

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

2008

Open to Public Inspection

Form 990-EZ

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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

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	C Name of organization ORNITHOLOGICAL SOCIETIES OF N. AMERICA Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 5400 BOSQUE BLVD., SUITE 680 City or town, state or country, and ZIP + 4 WACO, TX 76710	D Employer identification number 20-0106711

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.OSNABIRDS.ORG

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

J Organization type (check only one) 501(c) (6) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 85,701.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)				
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	4,650.
	3	Membership dues and assessments	3	81,018.
	4	Investment income	4	33.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	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 \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	85,701.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,485.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	7,143.
	16	Other expenses (describe _____ SEE STATEMENT 1)	16	79,218.
17	Total expenses. Add lines 10 through 16	17	87,846.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,145.
	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)	19	12,941.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	10,796.

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	14,568.	13,021.
23	Land and buildings		
24	Other assets (describe A/R-SGI)	3,077.	8,071.
25	Total assets	17,645.	21,092.
26	Total liabilities (describe A/P-AFFILIATES)	4,704.	10,296.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,941.	10,796.

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 501(c)(3) and (4) organizations and 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 3		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	8,710.
29	SEE STATEMENT 4		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,820.
30	SEE STATEMENT 5		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5,014.
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	16,544.

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
BONNIE BOWEN, IOWA STATE UNIV, 253 BESSEY HALL, AMES, IA 50011	PRESIDENT/TREASURER 5.00	0.	0.	0.
SANDRA GAUNT, OHIO STATE UNIV, 1315 KINNEAR RD, COLUMBUS, OH 43212	VICE-PRES/SECRETARY 5.00	0.	0.	0.
SCOTT GILLIHAN, 5405 VILLA VIEW DR, FARMINGTON, NM 87402	DIRECTOR 1.00	0.	0.	0.
JAMES HERKERT, ILLINOIS CHAP NATURE CONSERVANCY, 301 SW ADAMS #1007,	DIRECTOR 1.00	0.	0.	0.
DAVID BONTER, CORNELL LAB ORNITHOLOGY, 159 SAPSUCKER WOODS RD,	DIRECTOR 1.00	0.	0.	0.
GREG SHRIVER, 257 TOWNSEND HALL, UNIV OF DELAWARE, NEWARK, DE 19717	DIRECTOR 1.00	0.	0.	0.
KATIE DUGGER, OREGON ST UNIV, 104 NASH HALL, CORVALLIS, OR 97331	DIRECTOR 1.00	0.	0.	0.
LEONARD YOUNG 1640 ORIOLE LN NW, OLYMPIA, WA 98502	DIRECTOR 1.00	0.	0.	0.
ANGELA MATZ, US FISH & WILDLIFE, 101 12TH AVE, ROOM 110, FAIRBANKS, AK	DIRECTOR 1.00	0.	0.	0.
DAVID SHEALER, LORAS COLLEGE, 1450 ALTA VISTA, DUBUQUE, IA 52004	DIRECTOR 1.00	0.	0.	0.
CHRISTINE CUSTER, U.S.G.S, 2630 FANTA REED RD, LA CROSSE, WI 54603	DIRECTOR 1.00	0.	0.	0.
JAMES RISING, UNIV OF TORONTO, DEPT OF ZOOLOGY, TORONTO, ONTARIO, CANADA	DIRECTOR 1.00	0.	0.	0.
MELINDA CLARK, 52684 HIGHLAND DR, SOUTH BEND, IN 46635	DIRECTOR 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	N/A	
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
40d	d Enter amount of tax on line 40c reimbursed by the organization 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. NONE		
42a	The books are in care of THE ORGANIZATION Telephone no. (254) 399-9636 Located at 5400 BOSQUE BLVD., SUITE 680, WACO, TX ZIP + 4 76710		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

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