

Form **990**

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2004

Open to Public Inspection

For the 2004 calendar year, or tax year beginning

and ending

d Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CALIFORNIA INVASIVE PLANT COUNCIL CALIFORNIA EXOTIC PEST PLANT COUNCIL Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1442-A WALNUT STREET 462 City or town, state or country, and ZIP + 4 BERKELEY, CA 94709	D Employer identification number 68-0289333 E Telephone number 510-843-3902 F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **WWW.CALEPPC.ORG**

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

K Check here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations.

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

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

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)

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

I Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **248,543.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	1 Contributions, gifts, grants, and similar amounts received:								
	a Direct public support	1a	152,516.						
	b Indirect public support	1b							
	c Government contributions (grants)	1c							
	d Total (add lines 1a through 1c) (cash \$ 152,516. noncash \$)			1d	152,516.				
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	73,530.				
	3 Membership dues and assessments			3	15,630.				
	4 Interest on savings and temporary cash investments			4	98.				
	5 Dividends and interest on securities			5					
	6 a Gross rents	6a							
	b Less: rental expenses	6b							
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c					
	7 Other investment income (describe ▶)			7					
	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other					
		8a							
	b Less: cost or other basis and sales expenses	8b							
	c Gain or (loss) (attach schedule)	8c							
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d					
	9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>								
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a							
	b Less: direct expenses other than fundraising expenses	9b							
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c					
	10 a Gross sales of inventory, less returns and allowances	10a	6,769.						
	b Less: cost of goods sold	10b	6,465.						
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		STMT 1	10c	304.				
	11 Other revenue (from Part VII, line 103)			11					
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	242,078.				
	13 Program services (from line 44, column (B))			13	197,341.				
	14 Management and general (from line 44, column (C))			14	19,883.				
	15 Fundraising (from line 44, column (D))			15	18,438.				
	16 Payments to affiliates (attach schedule)			16					
	17 Total expenses (add lines 16 and 44, column (A))			17	235,662.				
	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	6,416.				
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	80,465.				
	20 Other changes in net assets or fund balances (attach explanation)			20	0.				
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	86,881.				

423001
01-13-05

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

Form 990 (2004)

**CALIFORNIA INVASIVE PLANT COUNCIL
CALIFORNIA EXOTIC PEST PLANT COUNCIL**

68-0289333

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)			STATEMENT 5	
	(cash \$ 11,150. noncash \$)	22 11,150.	11,150.		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 81,017.	63,227.	5,481.	12,309.
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 6,875.	4,934.	938.	1,003.
30	Professional fundraising fees	30			
31	Accounting fees	31 1,225.		1,225.	
32	Legal fees	32			
33	Supplies	33 3,335.	2,586.	493.	256.
34	Telephone	34 2,039.	1,590.	157.	292.
35	Postage and shipping	35 3,887.	3,092.	424.	371.
36	Occupancy	36 8,409.	6,800.	472.	1,137.
37	Equipment rental and maintenance	37 85.	72.	8.	5.
38	Printing and publications	38 29,760.	26,429.	829.	2,502.
39	Travel	39 3,426.	3,426.		
40	Conferences, conventions, and meetings	40 653.	653.		
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 1,051.		1,051.	
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 2	43e 82,750.	73,382.	8,805.	563.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 235,662.	197,341.	19,883.	18,438.

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

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

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	SEE STATEMENT 4		
	(Grants and allocations \$)		197,341.
b			
	(Grants and allocations \$)		
c			
	(Grants and allocations \$)		
d			
	(Grants and allocations \$)		
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		197,341.

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Form 990 (2004)

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	41,382.	45	79,861.
	46 Savings and temporary cash investments	27,980.	46	
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	11,103.	52	7,952.
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a	1,954.		
b Less: accumulated depreciation STMT 6	57b	1,051.	57c	903.
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	80,465.	59	88,716.	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 7)		65	1,835.
66 Total liabilities (add lines 60 through 65)	0.	66	1,835.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	0.	70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	80,465.	72	86,881.
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	80,465.	73	86,881.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	80,465.	74	88,716.	

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

Part IV-B

Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements ▶	a	N/A
b Amounts included on line a but not on line 12, Form 990:		
(1) Net unrealized gains on investments \$		
(2) Donated services and use of facilities \$		
(3) Recoveries of prior year grants \$		
(4) Other (specify): \$		
Add amounts on lines (1) through (4) ▶	b	
c Line a minus line b ▶	c	
d Amounts included on line 12, Form 990 but not on line a :		
(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify): \$		
Add amounts on lines (1) and (2) ▶	d	
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e	

a	Total expenses and losses per audited financial statements	▶	a	N/A
b	Amounts included on line a but not on line 17, Form 990:			
(1)	Donated services and use of facilities	\$		
(2)	Prior year adjustments reported on line 20, Form 990	\$		
(3)	Losses reported on line 20, Form 990	\$		
(4)	Other (specify):	\$		
	Add amounts on lines (1) through (4)	▶	b	
c	Line a minus line b	▶	c	
d	Amounts included on line 17, Form 990 but not on line a :			
(1)	Investment expenses not included on line 6b, Form 990	\$		
(2)	Other (specify):	\$		
	Add amounts on lines (1) and (2)	▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

CALIFORNIA INVASIVE PLANT COUNCIL
CALIFORNIA EXOTIC PEST PLANT COUNCIL

68-0289333

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Part VI Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c Dues, assessments, and similar amounts from members 85c N/A		
d Section 162(e) lobbying and political expenditures 85d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b 501(c)(3) and 501(c)(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," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a List the states with which a copy of this return is filed CALIFORNIA		
b Number of employees employed in the pay period that includes March 12, 2004 90b 2		
91 The books are in care of DOUG JOHNSON Telephone no. 510-843-3902		

Located at 1442-A WALNUT STREET #462, BERKLEY, CAZIP + 4 94709

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 0.
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
13 Program service revenue:					
a MISCELLANEOUS INCOME					954.
b SYMPOSIUM					71,576.
c GOVERNMENT CONTRACTS					1,000.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments				15,630.	
95 Interest on savings and temporary cash investments			14	98.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					304.
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		15,728.	73,834.
105 Total (add line 104, columns (B), (D), and (E))					89,562.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer	Date
Paid Preparer's Use Only	DOUG JOHNSON, EXECUTIVE DIRECT	
	Type or print name and title.	
423161 01-13-05	Preparer's signature	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	Check if self-employed <input type="checkbox"/>
	SILVERMAN, KRANTZ & PORTER 4640 GEARY BLVD. SAN FRANCISCO, CA 94118	Preparer's SSN or PTIN
	EIN	Phone no. 415-668-5550

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2004

Name of the organization

CALIFORNIA INVASIVE PLANT COUNCIL
CALIFORNIA EXOTIC PEST PLANT COUNCIL

Employer identification number

68-0289333

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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 \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \blacktriangleright \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \blacktriangleright _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% 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 section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)

(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	86,972.	60,752.	68,696.	104,072.	320,492.
16 Membership fees received	22,230.	22,230.	16,258.	13,295.	74,013.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	70,083.	18,622.	21,698.	27,958.	138,361.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	418.	973.	1,789.	1,732.	4,912.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	179,703.	102,577.	108,441.	147,057.	537,778.
24 Line 23 minus line 17	109,620.	83,955.	86,743.	119,099.	399,417.
25 Enter 1% of line 23	1,797.	1,026.	1,084.	1,471.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) 0. (2002) 0. (2001) 9,500. (2000) 67,657.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) 0. (2002) 0. (2001) 0. (2000) 0.					
c Add: Amounts from column (e) for lines: 15 320,492. 16 74,013. 17 138,361. 20 _____ 21 _____					27c 532,866.
d Add: Line 27a total 77,157. and line 27b total 0.					27d 77,157.
e Public support (line 27c total minus line 27d total)					27e 455,709.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 537,778.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 84.7392%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .9134%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.) **N/A**
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
9 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** 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** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

2004

*** Not Open to Public Inspection ***

Payer's Name	2003 Amount	2002 Amount	2001 Amount	2000 Amount
	0.	0.	9,500.	67,657.
Total to Schedule A, Line 27a	0.	0.	9,500.	67,657.

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

CALIFORNIA INVASIVE PLANT COUNCIL
CALIFORNIA EXOTIC PEST PLANT COUNCIL

Employer identification number

68-0289333

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

CALIFORNIA INVASIVE PLANT COUNCIL
CALIFORNIA EXOTIC PEST PLANT COUNCIL

Employer identification number

68-0289333

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 18,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 29,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 6,661.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CALIFORNIA INVASIVE PLANT COUNCIL
 CALIFORNIA EXOTIC PEST PLANT COUNCIL

Employer identification number

68-0289333

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTER AND HARDWARE	0130042000	DB	5.00	19B	540.		270.	270.			365.
	1-LAPTOP											
	COMPUTER AND HARDWARE	1222042000	DB	5.00	19B	239.		120.	119.			126.
	9-HARD DRIVE											
*	990 PAGE 2 TOTAL -					779.		390.	389.	0.	0.	491.
2	TOOLS AND EQUIPMENT -	0206042000	DB	5.00	19B	99.		50.	49.			67.
	2-PRINTER											
	TOOLS AND EQUIPMENT -	0721042000	DB	5.00	19B	80.		40.	40.			46.
	7-MICROWAVE											
*	990 PAGE 2 TOTAL -					179.		90.	89.	0.	0.	113.
3	FIXTURES AND FURNITURE	0229042000	DB	7.00	19C	84.		42.	42.			53.
	3-SHELVING											
	FIXTURES AND FURNITURE	0327042000	DB	7.00	19C	90.		45.	45.			56.
	5-TABLES & CHAIRS											
	FIXTURES AND FURNITURE	1222042000	DB	7.00	19C	511.		256.	255.			265.
	8-FILE CABINETS											
*	990 PAGE 2 TOTAL -					685.		343.	342.	0.	0.	374.
4	SOFTWARE - BACKUP	031104		36M	42	70.			70.			19.
6	SOFTWARE - QUICKBOOKS	042204		36M	42	241.			241.			54.
*	990 PAGE 2 TOTAL -					311.		0.	311.	0.	0.	73.
*	GRAND TOTAL 990 PAGE					1,954.		823.	1,131.	0.	0.	1,051.
2	DEPR & AMORT											

FORM 990 INCOME AND COST OF GOODS SOLD STATEMENT 1
INCLUDED ON PART I, LINE 10

INCOME

1. GROSS RECEIPTS	6,769	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		6,769
4. COST OF GOODS SOLD (LINE 13)	6,465	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		304

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	11,103	
7. MERCHANDISE PURCHASED	3,314	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		14,417
12. INVENTORY AT END OF YEAR	7,952	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		6,465

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
SYMPOSIUM AWARDS	404.	404.			
BANK FEES	2,437.		2,437.		
BOARD MEETINGS	0.				
BOOKS &					
SUBSCRIPTIONS	134.	134.			
GENERAL FEES	0.				
GENERAL MAILINGS	0.				
LIABILITY INSURANCE	5,189.		5,189.		
DISC EXPENSES	622.		622.		
TECHNICAL WRITERS	9,647.	9,647.			
PHOTOCOPY	886.	776.	100.	10.	
TRANSPORTATION	18,062.	17,313.	316.	433.	
TAX	35.		35.		
WEB SITE MAINTENANCE	75.	59.	7.	9.	
MEALS AND					
ENTERTAINMENT	210.		99.	111.	
IONARARIA	497.	497.			
RESEARCH	1,618.	1,618.			
SYMPOSIUM	42,934.	42,934.			
TOTAL TO FM 990, LN 43	82,750.	73,382.	8,805.	563.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

TO PROTECT CALIFORNIA'S NATURAL AREAS FROM WILDLAND WEEDS THROUGH RESEARCH,
RESTORATION AND EDUCATION.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	4
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DESCRIPTION OF PROGRAM SERVICE ONE

CONDUCTED SYMPOSIUM, PRINTED QUARTERLY NEWSLETTERS & BROCHURES AND CONTRIBUTED TO USDA AND ELKHORN SLOUGH FOUNDATION IN AN EFFORT TO ATTAIN THE END RESULT OF PROTECTING CALIFORNIA'S NATURAL AREAS FROM WEILDLAND WEEDS.

	GRANTS	EXPENSES
NO FORM 990, PART III, LINE A		197,341.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
UNRESTRICTED DONATION	USDA - AGRICULTURAL RESEARCH SRVC	ALBANY, CA	NONE	11,000.
UNRESTRICTED DONATION	ELKHORN SLOUGH FOUNDATION	MOSS LANDING, CA	NONE	150.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				11,150.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER AND HARDRIVE -LAPTOP	540.	365.	175.
TOOLS AND EQUIPMENT - PRINTER	99.	67.	32.
FIXTURES AND FURNITURE - SHELVING	84.	53.	31.
SOFTWARE - BACKUP	70.	19.	51.
FIXTURES AND FURNITURE - TABLES & CHAIRS	90.	56.	34.
SOFTWARE - QUICKBOOKS	241.	54.	187.
TOOLS AND EQUIPMENT - MICROWAVE	80.	46.	34.
FIXTURES AND FURNITURE - FILE CABINETS	511.	265.	246.

COMPUTER AND HARDRIVE -HARD
RIVE

239.

126.

113.

TOTAL TO FORM 990, PART IV, LN 57

1,954.

1,051.

903.

FORM 990 OTHER LIABILITIES STATEMENT 7

DESCRIPTION

AMOUNT

CREDIT CARD PAYABLE

785.

SALES TAX PAYABLE

1,050.

TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B

1,835.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RICHARDSON, BREE 501 MOORPARK WAY SPC 26 MOUNTAIN VIEW, CA 94041	PROJ MGR 40	25,500.	0.	0.
DITOMASO, JOE VEED SCIENCE, 210 ROBBINS HALL DAVIS, CA 95616	PAST - PRESIDENT 2	0.	0.	0.
SCHOENIG, STEVE 1220 N STREET, ROOM A357 SACRAMENTO, CA 95814	PRESIDENT 2	0.	0.	0.
JOHNSON, DOUG 509 CORNELL AVENUE ALBANY, CA 94706	EXECUTIVE DIRECTOR 40	52,400.	0.	0.
BRUSATI, ELIZABETH 5526 ALAMEDA AVENUE #A RICHMOND, CA 94804	PROJECT MANAGER 40	3,117.	0.	0.
STANTON, ALISON 2163 CORNELIAN DRIVE SOUTH LAKE TAHOE, CA 96150	VICE PRESIDENT 2	0.	0.	0.

CALIFORNIA INVASIVE PLANT COUNCIL CALIFO

68-0289333

RSKINE OGDEN, JENNIFER 64 ARGUELLO STREET AM FRANCISCO, CA 94118	TREASURER 2	0.	0.	0.
BLUSKO, CARRI 7490 TORONTO AVENUE BURNLEY, CA 96013	SECRETARY 2	0.	0.	0.
WEST, WENDY 111 FAIR LANE PLACERVILLE, CA 95667	BOARD OF DIRECTORS 2	0.	0.	0.
NEWHOUSE, MARK 105 FIRST STREET, WEST SONOMA, CA 95476	BOARD OF DIRECTORS 2	0.	0.	0.
BLUESENKAMP, DAN P O BOX 1195 ELLEN ELLEN, CA 95442	BOARD OF DIRECTORS 2	0.	0.	0.
BIESSOW, JASON 1003 HYGIEA AVENUE ENCINITAS, CA 92024	BOARD OF DIRECTORS 2	0.	0.	0.
SIMPSON, BOBBI ONE BEAR VALLEY ROAD PT. REYES, CA 94956	BOARD OF DIRECTORS 2	0.	0.	0.
FOX, JON P O BOX 172 MORRO BAY, CA 93443	BOARD OF DIRECTORS 2	0.	0.	0.
CHANG, DAVID 263 CAMINO DEL REMEDIO SANTA BARBARA, CA 93101	BOARD OF DIRECTORS 2	0.	0.	0.
BRIGHAM, CHRISTY 401 WEST HILLCREST DR THOUSAND OAKS, CA 91360	BOARD OF DIRECTORS 2	0.	0.	0.
CLINES, JOANNA 57003 ROAD 225 NORTH FORK, CA 93643	BOARD OF DIRECTORS 2	0.	0.	0.
CASE, BOB 2945 CORTE MIGUEL CONCORD, CA 94518	BOARD OF DIRECTORS 2	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		81,017.	0.	0.

INE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
3A	SYMPOSIUM PROVIDED CURRENT INFORMATION AND TRAINING ON INVASIVE EXOTIC WEEDS AND METHODS FOR THEIR CONTROL. PRESENTATIONS WERE MADE BY EXPERTS IN THEIR FIELDS. CONTINUING EDUCATION CREDITS REQUIRED FOR PESTICIDE APPLICATOR LICENSING WERE AVAILABLE
4	MEMBERSHIP ENTITLES INDIVIDUALS TO QUARTERLY NEWSLETTER WHICH INCLUDES INFORMATION ON BIOLOGY AND IDENTIFICATION OF INVASIVE WEEDS AND METHODS FOR THEIR CONTROL. MEMBERS ALSO RECEIVE A LIST OF "EXOTIC PLANTS OF GREATEST ECOLOGICAL CONCERN."

Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No. 1545-0172

2004

Attachment
Sequence No. 67

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

CALIFORNIA INVASIVE PLANT COUNCIL
CALIFORNIA EXOTIC PEST PLANT COUNCIL

Business or activity to which this form relates

Identifying number

FORM 990 PAGE 2

68-0289333

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses	1	102,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	823.
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	
18	If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		478.	5 YRS.	MO	200DB	124.
c 7-year property		342.	7 YRS.	MO	200DB	31.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	978.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

2004 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

CALIFORNIA INVASIVE PLANT COUNCIL
CALIFORNIA EXOTIC PEST PLANT COUNCIL

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTER AND HARDWARE	013004	200DB	5.00	19B	540.		270.	270.			365.
	1-LAPTOP											
9	COMPUTER AND HARDWARE	122204	200DB	5.00	19B	239.		120.	119.			126.
	9-HARD DRIVE											
*	990 PAGE 2 TOTAL -					779.		390.	389.	0.	0.	491.
	TOOLS AND EQUIPMENT -											
2	PRINTER	020604	200DB	5.00	19B	99.		50.	49.			67.
	TOOLS AND EQUIPMENT -											
7	MICROWAVE	072104	200DB	5.00	19B	80.		40.	40.			46.
*	990 PAGE 2 TOTAL -					179.		90.	89.	0.	0.	113.
	FIXTURES AND FURNITURE											
3	SHELVING	022904	200DB	7.00	19C	84.		42.	42.			53.
	FIXTURES AND FURNITURE											
5	TABLES & CHAIRS	032704	200DB	7.00	19C	90.		45.	45.			56.
	FIXTURES AND FURNITURE											
8	FILE CABINETS	122204	200DB	7.00	19C	511.		256.	255.			265.
*	990 PAGE 2 TOTAL -					685.		343.	342.	0.	0.	374.
4	SOFTWARE - BACKUP	031104		36M	42	70.			70.			19.
6	SOFTWARE - QUICKBOOKS	042204		36M	42	241.			241.			54.
*	990 PAGE 2 TOTAL -					311.		0.	311.	0.	0.	73.
*	GRAND TOTAL 990 PAGE					1,954.		823.	1,131.	0.	0.	1,051.
2	DEPR & AMORT											