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2008

Open to Public Inspection

# 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)

▶ 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

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

**A** For the 2008 calendar year, or tax year beginning July 1, 2008, and ending June 30, 2009

<b>B</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.	<b>C</b> Name of organization <b>Pesticide Watch, Inc</b>		<b>D</b> Employer identification number 77 0208947	
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 1107 9th Street 601		<b>E</b> Telephone number ( 916 ) 551-1883	
		City or town, state or country, and ZIP + 4 Sacramento, CA 95814-3607		<b>F</b> Group Exemption Number	

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

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ www.pesticidewatch.org

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

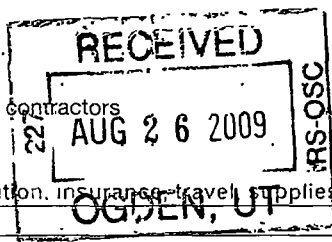
**J** Organization type (check only one) —  501(c) ( 4 ) ◀ (insert no)  4947(a)(1) or  527

**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 ▶ \$ 10,413 46

**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	10,400
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	13 46
	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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	10,413 46	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	4537.32
	13	Professional fees and other payments to independent contractors	13	187.91
	14	Occupancy, rent, utilities, and maintenance	14	1259 01
	15	Printing, publications, postage, and shipping	15	462 55
	16	Other expenses (describe ▶ Conferences, depreciation, insurance, travel, supplies, etc)	16	2382 89
17	<b>Total expenses.</b> Add lines 10 through 16	17	8829 68	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,583 78
	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	261,840 60
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	263,424 38



**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	107,391 22	22 110,155 06
23 Land and buildings		23
24 Other assets (describe ▶ <u>Accounts Receivable</u> )	155,610.39	24 155,610 39
25 <b>Total assets</b>	263,001.61	25 265,765 45
26 <b>Total liabilities</b> (describe ▶ <u>Accounts Payable</u> )	1,161 01	26 2,341 07
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	261,840 60	27 263,424 38

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

What is the organization's primary exempt purpose? advocate for reduced pesticide use and exposure  
 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

**Expenses**  
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	.....		
	(Grants \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	6414.49
29	.....		
	(Grants \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
30	.....		
	(Grants \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
31	Other program services (attach schedule)		
	(Grants \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
32	Total program service expenses (add lines 28a through 31a)	<b>32</b>	6414.49

**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
Paul Schramski 1107 9th Street, Ste 601, Sacramento, CA 95814	State Director/4	3340.80	0	0
Faye Park 1536 Wynkoop, #100, Denver, CO 80202	Board Clerk/ 5	0	0	0
Emily Rusch 369 Broadway, San Francisco, CA 94133	Board Treasurer/ 5	0	0	0
Dan Jacobson 1107 9th Street, Ste 601, Sacramento, CA 95814	Board President/ 5	0	0	0
John Rampler 44 Winter Street, 4th Floor, Boston, MA 02108	Board Member/ 5	0	0	0
Alyssa Schuren 141 Main St #6, Montpelier, VT 05602	Board Member/ 5	0	0	0
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**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		✓
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		✓
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?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction 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 ▶ <u>37a</u> n/a		
37b	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 unpaid at the start of the period covered by this return?		✓
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>n/a</u> , section 4912 ▶ <u>n/a</u> , section 4955 ▶ <u>n/a</u>		
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		✓
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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		
41	List the states with which a copy of this return is filed ▶ <u>CA</u>		
42a	The books are in care of ▶ <u>Paul Schramski</u> Telephone no ▶ <u>( 916 ) 551-1883</u> Located at ▶ <u>1107 9th Street, Ste 601, Sacramento, CA</u> ZIP + 4 ▶ <u>95814-3607</u>		
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.	Yes	No
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 ▶ _____		✓
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	Yes	No
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 only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- |     | Yes | No |
|-----|-----|----|
| 46  |     | ✓  |
| 47  |     | ✓  |
| 48  |     | ✓  |
| 49a |     | ✓  |
| 49b |     |    |
- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the 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				
Total number of other employees paid over \$100,000 ▶				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		
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** ▶ Date 8/20/09

▶ **Paul Schramski, State Director**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed

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

Form 990-EZ (2008)