u>	<u>DS_AND</u>
Activities & Governance		THER_NATIVE_CAVITY-NESTI	ING BIRD SE	RECIES DE NO			- 	
Ver	2 -	heck this box If the organization					-	
ဗ္ဗ		umber of voting members of the gover			isposea-ot-mi	31e 1116 25 76-01415	3	2,200
ಷ		umber of voting members of the gover			line 1b) 🚕 🔊	2146 2 2 2	4	2,20
itie:		otal number of employees (Part V, line		, and the same of	, 00	T 1 & 2010	5	
÷		otal number of volunteers (estimate if				Eocu	6	28
Ĭ	7a T	otal gross unrelated business revenue	from Part VIII, o	column (C), line 1:	2		7a	2,487.
	ЬГ	et unrelated business taxable income t	from Form 990-1	「, line 34	<u>irs o</u>	SOEN, UTA		0.
1						Prior Year	c	urrent Year
9	8 0	ontributions and grants (Part VIII, line	1h)			58,0	024.	53,554
Š	9 P	rogram service revenue (Part VIII, line	2g)					
Revenue		vestment income (Part VIII, column (A					000.	5,317
Œ		ther revenue (Part VIII, column (A), Im					205.	4,559
		otal revenue - add lines 8 through 11), line 12)	64,2	229.	63,430
,		rants and similar amounts paid (Part I	7					8,021.
		enefits paid to or for members (Part IX						
ø	15 S	alaries, other compensation, employee	benefits (Part I	IX, column (A), lır	nes 5-10)			
Expenses	16a F	rofessional fundraising fees (Part IX, c	olumn (A), line	11e)				
ğ.	ьт	otal fundraising expenses (Part IX, col	umn (D), line 25	(i) ►				
ш	17 (ther expenses (Part IX, column (A), Iir	nes 11a-11d, 11f	f-24f)	-	37,	545.	43,865
	l .	otal expenses Add lines 13-17 (must e)	37,		51,886.
		evenue less expenses. Subtract line 1		, ,,	•	26,	584.	11,544.
b 8	<u> </u>		<u> </u>			Beginning of		nd of Year
Para	20 T	otal assets (Part X, line 16)				175,		186,792.
A B		otal liabilities (Part X, line 26).					0.	0.
Net Assets or Fund Balancos	l	et assets or fund balances Subtract III	no 21 from lino	30		175,	248	186,792.
	rt II	Signature Block	le 21 iroin iiie i	<u></u>		110,		100, 152.
<u>- a</u>	1(1)						-	and balent stee
		Under penalties of perjury, I declare that I have extrue, correct, and complete Declaration of prepare	amined this return, in ir (other than officer)	is based on all informal	tion of which prep	arer has any knowledge	от ту кложеаде	and belier, it is
		\mathcal{M}				10-1	3-10	
Sic	ın	► L. Kanzus				, , , ,		
Sig He	ງກ re	Signature of office P				Date		
Sig He	jn re	Signature of office P				Date		
Siç He	jn re	Signature of office	1 reasures	<u> </u>		Date		
Siç He	in re	Signature of office P Freq Beavers	1 reasure	٤	Date		Preparer's	identifying number
He	re 	Signature of office P Type or print name and title			-	Check if self-		identifying number ctions)
He Pai	re id	Signature of office Beavers Type or print name and title Preparer's Shulley 7	Watken		Date 10-13-1	Check if self-	· 🔲	identifying number chons)
He Pai	re id	Signature of office P Trea Beavers Type or print name and title Preparer's signature Shuley Table Shirley WATKIN	Watken	(s)	-	Check if self-		identifying number ctions)
Pai Pre pai Us	re id e- rer's e	Signature of officer Trea Beavers Type or print name and title Preparer's signature Shulley Testing Name (or WATKINS ACCOUNTIES)	Watken	(s)	-	Check if self-employed	N/A	identifying number ctions)
Pai Pre pai	re id e- rer's e	Signature of office Beavers Type or print name and title Preparer's signature SHIRLEY WATKIN Firm's name (or yours if self-employed). WATKINS ACCOUN 113 E 19TH ST	Watken IS ITING TAX S	(s)	-	Check if self- employed	N/A N/A	
Pai Pre pai Us On	id e- rer's e	Signature of office Beauers Type or print name and title Preparer's signature Firm's name (or yours if self-employed). MATKINS ACCOUNTY MA	Watken IS ITING TAX S	evc	-	Check if self-employed	N/A N/A (812) 3	identifying number chions) 39-0016 Yes No

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

	990 (2009) NORTH AMERICAN BLUEBIRD SOCIETY, INC.	52 <i>-</i> 1	118450	Page_2	2
Par	t III Statement of Program Service Accomplishments				_
1	Briefly describe the organization's mission				_
	EDUCATIONAL, SCIENTIFIC AND CHARITABLE PURSUITS THAT PROMOTE THE	E PROSPE	RITY AND	WELL	
	BEING OF BLUEBIRDS AND OTHER NATIVE CAVITY-NESTING BIRD SPECIES				-
			- INTERCECT	·	-
					-
	Did the organization undertake any significant program services during the year which were not liste	d on the prin			-
2		a on the prio		(T)	
	Form 990 or 990-EZ? .		Yes	X No	
_	If 'Yes,' describe these new services on Schedule O				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	Yes	X No	
	If 'Yes,' describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program sen and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	vices by expe	enses Section	1 501(c)(3)	
	expenses, and revenue, if any, for each program service reported	s and allocati	ions to otners	, the total	
	emportation, in any, for each program service reported				
	/WYY TITYEWWA				-
4 a	(Code) (Revenue	\$)	
	PUBLISHED QUARTERLY JOURNAL TO APPROXIMATELY 2500				
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4h	(Code 10,761. including grants of \$) (Revenue	Ś)	
	MISCELLANEOUS OFFICE EXPENSES				
	MIDDERMINEOUS OFFICE DAY ENOUS			-	-
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	(0-1) (Davisanus	ė	,	
4 C	(Code 8,021. including grants of \$, (Revenue	٧)	
	AWARDED SCIENTIFIC RESEARCH GRANTS.			-	-
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					-
Δd	Other program services (Describe in Schedule O) See Schedule O				-
-7 u	(Expenses \$ 2,431. including grants of \$) (Revenue	\$)	
40	Total program service expenses ► 51,182.	<u>·</u>		,	-
	Total program service expenses = 01/102.				-

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	- 11	X
3	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	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		_ x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		х
•	 Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI 			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	 Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X 			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		_X_
12/	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization 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	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		_X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u>
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		_X_
30	contributions? If 'Yes,' complete Schedule M	30	_	_ <u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	34		<u> X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35_		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36_		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38_		X

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable. 1 a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 0 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return Х 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O Х 3 b 4a 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)? 4 a Х **b** 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c Χ d If 'Yes.' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? 7f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7** g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a 9b b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10 a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against

Form 990 (2009)

12a

11 b

12h

amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management					
_						Yes	No
1 a	Enter the	number of voting members of the governing body .	.	1a 2,200			
ŧ	Enter the	number of voting members that are independent	. (1b			
2	Did any o	fficer, director, trustee, or key employee have a family relat ector, trustee or key employee?	tionship or a business re	elationship with any other	2		х
3		ganization delegate control over management duties custor, directors or trustees, or key employees to a management	marily performed by or u	under the direct supervision	3		Х
4		ganization make any significant changes to its organization			4		X
		prior Form 990 was filed?		•			
5	Did the o	ganization become aware during the year of a material dive	ersion of the organization	n's assets?	5	ı	Х
		organization have members or stockholders?	.		6		X
7 a	Does the	organization have members, stockholders, or other persons body?	s who may elect one or r	more members of the	7 a		Х
t	-	ecisions of the governing body subject to approval by mem	bers, stockholders, or of	ther persons?	7b		X
8	Did the o	ganization contemporaneously document the meetings held	d or written actions unde	ertaken during the year by			
ź		ning body?			8a		Х
	_	mittee with authority to act on behalf of the governing body	/?	j	8ь		X
		ny officer, director or trustee, or key employee listed in Par on's mailing address? If 'Yes,' provide the names and addr		nnot be reached at the	9		Х
_		Policies (This Section B requests information					<u> </u>
	enue Code	•					
						Yes	No
10 a	Does the	organization have local chapters, branches, or affiliates?			10 a		X
t	If 'Yes,' d	oes the organization have written policies and procedures of hes to ensure their operations are consistent with those of	governing the activities of the organization?	of such chapters, affiliates,	10Ь		
11		rganization provided a copy of this Form 990 to all member		before filing the form?	11		X
		n Schedule O the process, if any, used by the organization					
12 a	Does the	organization have a written conflict of interest policy? If 'No	o,' go to line 13		12a		X
t	Are office to conflic	rs, directors or trustees, and key employees required to diss?	close annually interests	that could give rise	12b		
(Does the	organization regularly and consistently monitor and enforce O how this is done	compliance with the po	olicy? If 'Yes,' describe in	12 c		
13	Does the	organization have a written whistleblower policy?			13		X
14	Does the	organization have a written document retention and destruc	ction policy?		14		X
15	Did the p	ocess for determining compensation of the following persocomparability data, and contemporaneous substantiation of	ns include a review and the deliberation and de	approval by independent cision?			
		ization's CEO, Executive Director, or top management offic			15 a		Х
		cers of key employees of the organization .			15 b		X
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See	instructions.)				
16 a	Did the o entity dur	ganization invest in, contribute assets to, or participate in a ng the year?	a joint venture or similar	arrangement with a taxable	16 a		Х_
ł	in joint ve	as the organization adopted a written policy or procedure renture arrangements under applicable federal tax law, and the respect to such arrangements?	equiring the organization aken steps to safeguard	n to evaluate its participation I the organization's exempt	16b		
Sec	tion C.	Disclosures					
		ates with which a copy of this Form 990 is required to be fi	led - None				
18	inspection	104 requires an organization to make its Forms 1023 (or 10 in Indicate how you make these available. Check all that ap	ply	nd 990-T (501(c)(3)s only) av	aılabl	e for p	public
	\Box		request				
	statemen	n Schedule O whether (and if so, how) the organization mass available to the public					ncial
		name, physical address, and telephone number of the pers EAVERS 8365 S OLD ST RD 37 BLOOMING		pooks and records of the orga	nızatı	on	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated

employees; and former such persons. Check this box if the organization did not compensate any current officer, director, or trustee (F) (B) (c) **(E)** (A) Position (check all that apply) Average hours Reportable compensation from the organization (W-2/1099 MISC) Reportable compensation from related organizations (W-2/1099-MISC) Name and Title Estimated amount of other compensation from the Officer per week employee Highest compensated Former Individual institutional (ey employee director organization and related organizations trustee trustee

Form **990** (2009)

(A)	(B)	\ey 	EII		c)	es,	all	(D)	(E)	loyees	(F)	<u>π.)</u>
Name and Title	Average hours			checl					Reportable	Es	timated	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou com fr org.	int of oth pensation om the anization d relater inization	her on n d
				ī								
												
1 b Total							•	0.	0.			0.
 Total number of individuals (including but not limited from the organization ■ 0 	d to tho	se li	sted	abo	ove)	wh.	o re	ceived more than	\$100,000 in reporta	able con	npensa	atıon
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdua	1								3		Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual	portable nan \$15	cor 0,00	nper 0? /	nsat If 'Y	ion es'	and com	l oth plet	er compensation e Schedule J for s	from such	4		X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	atıoı İ for	n fro suci	m a h pe	ny erso	unre n	elate	d organization for	services	5		Х
Section B. Independent Contractors	ad .ada					.toro	tho	t received more th	222 \$100 000 of			
1 Complete this table for your five highest compensation from the organization.	ea mae _l 	penc 	.em	COI	nii at	lors		t received more ti				
(A) Name and business address	<u> </u>							Description of		Compe) nsatio	n
											_	
			_									
											-	
	_											
2 Total number of independent contractors (including \$100,000 in compensation from the organization		lımıt	ed t	io th	iose	list	ed a	bove) who receive	ed more than	•		

<u> </u>	TO THE Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s.	1a Federated campaigns. 1a				0.2, 0.0, 0.0, 1
NTS	b Membership dues 1b 45,475.				
SR/O					
A.	c Fundraising events 1c				
AR AR	d Related organizations 1d				
YS.	e Government grants (contributions) 1 e				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above. 1f 8,079.				
E O	g Noncash contribns included in Ins 1a-1f* \$				
NO.	h Total. Add lines 1a-1f	53,554.			
	Business Code	33,334.			
Ž					
Š	2a				
E E	b				<u> </u>
≥	c		·		
SER	d				
ξ	e				
8	f All other program service revenue				
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f				
	 Investment income (including dividends, interest and other similar amounts) 	5,317.	5,317.		
	4 Income from investment of tax-exempt bond proceeds	3,317.	3,317.		
- 1	· · · · · · · · · · · · · · · · · · ·				
	3 Noyalies	_ 			
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
ı	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
j	c Gain or (loss)				
	d Net gain or (loss).				
NUE	8a Gross income from fundraising events (not including \$				
3	of contributions reported on line 1c).				
OTHER REVEN	See Part IV, line 18		•		
ᆂᅵ	b Less direct expenses b		:		
Ö	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns				
	and allowances a 10,008.				
	b Less cost of goods sold b 7,521.				
ŀ	c Net income or (loss) from sales of inventory	2,487.		2,487.	
	Miscellaneous Revenue Business Code				
[11a ADVERTISING 519100	<u>2,</u> 072.			2,072.
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	2,072.			
	12 Total revenue. See instructions	63,430.	5,317.	2,487.	2,072.
	12 TOTAL LEAGUINE OCC HISTIACHOLIS	03,430.		2,201.	2,012.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (**D**) Fundraising (B) (C) (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Total expenses general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, Grants and other assistance to individuals in the U.S. See Part IV, line 22. 2 8,021 8,021 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members. Compensation of current officers, directors, 5 0 0. 0 0 trustees, and key employees. Compensation not included above, to disqualified persons (as defined under section 4958(n)(1) and persons described in cocken 4958(n)(2)(2) section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits. Payroll taxes Fees for services (non-employees) a Management **b** Legal 275 275. c Accounting **d** Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 2,041 2,041 13 Office expenses. 14 Information technology 15 Royalties 16 Occupancy 2,413 17 2,413 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 29,969 29,969 a Printing and Publications 3,135. 3,135. **b** MISCELLANEOUS 2,561 c Postage and Shipping 2,561. d MERCHANT & PAYPAL FEES 903. 903. e AWARDS & PLAQUES 763 76<u>3</u> 580 1,805. 1,225 f All other expenses 2,993. Ō. 51,886. 48,893. 25 Total functional expenses Add lines 1 through 24f Joint costs. Check here ► I If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Form 990 (2009) BAA

Part X

Balance Sheet (A) Beginning of year (B) End of year 173,676 Cash - non-interest-bearing. 185,244. 1 2 Savings and temporary cash investments . 2 3 3 Pledges and grants receivable, net Δ Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 1,572 1,548. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 10 c b Less: accumulated depreciation. Investments - publicly-traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 175,248 16 186,792 16 Total assets Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties. 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 0. Total liabilities. Add lines 17 through 25 0. 26 26 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 175,248. 27 186,792. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Q R Organizations that do not follow SFAS 117, check here and complete FUZD lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 186,792. 175,248. 33 33 Total net assets or fund balances 186,792 175,248. 34 Total liabilities and net assets/fund balances. 34 Form 990 (2009) BAA

orm 990 (2009) NORTH AMERICAN BLUEBIRD SOUTETY, INC.	L11845U	Pa	ige 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		_X_
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit, 2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue consolidated basis, separate basis, or both	ed on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3 Audit Act and OMB Circular A-133?	Single 3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ured audit 3b		

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

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.

2009

2009

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

			JEBIRD SOCIETY							18450			
Part		Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ir	nstructi	ons		
he o	rgar	nization is not a priv	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box)					
1				ociation of churches desc		section	1 170(b)	(1)(A)(1)					
2		A school described	I in section 170(b)(1)(A)(ii). (Attach Schedule E	E)								
3		A hospital or coope	erative hospital servici	e organization described	ın secti	on 170(l	ΙΧ1ΧΑΧ	iii).					
4		A medical research	n organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A)(iii) En	iter the hos	pital's	5
		name, city, and sta											
5		An organization op 170(b)(1)(A)(iv). (C	erated for the benefit Complete Part II)	of a college or university	owned	or oper	ated by	a gover	nmental	unit des	scribed in s	ection	n
6 7	П	An organization that		governmental unit describ substantial part of its su art II \					t or from	the gen	ieral public	descr	rıbed
8				art ii.) 170(b)(1)(A)(vi). (Complet	te Part I	1)							
9	=	•		more than 33-1/3 % of its		•	tributions	memh	ershin fe	es and d	iross recein	is	
	ت	from activities related investment income	d to its exempt function	ns — subject to certain exce ess taxable income (less	eptions, a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from ares	SS	ıfter
10		An organization org	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	509(a)	(4).				
11	_	more publicly supp	orted organizations d	exclusively for the benef described in section 509(a zation and complete lines	a)(1) or	section	509(a)(2	ctions o ?) See	of, or car section	ry out th 509(a)(3)	ne purpose:). Check th	s of or ne box	ne or c that
		a ∏Type I	b ∏Type II	c Type III				ed		d 🗍	Type III-	Other	
е		By checking this both than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	led direc upportec	tly or in Lorgani	directly zations o	by one describe	or more ed in sec	disquali tion 509	fied perso (a)(1) or se	ns oth ection	ner
f			received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting c	organizatioi	٦,	
9		Since August 17, 2	006, has the organiza	ition accepted any gift of	r contrib	ution fro	om any o	of the fo	ollowing	persons	?		
												Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or tupported organization?	together	with pe	rsons d	escribed	d in (ii) a	and (III)	11 g (i)		
		(ii) a famıly mem	nber of a person desc	cribed in (i) above?							11 g (ii)		
		(iii) a 35% contro	lled entity of a person	n described in (i) or (ii) al	bove?						11 g (iii)	L	
h		Provide the following	ng information about t	the supported organization	ons								
	(i)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in cold in your trning ment?		ization in	(vi) le organizati (i) organiz U S	on in col	(vii) Amoun	t of Sup	port
					Yes	No	Yes	No	Yes	No			
	•				_		 			_			
					_								
			_										
otal					-	[

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

	edule A (Form 990 or 990-EZ) 200					52-1118		Page 3
Par	t II Support Schedule for	Organization:	Described in	Sections 170	(b)(1)(A)(iv) ar	id 170(b)(1)	(A)(\	/i)
	(Complete only if you check							
Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
4	Total. Add lines 1-through 3							
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)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc. (see in	structions)			L	12	··
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	is a section 50	1(c)(3	3) ▶ [
	tion C. Computation of Pu						44	
	Public support percentage for 20			ne II, column (f)		 	14 15	<u>%</u>
	Public support percentage from			•		<u></u>		
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization di qualifies as a pu	d not check the bo blicly supported o	ox on line 13, and organization.	d the line 14 is 33	3-1/3 % or mor	e, ch	eck this box ►
Ł	33-1/3 support test – 2008. If the and stop here. The organization	e organization die qualifies as a pu	d not check a box blicly supported o	on line 13, or 16a organization	a, and line 15 is 3	33-1/3% or mo	re, ch	neck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	re. Explain in	Part I	V how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts- d-circumstances'	and-circumstance test. The organi	s' test, check this ization qualifies a	s box and stop he s a publicly suppo	re. Explain in orted organizal	Part I tion	V how the ►
18 BAA	Private foundation. If the organi	zation did not ch	eck a box on line,	, 13, 16a, 16b, 17				tructions Dor 990-EZ) 2009

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.)

Sec	tion A. Public Support			-				
Cale	ndar year (or fiscal yr 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 'unusual grants ')	64,371.	75,007.	7,663.	58,024.	53,5	54.	258,619.
2								0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513							0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge							0.
6	Total. Add lines 1 through 5	64,371.	75,007.	7,663.	58,024.	53,5	54.	258,619.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.		0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						0.	
	year	0.	0.	0.	0.		0.	0. 0.
	Add lines 7a and 7b	U.		<u>U.</u>			- ' 	
8	Public support (Subtract line					· · · · · · · · ·	-	258,619.
Sac	7c from line 6)							230,019.
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
	Amounts from line 6.	64,371.	75,007.	7,663.	58,024.	53,5		258,619.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	975.	3,883.	596.	4,000.	5,3		14,771.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		3,003.					0.
-	: Add lines 10a and 10b	975.	3,883.	596.	4,000.	5,3	17.	14,771.
	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	-836.	2,238.	1,059.	2,205.	4,5	59.	9,225.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							0.
13	Total support. (add tns 9, 10c, 11, and 12)							282,615.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ition's first, secon	d, third, fourth, o	r fifth tax year as	a section 5	01(c)(3	• □
Sec	tion C. Computation of Pul		ercentage					
	Public support percentage for 20			13. column (f))		_	15	91.5%
	Public support percentage from 2			, , , , , , , , , , , , , , , , , , , ,		T T	16	0.0%
_	tion D. Computation of Inv						<u></u>	
17	Investment income percentage for			by line 13, colum	nn (f))	_	17	5.2%
18	Investment income percentage fi	•	* *	-	***	-	18	0.0%
19 a	33-1/3 support tests – 2009. If the comore than 33-1/3%, check this b	organization did not ox and stop here.	check the box on hi The organization	ne 14, and line 15 is qualifies as a pub	olicly supported o	rganization		► X
ŀ	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	ne organization di	d not check a box	on line 14 or 19a	, and line 16 is m	nore than 33	-1/3%,	and line 18
	ris not more than 33-1/3%, check Private foundation. If the organization							* H

Schedule A (Form 990 or 990-EZ) 2009 NORTH AMERICAN BLUEBIRD SOCIETY, INC. 52-1118450 Page 4 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.
==

		OMB No 1
SCHEDULE I (Form 990)	Governments and Individuals in the United States	20(
Department of the Treasury Internal Revenue Service	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. Attatch to Form 990.	Open to Inspec
Name of the organization	Employer Iden	Employer Identification number
NORTH AMERICAN	NORTH AMERICAN BLUEBIRD SOCIETY, INC.	18450
Part I General II	Part I General Information on Grants and Assistance	
1 Does the organize the contraction cut	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	Yes

☐ Yes X No

Open to Public Inspection

OMB No 1545-0047

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	procedures for mon		ise of grant funds in the United States.	States.	te if the organizat	AY, berewsue noi	s' to Form
Part II Grants and Other Assistance to Governments and Organizations in the Other States, Complete in the Organization answered from \$5,000. Check this box if no one recipient received more than \$5,000. Use	nce to Governme ly recipient that r		ian \$5,000. Check	this box if no one r	ecipient received	more than \$5,00	<u> </u>
Part IV and Schedule I-1 (Form 990) if additional space is needed	Form 990) if add	itional space is	needed	,			X
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							•
			_				•
					-	,	
2 Enter total number of section 501(c)(3) and government organizations	(3) and government (organizations	-	-		A	0
	tions						0
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice, so	ee the Instructions	for Form 990.	TEEA3901L 02/10/10	02/10/10	Sched	Schedule I (Form 990) 2009

(f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 1

BAA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
NORTH AMERICAN BLUEBIRD SOCIETY, INC.	52-1118450
Form 990, Part III, Line 4d - Other Program Services Description	
DIRECTED ANNUAL CONFERENCE AT HARRISBURG, PA	
F 000 B 114 11 44 B 000 B 1 B	
Form 990, Part VI, Line 11 - Form 990 Review Process	
No review was or will be conducted.	
No_review was or will be conducted.	~
	~
	~
	~
	~
	~
	~
	~
	~

Schedule O (Form 990) 2009	Pag	<u>je 2</u>
Name_of the organization NORTH AMERICAN BLUEBIRD SOCIETY, INC.	Employer identification number 52-1118450	
		- -
		- -
		- -
		- -

2009	Federal Supporting Detail	Page 1
Client 2	NORTH AMERICAN BLUEBIRD SOCIETY, INC.	52-1118450
10/13/10		01 45PM
Prior Year Summa Total expenses [17	ry - Form 990/990-EZ 7]	
		37,545. 37,545.
	Total \$	37,545.
 		
Prior Year Summa	ry - Form 990/990-EZ l grants (8)	
John Dations and	\$ \$	58,024.
	Total 🔄	58,024. 58,024.

•

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North American Bluebird Society - Board of Directors

All Volunteers (serving without compensation, benefit plan or expense account)

Jonathan Ridgeway, PO Box 282, Clintondale, NY 12515 - President - 30 hours/week

Brian Swanson, 13302 Fieldstone Way Gainesville, VA 20155-6616 - Vice President - 20 hours/week

Sherry Linn, 18588 Old Richter Pass Road, Osoyoos, BC V0H 1V5 Canada - Vice President in 2008 & 2009 (joined Board in 2008) - 20 hours/week

Phil Berry, 4116 Longwood Circle, Gulf Breeze, FL 32563 - Vice President in 2007 - 5 hours/week

Greg Beavers, 8365 S. Old State Road 37, Bloomington, IN 47403 - Treasurer - 20 hours/week

Lynne Ridgeway, PO Box 282, Clintondale, NY 12515 - Secretary - 20 hours/week

Bob Benson, PO Box 11, South Easton, MA 02375 - Director - 5 hours/week

Barbara Chambers, 8911 Moreland Lane, Annandale, VA 22003 - Director - 5 hours/week - (joined Board in 2009)

Tom Comfort, 1100 S. East Torch Lake Drive, Bellaire, MI 49615 - Director - 2 hours/week - (joined Board in 2008)

Bernie Daniel, 9211 Solon Dr., Cincinnati, OH 45242-4617 - Director - 2 hours/week

Jimmy Dodson, PO Box 71, Rougemont, NC 27572 - Director - 1 hour/week - (not on Board in 2009)

Walter Mugdan, 251-31 42nd Ave, Little Neck, NY 11363 - Director - 1 hour/week

Terry Neumyer, Box 4621, Harrisburg, PA 17111 - Director - 1 hour/week - (joined Board in 2008)

John Schuster, 1179 Debbie Hill Rd., Cotati, CA 94931 - Director - 1 hour/week

Dan Sparks, 2634 Scarce O Fat Ridge Rd., Nashville, IN 47448 - Director - 5 hours/week

Anne Sturm, PO Box 341, Barnesville, Maryland 20838 - Director - 5 hours/week - (joined Board in 2008)

Dick Tuttle, 311 W. Central Ave. Delaware, OH 43015 - Director - 1 hour/week

Bet Zimmerman, 15 Shaw Rd, Woodstock Valley, CT 06282-2623 - Director - 5 hours/week - (joined Board in 2008)