

Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning January 1, 2007, **and ending** December 31, 20 07

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 Paso Pacifico		D Employer identification number 20 3396421
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 1244		E Telephone number (805) 377-1794
		City or town, state or country, and ZIP + 4 Ventura, CA 93002		F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

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

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

I Group Exemption Number ▶

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

G Website: ▶ <http://www.pasopacifico.org>

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 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 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a		280,292	
	b Direct public support (not included on line 1a)	1b			
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 275194 noncash \$ 5098)				1e 280,292
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2 0
	3 Membership dues and assessments				3 0
	4 Interest on savings and temporary cash investments				4 904
	5 Dividends and interest from securities				5 0
	6a Gross rents	6a	0		
	b Less: rental expenses	6b	0		
c Net rental income or (loss). Subtract line 6b from line 6a				6c 0	
7 Other investment income (describe ▶)				7 0	
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	8a	0	
		(B) Other	8a	0	
	b Less: cost or other basis and sales expenses.	8b	0		
	c Gain or (loss) (attach schedule)	8c	0		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)				8d 0
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1b)	9a	0	
		b Less: direct expenses other than fundraising expenses	9b	0	
		c Net income or (loss) from special events. Subtract line 9b from line 9a			
10a Gross sales of inventory, less returns and allowances	10a	0			
	b Less: cost of goods sold	10b	0		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				10c 0
11 Other revenue (from Part VII, line 103)				11 0	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12 281196	
Expenses	13 Program services (from line 44, column (B))				13 142113
	14 Management and general (from line 44, column (C))				14 13203
	15 Fundraising (from line 44, column (D))				15 3800
	16 Payments to affiliates (attach schedule)				16 0
	17 Total expenses. Add lines 16 and 44, column (A)				17 159116
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12				18 122080
	19 Net assets or fund balances at beginning of year (from line 73, column (A))				19 (9792)
	20 Other changes in net assets or fund balances (attach explanation)				20 0
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21 112288

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23 Specific assistance to individuals (attach schedule)	0	0		
24 Benefits paid to or for members (attach schedule)	0	0		
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	0	0	0	0
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b, and c	27583	26204	1379	0
27 Pension plan contributions not included on lines 25a, b, and c	0	0	0	0
28 Employee benefits not included on lines 25a - 27	0	0	0	0
29 Payroll taxes	0	0	0	0
30 Professional fundraising fees	0	0	0	0
31 Accounting fees	900	0	900	0
32 Legal fees	956	756	200	0
33 Supplies	16658	14658	1000	1000
34 Telephone	2473	2000	373	100
35 Postage and shipping	838	200	138	500
36 Occupancy	7441	5300	1941	200
37 Equipment rental and maintenance	0	0	0	0
38 Printing and publications	3000	500	500	2000
39 Travel	22580	22000	580	0
40 Conferences, conventions, and meetings	988	988	0	0
41 Interest	659	0	659	0
42 Depreciation, depletion, etc. (attach schedule)	1583	1000	583	0
43 Other expenses not covered above (itemize):				
a Professional Consultants - Biologists, Sociologists	43031	43031	0	0
b Contract Labor	15209	14759	450	0
c Computer Expense	2642	2378	264	0
d Board Retreat	2005	0	2005	0
e Vehicle Maintenance	1801	1601	200	0
f Insurance	6283	4500	1783	0
g Bank Service Charges	2486	2238	248	0
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	159116	142113	13203	3800

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
<p>a Applied Conservation Science - Carried out baseline studies and established biodiversity monitoring at six sites. We carried out a study of endangered primates in the area targeted for conservation, results indicate the need to protect this important wildlife. At the end of year we launched a community-based sea turtle protection program. We also have used this program area to link Nicaraguan students and professionals with international researchers primarily from US universities.</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>35528</p>
<p>b Technical Assistance to Landowners - This program allowed Paso Pacifico to provide technical assistance to landowners at over 50 landowners. At some locations, we partnered with landowners to design and implement forest restoration at over 1000 acres. Paso Pacifico also gave training and assistance to small-scale farmers in the area of the sustainable cultivation of fruit trees and organic farming.</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>21317</p>
<p>c Public Awareness and Education - Paso Pacifico carried out a year long environmental education campaign with 100 children in our target conservation area. We also carried out a series of workshop & field trips promoting sea turtle conservation. Rural community members also participated in workshops and field trips surrounding protected areas.</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>28423</p>
<p>d Conservation Finance - This program assisted 5 landowners with the cost of planting over 200,000 native trees for the purpose of restoring a forest and reducing greenhouse gases. Landowners rely on this conservation finance to cover the cost of materials and labor to do reforestation and other conservation actions such as putting up interpretive signs on their private reserves.</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>35528</p>
<p>e Other program services (attach schedule) (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>21317</p>
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>142113</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	5208	45	15871
	46 Savings and temporary cash investments	0	46	88279
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	0
	47b	0		
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	0
	48b	0		
	49 Grants receivable	0	49	0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	50b	0
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	0
	51b	0		
	52 Inventories for sale or use	0	52	0
	53 Prepaid expenses and deferred charges	0	53	0
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
55a Investments—land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)		55c	0	
55b	0			
56 Investments—other (attach schedule)	0	56	0	
57a Land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)		57c	0	
57b	0			
58 Other assets, including program-related investments (describe <input type="checkbox"/> computer-3100, office furniture-1344, vehicle -17416)	0	58	21861	
59 Total assets (must equal line 74). Add lines 45 through 58	5208	59	126011	
Liabilities	60 Accounts payable and accrued expenses	0	60	0
	61 Grants payable	0	61	0
	62 Deferred revenue	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe <input type="checkbox"/> Start-up Loan)	15000	65	13722
66 Total liabilities. Add lines 60 through 65	15000	66	13722	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	5208	70	104150
	71 Paid-in or capital surplus, or land, building, and equipment fund	0	71	0
	72 Retained earnings, endowment, accumulated income, or other funds	(15000)	72	8139
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	(9792)	73	112289	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5208	74	126011	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	NA
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	NA
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
Sandra Pearson, 870 E. Front St. Ventura, CA 93001	President, 15 hr/wk	0	0	0
Julia Medina, 870 E. Front St., Ventura, CA 93001	Secretary, 10 hr/week	0	0	0
Claudia Belli, 870 E. Front St., Ventura, CA 93001	Treasurer, 10 hr/week	0	0	0
Richard Smith, 870 E. Front St., Ventura, CA 93001	Director, 5 hr/week	0	0	0
Rodolfo Dirzo, 870 E. Front St., Ventura, CA 93001	Director, 5 hr/week	0	0	0
Sarah Otterstrom, 870 E. Front St., Ventura, CA 93001	Executive Director, 40/week	0	0	0

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	85b		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
b	501(c)(3) and 501(c)(4) orgs. 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," attach a statement explaining each transaction		✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, 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?		✓
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		✓
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	89g		
90a	List the states with which a copy of this return is filed <input type="text" value="California"/>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	1
91a	The books are in care of <input type="text" value="Paso Pacifico"/> Telephone no. <input type="text" value="(805) 377-1794"/> Located at <input type="text" value="870 E. Front St., Ventura, CA"/> ZIP + 4 <input type="text" value="93001"/>		
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 <input type="text" value="Nicaragua"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	✓

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	✓

Please 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 _____
Sandra Pearson, President
 Type or print name and title

Paid Preparer's Use Only Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen. inst. X) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____ Phone no. _____