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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

990 (2008)

Form

Cat No 11282Y

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements July 1 2008, and ending June 30 20 09 For the 2008 calendar year, or tax year beginning C Name of organization Pesticide Action Network North America Regional C D Employer identification number B Check if applicable use IRS Doing Business As Pesticide Action Network North America 2949686 ☐ Address change label or Number and street (or PO box if mail is not delivered to street address) Telephone number print or Room/suite ☐ Name change 981-1771 415) See Initial return City or town, state or country, and ZIP + 4 Termination Instruc-San Francisco, CA 94102 tions. G Gross receipts \$ 1,976,761 Amended return F Name and address of principal officer Kathyrn Gilje (same as C above) Application pending H(a) Is this a group return for affiliates? ☐ Yes ✓ No H(b) Are all affiliates included? Yes No Tax-exempt status 501(c) (3) ◀ (insert no) 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) Website: ▶ www.panna.org H(c) Group exemption number ▶ Type of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 1984 M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities. In '08-09 we made significant progress toward replacing pesticides with ecologically sound, socially just alternatives. We helped win a global phaseout of the & Governance neurotoxin lindane under the Stockholm Convention; advanced safer solutions to malaria by encouraging the WHO to recommit to phasing out DDT; and worked with U.S. communities to reduce exposure to pesticides in the air. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 14 Number of voting members of the governing body (Part VI, line 1a). 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 34 5 5 Total number of employees (Part V, line 2a). . 20 6 Total number of volunteers (estimate if necessary) 0 7a Total gross unrelated business revenue from Part Hill line 12, column (C). 7a b Net unrelated business taxable income from Form 990 1. line 34 0 7b **Current Year** Š Contributions and grants (Part VIII, Intel 1h) DEC 22.2009. 2,827,777 1,914,224 44,469 31,867 Program service revenue (Part VIII, little 2g) . 20,629 (2,642)10 Investment income (Part VIII, column (A) Hipes 0 Other revenue (Part VIII, column (A) Line Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 2,892,875 1,943,449 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 1,526,378 1,570,483 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 966,197 742,965 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 2,492,576 2,313,448 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 400,299 (369,999)Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Year **End of Year** 1,698,871 1,295,895 20 Total assets (Part X, line 16) . 217,489 184,512 21 Total liabilities (Part X, line 26) 22 1,481,381 1,111,383 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of penury, I declare that I have exampled this return, including accompanying schedules and statements, and to the best of my knowledge and belief. er (other than officer) is based on all information of which preparer has any knowledge correct, and n of prepa Vec. 17 Sign Date Here Managina Director CFO Type or print name and title Date Check if Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ 🗌 Paid Preparer's Firm's name (or yours Use Only if self-employed), address, and ZIP + 4 Phone no ▶ May the IRS discuss this return with the preparer shown above? (see instructions) Yes 🔲

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

Par	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission PAN North America works to replace hazardous pesticides with ecologically sound, socially just alternatives. As one of 5 PAN Regional Centers worldwide, we link local and international consumer, labor, health, environment and agriculture groups into a citizens' action network. This network challenges the global proliferation of pesticides, defends basic rights to health and environmental quality, and works to ensure the transition to a just and viable society.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	Code (Code (
4b	(Code
4c	(Code) (Expenses \$ 398,767 including grants of \$ 0) (Revenue \$ 130,642) Science: PAN North America provided research and analysis on pesticide issues, especially public exposure to pesticide hazards; and we engage with regulatory bodies on technical matters and provide scientific critiques for regulatory policy making at state, national and international levels. The Organization maintains a web-based database of pesticide information (www.pesticideinfo.org toxicity, regulatory status, poisoning symptoms, etc.). In 2009 we also developed www.WhatsOnMyFood.org, with information on pesticide residues, their relative hazards, and what people can do to reduce food borne pesticides. The Organization provides environmental monitoring services to communities, including provision of air monitoring equipment (PAN's "Drift Catcher") supported by training, funding, operation of an air sample analysis laboratory and analysis of results.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 217,481 including grants of \$ 0) (Revenue \$ 455)
40	Total program sonice expenses \$ 2,006,923 (Must equal Part IX Ine 25, column (R))

Form	990 (2008)		F	Page
Pai	rt;IV Checklist of Required Schedules			
			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	V	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	~	
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		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	V	
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 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		V
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	-	~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		V
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	v	i
10	complete Schedule D, Part IV	10		~
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	v	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	,	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		1
b	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	~	
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		V
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		~
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		7
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 19		V
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	20		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		V
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		V
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		,
2 4a	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, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K If "No," go to question 25	24a		~
b	D. L	24b	<u> </u>	
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	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		V
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		~

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

26

Par	t IV Checklist of Required Schedules (continued)		45	
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,		. —	
	Part IV	28a		-
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		~
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		v
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		,
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		,
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		,
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		~
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		~
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		,

Form **990** (2008)

Pel	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	V	
	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 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?	3a		V
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		v
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?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		V
	Did the organization 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 tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	<u> </u>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		v
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?.	7h_		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8_		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gloss receipts, included on Form 990, Fart VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter Gross uscome from members or shareholders		;	
a	Gross income from members of shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	120		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a		L

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management	 -		
	· ·		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			Ì
	circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body	j		
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		-
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	_3_		-
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		~
6	Does the organization have members or stockholders?	6		~
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		~
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b_		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a_	V_	
b	Each committee with authority to act on behalf of the governing body?	8b	/	
9a		9a		~
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		ļ
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	40	~	ł
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		
5	etion B. Policies			
360	uon b. Policies		Vac	No
40		12a	Yes	140
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120	<u> </u>	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	406	/	
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	~	
13	Does the organization have a written whistleblower policy?	13		~
14	Does the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			i
а	The organization's CEO, Executive Director, or top management official?	15a		1
	Other officers or key employees of the organization?	15b		V
IJ	Describe the process in Schedule O (see instructions)			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ioa		16a		1
	with a taxable entity during the year?	100		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		•
Sec	ction C. Disclosure			ı
				-
17 10	List the states with which a copy of this Form 990 is required to be filed see list in Schedule O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	J(S)S	опіу)	
	available for public inspection. Indicate how you make these available. Check all that apply			
4=	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ot inte	erest	
00	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and reco organization: ► PAN, 49 Powell St, Ste 500, San Francisco, CA 94102	rds o	t the	

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

- 1a Complete this table for all persons required to be listed. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 o	(B)	any c	ЭПІС		aire C)	ctor,	trus	(D)	(E)	(F)
Name and Title	Average	Positi	ion (r	•	•	that ap	lvla	Reportable	Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Sandra 'JD' Doliner										
Treasurer	2	1						0	0	0
Martha Guzman	2	_						0	0	0
Jonathan Harrison	2	~						0	0	0
Judy Hatcher										
Polly Hoppin	2	~	-			,		0	0	0
	2	1						0	0	0
Ellen Kennedy										
President	4	1	ļ	ļ				0	0	0
Shawna Larson-Carmen	2	,						o	0	0
Nikiko Masumoto	2	,						0	0	0
Clara Nicholls	2							0	0	0
Ana Duncan Pardo	2	~						0	0	0
Michael Picker								71		
Vice President	2	V						0	0	0
Ted Schettler	2	,						0	0	0
Amy Shannon	2	,						0	0	0
Jennifer Sokolove	-	\ <u> </u>	-		-		+-			
Secretary	2	"					}	o	o	0
Kathryn Gilje	1	Ť				1	1			
Executive Director	36			1				71,949	o	5,956
Steve Scholl-Buckwald			\vdash							
Managing Director	40			1		,		81,839	o	27,452

Pai	t VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loye	ees,	an	d Hig	hes	Compensated	d Employees (co	ontinued)		
	(A)	(B) (C) Average Position (check all that appl							(D)	(E)	, ,		
	Name and title	Average hours per	-	_				Reportable compensation	Reportable compensation		mated ount of		
		week	Inda or d	Insti	Officer	e _y	h	Former	from	from related	Of	ther	
			Individual trustee or director	Institutional	ğ	employee	est	व्	the organization	organizations (W-2/1099-MISC)		nsation n the	
			9 =	nal t		Joye	l e co		(W-2/1099-MISC)			nization related	
			stee	trustee		ñ	pens	ļ				izations	
				e			Highest compensated employee		1				
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		L	L		<u> </u>		<u>l</u>	Ļ	152.700			22.400	
	Total				<u>. </u>	· ·		<u>▶</u>	153,788		0	33,408	
2	Total number of individuals (including thos organization ► 0	e in 1a) wi	no rec	eive	ea r	nore	e tnai	n \$1	ou,ooo in repo	nable compen	sation tr	om tne	
		_									T	es No	
3	Did the organization list any former office	ar diraatar	or tr	uoto	م ا م		omol	0110	a ar biabaat a	botoonootod		00 1.0	
3	employee on line 1a? If "Yes," complete S							-	e, or nighest c	•	3	\ \	
4	For any individual listed on line 1a, is the											,	
•	the organization and related organizations											ļ	
	ındıvıdual		. :								4	<u> </u>	
5	Did any person listed on line 1a receive	or accrue	com	oen	satı	on i	from	any	unrelated org		_	-	
	services rendered to the organization? If " ction B. Independent Contractors	res, com	oiete .	Scn	eau	iie J	TOT S	sucr	person	·	5		
1	Complete this table for your five highest complete the highest complete the five highest complete the highest complete	omponeate	d ind	ene	nde	nt o	contra	ecto	re that receive	d more than \$1	00 000		
•	compensation from the organization	ompensate	a ma	epe	iiue	511L C	JOHN	acto	is that receive	d more than pr	00,000	01	
	(A)							T	(B)		(C)		
	Name and business add	dress							Description of s	ervices	Compens	ation	
nor	е												
		•						\perp					
								 					
								 -					
	Tatal a suplement and a suplem	/			41.			<u> </u>					
2	Total number of independent contractors compensation from the organization ▶ 0	(including	inose	ın	1) V	vno	recei	ved	more than \$1	00,000 in			

Part	WII	Statement of Re	venue					
!					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gand similar amounts not include Total. Add lines 1a-1f	grants, ded above 1f	21,395 0 0 0 25,500 1,867,329 246	1,914,224			
ine		Oi Mamban	-hi	Business Code	, -ô-	505	•	
Program Service Revenue	2a	Organization Members Magazine Subscriptio		900099 511120	525 300	525 300	0	0
e.	b	Program Service Fees		541700	8,939	8,939	0	0
ervic	بر 0	Program Expense Rei		900099	22,103		0	0
Ϋ́	a					,		
gra	f	All other program servi				-	-	
Pro	g	Total. Add lines 2a-2f	<u></u>	>	31,867			
	3	Investment income (inc	ludina dividends	s. interest, and			-	
		other similar amounts)			7,167	0	0	7,167
	4	Income from investment of	of tax-exempt bond	d proceeds 🕨	0	0	0	
	5	Royalties	 		0	. 0	0	0
			(i) Real	(II) Personal				
		Gross Rents	0	0				
		Less rental expenses Rental income or (loss)	0	0				
		Net rental income or (lo	oss)		o	0	0	o
		Gross amount from sales of	(i) Securities	(ii) Other				
	/a	assets other than inventory	23,503					
	h	Less cost or other basis						
	_	and sales expenses .	33,312					
		Gain or (loss) .	(9,809)	0	(0.000)		•	(0.000)
	d	Net gain or (loss)		· · · · ·	(9,809)	0	0	(9,809)
Other Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18	d on line 1c)	0				
ţ		Less: direct expenses		0				-
0	C	Net income or (loss) from	om tundraising e	vents ▶	0	0	U	0
	9a	Gross income from gam		o				
	۱ .	See Part IV, line 19		0				
		Less direct expenses, Net income or (loss) fro		ities ►	0	0	0	. 0
		Gross sales of inve						
		returns and allowances		0				
	b	Less cost of goods so		0	_			
	_ <u>c</u>	Net income or (loss) fror			0	0	0	0
		Miscellaneous Rev	enue	Business Code				
	11a							
	b							
	C	All other revenue						
	I	All other revenue Total. Add lines 11a-1		<u> </u>	0			
	12	Total Revenue. Add In		•				
		9c, 10c, and 11e		<u>→</u>	1,943,449	31,867	0	(2,642)

Part IX Statement of Functional Expenses

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

	All other organizations must complete colu), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	оо		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members		U		
5	Compensation of current officers, directors, trustees, and key employees	204,871	156,624	30,710	17,537
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	o	0	0
7	Other salaries and wages	1,089,388	696,375	22,626	97,387
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	70,673	64,980	1,859	3,834
9	Other employee benefits	111,713	101,856	2,076	7,781
10	Payroll taxes	93,838	82,088	3,403	8,347
11	Fees for services (non-employees)	0	o		^
а	Management	5,897	5,312	219	366
b	Legal	15,764	14,013	598	1,153
	Accounting	0	0	0	- 1,100
d	Lobbying	0	`	`	
e	Professional fundraising services See Part IV, line 17	0	0	0	0
٠	Investment management fees	59,458	54,458	0	5,000
g 12	Advertising and promotion	340	265	0	75
13	Office expenses	98,491	52,637	3,500	42,354
14	Information technology	35,517	30,099	1,042	4,376
15	Royalties	0	0	0	0
16	Occupancy	128,479	115,879	4,715	7,885
17	Travel	43,582	37,634	54	5,894
18	Payments of travel or entertainment expenses				_
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	24,528 0	17,566	6,154	808
20	Interest	0	0	. 0	0
21	Payments to affiliates	21,435	19,972	564	0 899
22	Depreciation, depletion, and amortization	8,850	8,046	283	521
23	Insurance	0,000	0,040	200	<u> </u>
24	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)				
а	Volunteers	5,814	5,366	100	348
b	Equipment & lab supplies	25,698	25,533	58	107
С	Donor acquisition	23,892	0	0	23,892
d	Joint projects	245,220	245,220	0	0
е					
f	All other expenses	0 010 110	0 222 222	0	0
25 26	Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ▶ ☑ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs,	2,313,448	2,006,923	77,961	228,564
	from a combined educational campaign and fundraising solicitation	20,825	16,091	0	4,734

L C	ILC V	Balance Sheet					
			(A) Beginning of year		(E End o	3) f year	
	1	Cash—non-interest-bearing	22,819	1		30	0,876
	2	Savings and temporary cash investments	650,405	2		420	0,715
	3	Pledges and grants receivable, net	863,000	3	•	73	5,668
	4	Accounts receivable, net	65,341	4		30	6,057
	5	Receivables from current and former officers, directors, trustees, key					
	Э	employees, or other related parties. Complete Part II of Schedule L.	0	5		· · ·	
	6	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	0	6			(
ts	7	Notes and loans receivable, net	0	•			(
Assets	8	Inventories for sale or use	9,942			(6,589
ä	9	Prepaid expenses and deferred charges	37,763	9		4	4,165
	10a	Land, buildings, and equipment cost basis 10a 277,118					
	b	Less: accumulated depreciation. Complete					
	_	Part VI of Schedule D	16,397	10c		2	1,829
	11	Investments—publicly traded securities	33,204	11			C
	12.	Investments—other securities See Part IV, line 11	0	12			- 0
	13	Investments—program-related See Part IV, line 11	0	13	-		
	14	Intangible assets	0	14			
	15	Other and the Orac Best NV Inc. 44	0				
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,698,871			1,29	5,895
	17	Accounts payable and accrued expenses	151,037				4,304
	18	•	0				
Liabilities	19	, ,	0				
		Deferred revenue	0				C
	20	Tax-exempt bond liabilities	66,452			110	0,208
	21	Escrow account liability Complete Part IV of Schedule D	00,102		-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22			C
	23	Secured mortgages and notes payable to unrelated third parties	0				
	24	Unsecured notes and loans payable	0				- 0
	25	Other liabilities. Complete Part X of Schedule D	0				
	26	Total liabilities. Add lines 17 through 25	217,489			184	4,512
ses		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.					
anc	07		126,931	27		16	7,491
ä	27	Unrestricted net assets	1,354,450				3,892
9	28	Temporarily restricted net assets	0				,
Ë	29	Permanently restricted net assets					
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
0 5	00			30			
Net Assets	30	Capital stock or trust principal, or current funds		31	•		
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		32			
it /	32	Retained earnings, endowment, accumulated income, or other funds	1,481,381			1,11	1 383
ž	33 34	Total net assets or fund balances	1,698,871			1,29	
Ba	rt XI		1,030,071	34		1,250	,,,,,,,
LC	ILVI	Financial Statements and Reporting				Yes	No
1	Acco	ounting method used to prepare the Form 990 🔲 Cash 🔟 Accrual	☐ Other				10
2a		e the organization's financial statements compiled or reviewed by an ind	ependent accountant		2a	~	
b		e the organization's financial statements audited by an independent according			2b	~	
c		es" to lines 2a or 2b, does the organization have a committee that assumes				1	
J		audit, review, or compilation of its financial statements and selection of an in			2c	V	
3a	. As a	result of a federal award, was the organization required to undergo an	audit or audits as set	forth in			
		Single Audit Act and OMB Circular A-133?			3a		١
b		es," did the organization undergo the required audit or audits?			3b		

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

94 2949686 Pesticide Action Network North America Regional Center (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only organization.) A church, convention of churches, or association of churches described in A school described in (Attach Schedule E) (Attach Schedule H) A hospital or a cooperative hospital service organization described in A medical research organization operated in conjunction with a hospital described in Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in (Complete Part II) A federal, state, or local government or governmental unit described in An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in (Complete Part II.) A community trust described in (Complete Part II.) An organization that normally receives. (1) more than 331/4 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See (Complete Part III) An organization organized and operated exclusively to test for public safety. See ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Check the box that describes the type of supporting organization and complete lines 11e through 11h ☐ Type III–Functionally integrated ☐ Type I ☐ Type II ☐ Type III–Other ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? A family member of a person described in (i) above? A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the organizations the organization supports Name of supported FIN Type of organization Is the organization Did you notify Is the Amount of organization (described on lines 1-9 in col listed in your the organization in organization in col support above or IRC section governing document? of your organized in the support?

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not 2,100,523 1.924,704 2,435,758 2,827,777 1,914,224 11,201,986 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 0 organization without charge 2,100,523 1,914,224 1,924,704 2,435,758 2,827,777 11,201,986 Total. Add lines 1-3 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 4,397,696 shown on line 11, column (f) 6,804,290 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) ▶ 1,924,704 2,100,523 2,435,758 2,827,777 1,914,224 11,201,986 Amounts from line 4 , , Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 8,942 21,533 23,732 20,600 7,167 81,975 Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets 0 0 (Explain in Part IV.) 11,283,961 11 Total support. Add lines 7 through 10 161.624 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 60.30 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 52.48 % 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 331/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this ▶ □ box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □

Sched	lule A (Form 990 or 990-EZ) 2008	•					Page 3
	Support Schedule for Organ (Complete only if you checke				n)(2)	<u>-</u>	^~
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				•		
6	Total. Add lines 1-5		-				
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	· 					
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						-
14	and 12)		on's first, seco	nd, third, fourt	h, or fifth tax	year as a sect	ion 501(c)(3)
Sec	organization, check this box and stop stion C. Computation of Public Su				<u> </u>	· · · · ·	
15	Public support percentage for 2008 (lin	· ·		ne 13, column	(f)) .	15	%
16	Public support percentage from 2007 S					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 200	8 (line 10c, co	olumn (f) divide	d by line 13, c	olumn (f)) ,	17	%
18	Investment income percentage from 20					18	%
19a	33\% % support tests -2008. If the organizer 17 is not more than 33\% %, check this b						
b	331/3 % support tests – 2007. If the organ line 18 is not more than 331/3 %, check this						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Schedule A (Fo	orm 990 or 990-EZ) 20							Page 4
Part-IV			Complete art III, line	this part to	provide tany other	the explanati additional ir	ion required by	/ Part II, line 10; e instructions)
					******		***************************************	
					,			
	•••••							
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-								••••
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SCHEDULE € (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ To be completed by organizations described below.
 - ▶ Attach to Form 990 or Form 990-EZ.

•	Section 501(c)(3) organizations	Complete Parts I-A and B Do not co	mplete Part I-C			
•	Section 501(c) (other than section	on 501(c)(3)) organizations Complete	Parts I-A and C belo	ow Do not com	plete Part	: I-B
•	Section 527 organizations Con	nplete Part I-A only				
		s," to Form 990, Part IV, line 4, or Fo that have filed Form 5768 (election un				
		that have NOT filed Form 5768 (electio		(h)) Complete Pa	art II-B D	o not complete Part II-A
		," to Form 990, Part IV, line 5 (Proxy	y Tax), then			
	Section 501(c)(4), (5), or (6) orga	inizations Complete Part III			·	
	ime of organization	No America Denienal Conton			' '	er identification number
		th America Regional Center ed by all organizations exemp	t under cection	= E01(a) and	94	2949686
	See the instruct	ons for Schedule C for details				1 527 organizations.
1	Provide a description of the	e organization's direct and indirec	et political campai	gn activities in	Part IV	
2	Political expenditures .				▶ \$	
3	Volunteer hours ,					
Pa		ed by all organizations exemples for Schedule C for details	•	n 501(c)(3).		
1		xcise tax incurred by the organiza	····	1955	\$	
2	Enter the amount of any e	xcise tax incurred by organization	managers under	section 4955	\$	
3		l a section 4955 tax, did it file For				
	Was a correction made?		•			· · 🗌 Yes 🔲 No
	. IC 65 C . 11 . I					
	If "Yes," describe in Part I					
	rt I-C To be complete	v. ed by all organizations exemplons for Schedule C for details		n 501(c), exc	cept se	ction 501(c)(3).
	To be complete See the instruct	ed by all organizations exem	· ·			ction 501(c)(3).
Pa	To be complete See the instruct Enter the amount directly activities	ed by all organizations exeminations for Schedule C for details expended by the filing organization	on for section 527	7 exempt func	tion \$tion	
Pa 1	To be complete See the instruct Enter the amount directly activities Enter the amount of the fill 527 exempt function activities Total of direct and indirect	ed by all organizations exemptions for Schedule C for details expended by the filing organization organization organization organization organization organization.	on for section 527	7 exempt functions for sections	tion \$ tion \$ and	ction 501(c)(3).
1 2	To be complete See the instruct Enter the amount directly activities Enter the amount of the fill 527 exempt function activities Total of direct and indirect on Form 1120-POL, line 12	ed by all organizations exemple tons for Schedule C for details expended by the filing organization organizat	on for section 527	7 exempt functions for sections	tion \$ tion \$ and \$	
1 2 3	To be complete See the instruct Enter the amount directly activities Enter the amount of the fill 527 exempt function activition Total of direct and indirect on Form 1120-POL, line 11 Did the filing organization	ed by all organizations exemptions for Schedule C for details expended by the filing organization organization organization organization organization organization.	on for section 527	7 exempt functions for sections	tion \$ tion \$ and \$	🗌 Yes 🔲 No
1 2 3 4	To be complete See the instruct Enter the amount directly activities Enter the amount of the fill 527 exempt function activity. Total of direct and indirect on Form 1120-POL, line 11 Did the filing organization. State the names, addresses were made. Enter the amo	ed by all organizations exemple ions for Schedule C for details expended by the filing organization	on for section 527 ed to other organized lines 1 and 2 and 2 and 2 and 2 and 2 and 3 and	7 exempt functions for second enter here 527 political of the filing organ	tion tion tion s and rganization's	Yes No
1 2 3 4	To be complete See the instruct Enter the amount directly activities Enter the amount of the fill 527 exempt function activities Total of direct and indirect on Form 1120-POL, line 120 bid the filling organization. State the names, addresses were made Enter the amocontributions received and processes.	expended by the filing organizations exemple for Schedule C for details expended by the filing organizations organizations exemples organizations organization or	on for section 527 ed to other organized dines 1 and 2 are consistent was paid from the separate political or	7 exempt functions for sections	tion tion stion stion and stident	Yes No
1 2 3 4	To be complete See the instruct Enter the amount directly activities Enter the amount of the fill 527 exempt function activities Total of direct and indirect on Form 1120-POL, line 120 bid the filling organization. State the names, addresses were made Enter the amocontributions received and processes.	ed by all organizations exemple ions for Schedule C for details expended by the filing organization	on for section 527 ed to other organized dines 1 and 2 are consistent was paid from the separate political or	7 exempt functions for sections	tion tion stion stion and stident	Yes No
1 2 3 4	To be complete See the instruct Enter the amount directly activities Enter the amount of the fill 527 exempt function activities Total of direct and indirect on Form 1120-POL, line 120 bid the filling organization. State the names, addresses were made Enter the amocontributions received and processes.	expended by the filing organizations exemple for Schedule C for details expended by the filing organizations organizations exemples organizations organization or	on for section 527 ed to other organized dines 1 and 2 are consistent was paid from the separate political or	7 exempt functions for sections	tion tion stion stion sand organization's thas a second	Yes No
1 2 3 4	To be complete See the instruct Enter the amount directly activities Enter the amount of the fill 527 exempt function activity. Total of direct and indirect on Form 1120-POL, line 11 Did the filling organization. State the names, addresses were made Enter the amo contributions received and por a political action committed.	ed by all organizations exemptions for Schedule C for details expended by the filing organization organizatio	on for section 527 ed to other organized lines 1 and 2 a cr (EIN) of all section was paid from the separate political or ded, provide inform	zations for second enter here 527 political of the filing organization, such attornin Part IV (d) Amount partilling organization orga	tion tion stion stion sand organization's thas a second	Yes No nons to which payments funds or were political eparate segregated fund (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If
1 2 3 4	To be complete See the instruct Enter the amount directly activities Enter the amount of the fill 527 exempt function activity. Total of direct and indirect on Form 1120-POL, line 11 Did the filling organization. State the names, addresses were made Enter the amo contributions received and por a political action committed.	ed by all organizations exemptions for Schedule C for details expended by the filing organization organizatio	on for section 527 ed to other organized lines 1 and 2 a cr (EIN) of all section was paid from the separate political or ded, provide inform	zations for second enter here 527 political of the filing organization, such attornin Part IV (d) Amount partilling organization orga	tion tion stion stion sand organization's thas a second	Yes No nons to which payments funds or were political eparate segregated fund (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If

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Page	4

P	art II-A To be completed by or (election under section	ction 501(c)(3) to r Schedule C fo	hat filed Form 5	768								
A B												
<u> </u>	Limits on L (The term "expenditures	•	(a) Filing organization's totals	(b) Affiliated group totals								
1	a Total lobbying expenditures to influ	18,163										
	b Total lobbying expenditures to influe				0							
	c Total lobbying expenditures (add lin	_			18,163							
	d Other exempt purpose expenditures				2,295,285							
	e Total exempt purpose expenditures	(add lines 1c and	d 1d)		2,313,448							
	f Lobbying nontaxable amount. Enter columns.	the amount from	the following tab	le in both	265,672							
	If the amount on line 1e, column (a) or (b) Not over \$500,000		nontaxable amour	nt is:								
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000								
	Over \$1,000,000 but not over \$1,500,00	0 \$175,000 plu	s 10% of the excess	over \$1,000,000								
	Over \$1,500,000 but not over \$17,000,0	00 \$225,000 plu	s 5% of the excess	over \$1,500,000								
_	Over \$17,000,000	\$1,000,000			20.11							
	g Grassroots nontaxable amount (ent	er 25% of line 1f)			66,418							
	h Subtract line 1g from line 1a Enter	•			0							
	i Subtract line 1f from line 1c. Enter- j If there is an amount other than zero section 4911 tax for this year?	on either line 1h	or line 1, did the o	rganization file Fo	orm 4720 reporting	☐ Yes ☐ No						
	(Some organizations that columns below. S	made a section		lo not have to co		ive						
	columns below. S	made a section ee the instructi	501(h) election d	lo not have to co hrough 2f of the	instructions.)	ive						
	columns below. S	made a section ee the instructi	501(h) election dons for lines 2a t	lo not have to co hrough 2f of the	instructions.)	(e) Total						
 	columns below. S Lobb Calendar year (or fiscal year	made a section see the instruction ying Expenditure	501(h) election of ons for lines 2a the es During 4-Year	lo not have to conrough 2f of the Averaging Perio	instructions.)							
	columns below. S Lobb Calendar year (or fiscal year beginning in)	made a section see the instruction ying Expenditure	501(h) election of ons for lines 2a the es During 4-Year	lo not have to conrough 2f of the Averaging Perio	instructions.)							
<u>-</u>	Calendar year (or fiscal year beginning in) 2a Lobbying non-taxable amount b Lobbying ceiling amount	made a section see the instruction ying Expenditure	501(h) election of ons for lines 2a the es During 4-Year	lo not have to conrough 2f of the Averaging Perio	instructions.)							
 	Calendar year (or fiscal year beginning in) 2a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column(e))	made a section see the instruction ying Expenditure	501(h) election of ons for lines 2a the es During 4-Year	lo not have to conrough 2f of the Averaging Perio	instructions.)							
	Calendar year (or fiscal year beginning in) 2a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures	made a section see the instruction ying Expenditure	501(h) election of ons for lines 2a the es During 4-Year	lo not have to conrough 2f of the Averaging Perio	instructions.)							

Schedule C (Form 990 or 990-EZ) 2008

	5768 (election under section 501(h)). See the instructions for Schedule C for	deta	ils.			
		(a	3)	((b)	
		Yes	No	۸,	nount	
		165	NO	^:	Hount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local				,	
•	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:		_			
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities? If "Yes," describe in Part IV					
i	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	501(c)(5), o	r	
	section 501(c)(6). See the instructions for Schedule C for details.					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec	tion	501(c)(5), o	r	
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No"	OH	it Pa	rt III-A	,	
	question 3 is answered "Yes." See Schedule C instructions for details.					
1	Dues, assessments and similar amounts from members		1	ļ <u>-</u>		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts	s of				
	political expenses for which the section 527(f) tax was paid).		_			
а	•		2a			
þ	Carryover from last year		2b			
C	Total		2c	 		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
_	and political expenditure next year?	•	<u> 4</u> 5		_	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	•		L		
	rt IV Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, I	ıne 5,	and	Part II-E	3, line	11
	, complete this part for any additional information					
• • • •		• • • • • •	• • • • •		• • • • • • •	
		• • • • • •	• • • • •		• • • • • • •	
				• • • • • • • • • • • • • • • • • • • •		• • • • •
			· · · · · ·		• • • • • •	
		•••••				
			• • •		· · · · · ·	

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

20U8

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	e of the organization	Employer identification number 94 2949686
	rt I Organizations Maintaining Donor Advised Funds or Other Sin	
	the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
1 2 3	Total number at end of year	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the as funds are the organization's property, subject to the organization's exclusive le	gal control? L Yes L No
6	Did the organization inform all grantees, donors, and donor advisors in writing used only for charitable purposes and not for the benefit of the donor or donor impermissible private benefit?	advisor or other Yes No
Pa	rt II Conservation Easements. Complete if the organization answered '	Yes" to Form 990, Part IV, line 7
1	_ ` ` ` ` ` _ ` _	ervation of an historically important land area ervation of certified historic structure
	on the last day of the tax year	Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	1 = 1
С	Number of conservation easements on a certified historic structure included in	
d	Number of conservation easements included in (c) acquired after 8/17/06.	
3	Number of conservation easements modified, transferred, released, extinguished the taxable year ►	,
5	Does the organization have a written policy regarding the periodic monitoring,	
•	and a second of the second set of the late O	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easei	ments during the year ►
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easemer	nts during the year▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requi 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in it balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered "Yes" to Form 990, Part IV, I	
1a	If the organization elected, as permitted under SFAS 116, not to report in its reart, historical treasures, or other similar assets held for public exhibition, educated provide, in Part XIV, the text of the footnote to its financial statements that design	on, or research in furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its reveni- historical treasures, or other similar assets held for public exhibition, education provide the following amounts relating to these items:	, or research in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other following amounts required to be reported under SFAS 116 relating to these ite	ems.
a b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X	·

Pai	Organizations Maintain	ing Collect	ions of Art, H	istorica	l Treasure	es, or C	Other Similar	Assets (continued)
3	Using the organization's accession items (check all that apply)	and other r	ecords, check	any of the	he following	g that a	re a significant	use of its collection
а	Public exhibition		d	L	oan or exc	hange p	orograms	
b	Scholarly research		е		Other			
С	Preservation for future genera	tions						
4	Provide a description of the organizer XIV	zation's colle	ections and exp	olaın hov	v they furth	er the o	rganization's e	exempt purpose in
5	During the year, did the organization assets to be sold to raise funds rather	solicit or rece er than to be	eive donations o maintained as p	of art, his part of the	torical treas e organizatio	ures, or on's coll	other similar ection?	Yes No
Pai	t IV Trust, Escrow and Cust	odial Arrar	igements. Co	mplete i	f organizat	ion ans	wered "Yes"	to Form 990,
	Part IV, line 9, or reporte	d an amour	nt on Form 990	D, Part X	(, line 21.		<u>-</u>	
1a	Is the organization an agent, truste included on Form 990, Part X? .	e, custodian	or other interr	mediary :	for contribu	itions o	other assets	not . Yes 🗹 No
b	If "Yes," explain the arrangement in	n Part XIV ar	nd complete the	e followii	ng table.			
						<u> </u>		Amount
С	Beginning balance					10		
d	Additions during the year					1d		
е	Distributions during the year .					. <u>1e</u>		
f	Ending balance					1f		
2a b	Did the organization include an am If "Yes," explain the arrangement in	ount on For Part XIV.	m 990, Part X,					
Pai	t V Endowment Funds. Co	mplete if o	rganızation aı	nswered	d "Yes" to	Form		
		(a) Current	year (b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance							
b								
С	Investment earnings or losses .	1						
d	Grants or scholarships .							
е	Other expenditures for facilities and programs							
f g	Administrative expenses End of year balance		h i				_	
2	Provide the estimated percentage of	of the vear e	nd balance hel	d as				
а	Board designated or quasi-endown	-						
b	Permanent endowment ▶							
С	Term endowment ▶ %	6						
3a	Are there endowment funds not in thorganization by	ne possessio	n of the organiz	zation tha	at are held a	and adn	ninistered for th	Yes No
	(i) unrelated organizations						_	3a(ı)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(II), are the related org			d on Sc	hedule R?			3b
4	Describe in Part XIV the intended u	ses of the o	rganization's e	ndowme	nt funds			
Pai	t VI Investments – Land, Bu	uildings, ar	nd Equipmen	t. See F	orm 990, I	Part X,	line 10.	-
	Description of investment		ost or other basis (investment)		st·or other s (other)	(c)	Depreciation	(d) Book value
12	Land		0		0			0
b	Buildings		0		Ō		0	0
C	Leasehold improvements	•	0	8	,864		3,981	4,883
d	Equipment		0	23	9,880		223,136	16,744
e	Other		0	28	3,374		28,176	198
Tota	I. Add lines 1a-1e (Column (d) should	equal Form 9	90, Part X, colui	nn (B), Iır	ne 10(c))			21,825

Part VII Investments—O	ther Securities.	See Form 990, Part X,	line 12.	
(a) Description of security or ca (including name of security	ategory y)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial derivatives and other financial	cial products			
Closely-held equity interests				
Other				
				
	J			
				
·	h			
Total (Caluma (h) should acual Form 000, Dart	V cal (D) (no 10)			
Total. (Column (b) should equal Form 990, Part Part VIII Investments — P		See Form 990, Part X,	lino 12	
				ation .
(a) Description of investment	туре	(b) Book value	(c) Method of valu Cost or end-of-year ma	arket value
				· ··
			<u> </u>	
				
Total. (Column (b) should equal Form 990, Part	'X. col. (B) line 13.) ▶			
	ee Form 990, Part	X. line 15.		
) Description		(b) Book value
				<u> </u>
		· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) should equal Fo			. <u> </u>	
Part X Other Liabilities.	. See Form 990, P	art X, line 25.		
(a) Description of liab	bility	(b) Amount		
Fedèral income taxes				
			_	
		· · · · · · · · · · · · · · · · · · ·	_	
			_	
			-	
			\dashv	
			1	
Total. (Column (b) should equal Form 990, Par	1 X, col (B) line 25) ▶			

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,943,449
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,313,448
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(369,999)
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4-8	9	0 (000,000)
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.	10	(369,999)
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu		0.044.400
1	Total revenue, gains, and other support per audited financial statements		2,014,166
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	<u> </u>	
b	Donated services and use of facilities	1/	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	<u>۱</u> ۸	e 70,717
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	-	3 1,943,449
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	씱	
b	Other (Describe in Part XIV)	┦╻	. 0
c	Add lines 4a and 4b		c 0 5 1,943,449
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		
Pal		ses 	2,384,165
1	Total expenses and losses per audited financial statements	-	2,304,103
2	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities 70,7°	17	•
а	Donated Services and use of lacinities	0	
b	Thor year adjustments	0	
С	Losses reported on Form 550, Fart IX, Inic 25	0	
d	Other (Describe III art XIV)	\dashv ,	e 70,717
е	Add lines 2a through 2d	_	2,313,448
3	Subtract line 2e from line 1	-	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	0	
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	0	
	Other (Describe III art Arv)	- 1 .	.с 0
_	Add lines 4a and 4b		5 2,313,448
5 Par	rt XIV Supplemental Information	`	, , , , , , , , , , , , , , , , , , , ,
Com	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a 2b, Part V, line 4, Part X. Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	ınd 4	, Part IV, lines 1b
Par	t IV: Trust, Escrow, Custodial Arrangements, Line 2b:		
The	Organization receives donations, grants and contracts, pays expenses, and holds cash for	orga	nizations which
furt	ther the mission of the Organization and for whom we serve as fiscal sponsor. In cases when	the	Organization
emį	ploys staff for a coalition and the coalition is considered a project of the Organization, it typi	cally	creates one or more
ten	nporarily restricted funds to account for the specific coalition's project expenses. These are	the f	unds identified in
	Statement of Activities temporarily restricted program as "Coalitions."	•••••	
	In cases where the Organization agrees to be fiscal sponsor for a coalition and/or unincorpo	orate	d organizations which
	in value milete the diganteation agrees to be hour opened for a countrie and of annion pe		3

Supplemental Information (continued)

Part XIV

further the mission of the Organization but are not projects of the Organization, and its role does not require it to employ
project staff or provide substantial coordination services, the Organization maintains the coalition funds in a custodial
account, reported in the Statement of Financial Position. These custodial accounts are not reflected in the Statement of
Activities.
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Schedule F' (Form 990)

Totals

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Open to Public Inspection
Employer identification number

Name of the organization					Employe	er identification number
Pesticide Action Network Nort	h America Re	gional Center			94	2949686
Part I General Informatives "Yes" to Form 990,			e the United States	. Complete if the c	organizati	on answered
1 For grantmakers. Does the assistance, the grantees' ethe grants or assistance?	_					
2 For grantmakers. Describ United States	e in Part IV th	e organization	's procedures for moni	toring the use of g	ırant func	ds outside the
3 Activities per Region (Use	Schedule F-1	(Form 990) if	additional space is nee	eded)	·· -	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in a program servici describe specific typ service(s) in regio	e, pe of	(f) Total expenditures in region
Europe	0	0	fundraising	environmntl trea	ities	0
Europe	0	o	program services	environmntl trea	ities	0
Sub-Saharan Africa	0	0	program services	pesticide alterna	itives	0
Central America and the Carib	0	0	program services	environmntl trea	ities	0
South Asia	0	0	program services	environmntl trea	ities	0
						
						
	}]	i .		1	

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Page 2

Schedule F (Form 990) 2008

Part II

(I) Method of valuation (book, FMV, appraisal, other) 7 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. (g) Amount of non-cash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region Use Schedule F-1 (Form 990) if additional space is needed. (b) IRS code section and EIN (if applicable) (a) Name of organization

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities က

N

Page 3

Schedule F (Form 990) 2008 Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)						•					
(g) Description (h) Method of of non-cash valuation assistance (book, FMV, appraisal, other											
(f) Amount of non-cash assistance					•						
(e) Manner of cash disbursement											
(d) Amount of cash grant						•					
(c) Number of recipients											
(b) Region											
(a) Type of grant or assistance			·			•					

Schedule F (Form 990) 2008

chedule F (For	rm 990) 2008 Page	4
Part IV	Supplemental Information	
	Complete this part to provide the information required in Part I, line 2, and any other additional information	_
		.
-	,	-
•••••		
	,	
	•	
•••		
		-
	•••••••••••••••••••••••••••••••••••••••	
		-

SCHEDULE O (Form 990)

Supplemental Information to Form 990

2949686

Employer identification number

94

Department of the Treasury Internal Revenue Service Name of the organization

Pesticide Action Network North America Regional Center

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

OMB No 1545-0047

Form 990, Part III: Line 4d. Other program services.
Communications and Membership: Pesticide Action Network North America provided information on pesticide issues
— scientific and health studies, agroecological farming, alternatives in pest management and policy analyses — to
members and the general public, and outreach to the media on these issues. We published weekly online news briefs
(PANUPS) on pesticides, health and alternatives; a trimesterly magazine for members and the public; and extensive web-
based information services including local, national and international policy documents; data and analysis from our
community air monitoring projects; and resources for pest management without the use of highly hazardous chemical
products and systems. We also provided individual members, and partner organizations and coalitions, opportunities and
support to participate in public interest campaigns via action alerts and local projects.
······
Form 990: Part VI, Section B, Line 12c. Conflict of Interest Policy Disclosure.
Members of the Board and the key employees of Pesticide Action Network are asked each year directly to confirm in
writing that they are aware of our conflict of interest policy and that they are in compliance. In addition, the finance staff is
instructed to review any payments to key employees, board and associated entities to ensure that there are no conflict
of interest problems.
Form 990: Part VI, Section C, Line 17. List of States.
AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI,
SC, TN, UT, VA, WA, WV, WI
<u> </u>