

Form **990-EZ**

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

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ 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 January 1, 2009, and ending December 31, 20 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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		E Telephone number 805-643-7044
		PO Box 1244		F Group Exemption Number ▶
		City or town, state or country, and ZIP + 4 Ventura, CA 93002-1244		

• 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: ▶ <http://www.pasopacifico.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 ▶ \$ **479535**

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																														469244			
	2 Program service revenue including government fees and contracts																													3363				
	3 Membership dues and assessments																														0			
	4 Investment income																														6647			
	5a Gross amount from sale of assets other than inventory						0																											
	b Less: cost or other basis and sales expenses						0																											
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																															0		
	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>0</u> of contributions reported on line 1)						0																											
	b Less: direct expenses other than fundraising expenses						0																											
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																																0	
	7a Gross sales of inventory, less returns and allowances						0																											
	b Less: cost of goods sold						0																											
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																	
	8 Other revenue (describe ▶ <u>American Express Blue Card credits</u>)																																281	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																																479535	
	Expenses	10 Grants and similar amounts paid (attach schedule)																															0	
11 Benefits paid to or for members																																0		
12 Salaries, other compensation, and employee benefits																																106829		
13 Professional fees and other payments to independent contractors																																	95825	
14 Occupancy, rent, utilities, and maintenance																																	19944	
15 Printing, publications, postage, and shipping																																	12761	
16 Other expenses (describe ▶ <u>Fundraising, supplies, travel, insurance, accounting, education</u>)																																	173486	
17 Total expenses. Add lines 10 through 16																																408845		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																															70690		
	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)																															37826		
	20 Other changes in net assets or fund balances (attach explanation)																															0		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																																108517	

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		27680	22 92675
23 Land and buildings		0	23 0
24 Other assets (describe ▶ <u>vehicle, computers, field research equipment</u>)		22099	24 21982
25 Total assets		49779	25 114657
26 Total liabilities (describe ▶)		11953	26 6140
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		37826	27 108517

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? <u>To conserve Central America's pacific ecosystems</u>		(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, and other relevant information for each program title.			
28	Education and Awareness - brought 80 children on field trips to protected areas, taught environmental education at six schools during school year, led the International coastal clean-up, produced reports on wildlife on CITES list, developed educational films regarding sea turtles, wildlife trade, and biological corridors (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	73898
29	Conservation Science - carried out research on endangered spider monkeys, monitored nesting sea turtles at six beaches, supported presentations at Sociedad Mesoamericana para Biologia Congress, presented projects at University of California and University of Wisconsin-Osh Kosh, trained Nicaraguan biologist to study bats (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	92372
30	Conservation Lands - Supported landowners in protecting protected areas, baseline studies at protected areas protection of six sea turtle nesting beaching, training for landowners of private reserves, mapping of private protected areas, trainings with private reserve network (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	110847
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	92372
32	Total program service expenses (add lines 28a through 31a)	32	369489

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
Sarah M. Otterstrom 872 E. Front St., Suite 200, Ventura, CA 93001	Executive Director	27498	0	0
Sandra Pearson 872 E. Front St., Suite 200, Ventura, CA 93001	President of the Board	0	0	0
Julia Medina 872 E. Front St., Suite 200, Ventura, CA 93001	Secretary of the Board	0	0	0
George Gorman 872 E. Front St., Suite 200, Ventura, CA 93001	Treasurer of the Board	0	0	0
Rodolfo Dirzo 872 E. Front St., Suite 200, Ventura, CA 93001	Director	0	0	0
Sean Carney 872 E. Front St., Suite 200, Ventura, CA 93001	Director	0	0	0
Richard Smith 872 E. Front St., Suite 200, Ventura, CA 93001	Director	0	0	0

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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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.		
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?		✓
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0</u>		
b	Did the organization file Form 1120-POL for this year?		✓
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?		✓
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		✓
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 ▶ <u>0</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
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.		✓
41	List the states with which a copy of this return is filed. ▶ <u>California</u>		
42a	The organization's books are in care of ▶ <u>Paso Pacifico</u> Telephone no. ▶ <u>805-643-7044</u> Located at ▶ <u>872 E. Front St., Suite 200, Ventura, CA 93001</u> ZIP + 4 ▶ <u>93001-5945</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
	If "Yes," enter the name of the foreign country: ▶ <u>Nicaragua</u>	✓	
	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.?	Yes	No
	If "Yes," enter the name of the foreign country: ▶ <u>Nicaragua</u>	✓	
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 ▶ <u>43</u> <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓

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.

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	46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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.

Sign Here

▶ *[Signature]* | 11/15/2010
 Signature of officer | Date
 ▶ **Sarah M. Otterstrom, Executive Director**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's identifying number (See instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____
 Phone no. ▶ _____

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