

Form **990-EZ****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning		, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization California Invasive Plant Council	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2612-A 8th Street	
		City, town, or country State ZIP + 4 Berkeley CA 94710	
		D Employer identification number 68-0289333	
		E Telephone number (510) 843-3902	
		F Group Exemption Number . . . ►	

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

G Accounting Method: ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► www.cal-ipc.org**J** Tax-exempt status (check only one)— ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 446,769

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	313,643
	2 Program service revenue including government fees and contracts	2	88,805
	3 Membership dues and assessments	3	20,932
	4 Investment income	4	902
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	5,395
b Less: direct expenses other than fundraising expenses	6b	0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	5,395	
7a Gross sales of inventory, less returns and allowances	7a	13,612	
b Less: cost of goods sold	7b	9,601	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	4,011	
8 Other revenue (describe ► Miscellaneous)	8	3,480	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	437,168	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	200,127
	13 Professional fees and other payments to independent contractors	13	51,971
	14 Occupancy, rent, utilities, and maintenance	14	39,827
	15 Printing, publications, postage, and shipping	15	15,645
	16 Other expenses (describe ► Travel & Meals, Depreciation and Miscellaneous)	16	75,810
	17 Total expenses. Add lines 10 through 16	17	383,380
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	53,788
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	234,812
	20 Other changes in net assets or fund balances (attach explanation)	20	5,664
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	294,264

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	202,163	22 278,304
23 Land and buildings		23
24 Other assets (describe ► Accounts Receivable, Inventory, Prepaids, Fixed Assets)	59,451	24 63,655
25 Total assets	261,614	25 341,959
26 Total liabilities (describe ► Accounts Payable and Accrued Expenses)	26,802	26 47,695
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	234,812	27 294,264

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

Form **990-EZ** (2009)

(HTA)

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

What is the organization's primary exempt purpose? Protect CA wildlands from impacts of invasive plants
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 Science - We continued risk mapping efforts to determine top priorities for regional containment measures. We mapped 30 invasive plant species for the Sierra Nevada, and modeled potential range expansion, including the impacts of climate change. (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	100,004
29 Education - We conducted eight field courses, provided 200 days of training for land managers across California. Our annual conference brought 250 land managers to Visalia for three days of presentations, discussion groups and field trips. (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	147,810
30 Policy - We successfully advocated for the creation of the state's Invasive Species Council. Our Executive Director was named chair of the council's stakeholder advisory committee. (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	61,604
31 Other program services (attach schedule) (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	309,418

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jason Giessow 2612-A 8th Street Berkeley CA 94710	Title President Hr/WK 2.00	0	0	0
Wendy West 2612-A 8th Street Berkeley CA 94710	Title Vice President Hr/WK 2.00	0	0	0
Doug Gibson 2612-A 8th Street Berkeley CA 94710	Title Treasurer Hr/WK 2.00	0	0	0
John Knapp 2612-A 8th Street Berkeley CA 94710	Title Secretary Hr/WK 2.00	0	0	0
Dan Gluesenkamp 2612-A 8th Street Berkeley CA 94710	Title Board Member Hr/WK 2.00	0	0	0
Edith Allen 2612-A 8th Street Berkeley CA 94710	Title Board Member Hr/WK 2.00	0	0	0
Jason Casanova 2612-A 8th Street Berkeley CA 94710	Title Board Member Hr/WK 2.00	0	0	0
Henry Gonzalez 2612-A 8th Street Berkeley CA 94710	Title Board Member Hr/WK 2.00	0	0	0
Julie Horenstein 2612-A 8th Street Berkeley CA 94710	Title Board Member Hr/WK 2.00	0	0	0
Marc Lea 2612-A 8th Street Berkeley CA 94710	Title Board Member Hr/WK 2.00	0	0	0
Jean Philippe Marie 2612-A 8th Street Berkeley CA 94710	Title Board Member Hr/WK 2.00	0	0	0
Cheryl McCormick 2612-A 8th Street Berkeley CA 94710	Title Board Member Hr/WK 2.00	0	0	0
Tanya Meyer 2612-A 8th Street Berkeley CA 94710	Title Board Member Hr/WK 2.00	0	0	0
Mark Newhouser 2612-A 8th Street Berkeley CA 94710	Title Board Member Hr/WK 2.00	0	0	0
Peter Schuyler 2612-A 8th Street Berkeley CA 94710	Title Board Member Hr/WK 2.00	0	0	0
Doug Johnson 2612-A 8th Street Berkeley CA 94710	Title Executive Director Hr/WK 40.00	76,385	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. ▶ 38b 0		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. ▶ 39a		
b Gross receipts, included on line 9, for public use of club facilities. ▶ 39b		
40 a Section 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41 List the states with which a copy of this return is filed. ▶ CA		
42 a The organization's books are in care of ▶ Doug Johnson, Executive Director Telephone no. ▶ (510) 843-3902 Located at ▶ 2612-A 8th Street City Berkeley ST CA ZIP + 4 ▶ 94710		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	X	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name	Title			
City ST ZIP	Hr/WK .00	0	0	0
f Total number of other employees paid over \$100,000		0		

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000		0

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 <i>Donna Cohen</i>		Date 11-4-10	
Paid Preparer's Use Only	Type or print name and title. <i>Donna Cohen Exec. Dir.</i>			
	Preparer's signature <i>Donna Cohen</i>	Date 11/2/10	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Donna Cohen, CPA 1116 Lincoln Avenue, San Rafael, CA 94901		
	EIN	68-0288004		
		Phone no.	(415) 457-8770	

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

California Invasive Plant Council

Employer identification number

68-0289333

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ 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 exempt 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). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ 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 section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ 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).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) 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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 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 shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2009. 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.		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2008. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	150,775	235,585	370,415	316,175	334,575	1,407,525
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	107,922	133,238	85,692	241,949	107,812	676,613
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	258,697	368,823	456,107	558,124	442,387	2,084,138
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						2,084,138

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	258,697	368,823	456,107	558,124	442,387	2,084,138
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25	587	834	2,625	902	4,973
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	25	587	834	2,625	902	4,973
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	258,722	369,410	456,941	560,749	443,289	2,089,111
14 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.76%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.24%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.20%

- 19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒ **X**
- b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

California Invasive Plant Council

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 an organization 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 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

California Invasive Plant Council

Employer identification number

68-0289333

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	True North Foundation 664-A Freeman Lane, #332 Grass Valley CA 95949 Foreign State or Province: Foreign Country:	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	 Foreign State or Province: Foreign Country:	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Resources Legacy Fund 555 Capitol Mall, Suite 675 Sacramento CA 95814 Foreign State or Province: Foreign Country:	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Richard & Rhoda Goldman Fund The Presidio, 211 Lincoln Boulevard San Francisco CA 94129 Foreign State or Province: Foreign Country:	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	JiJi Foundation 2730 Westlake Avenue, N. Seattle WA 98109 Foreign State or Province: Foreign Country:	\$ 9,900	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

Employer identification number

68-0289333

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Moore Acom Fund at Santa Cruz Community Fdn. 2425 Porter Street Soquel CA 95073 Foreign State or Province: Foreign Country:	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	National Association of Exotic Pest Plant Councils c/o Lady Bird Johnson Wildflower Center, 4801 La Crosse Avenue Austin TX 78739 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	US Dept. of Agriculture, Western Regional Research Center 800 Buchanan Street Albany CA 94710 Foreign State or Province: Foreign Country:	\$ 53,132	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	ESRI 380 New York Street Redlands CA 92373 Foreign State or Province: Foreign Country:	\$ 12,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	Foreign State or Province: Foreign Country:	\$ 0	Person <input 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

Employer identification number
68-0289333

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	GIS Software	\$ 12,000	1/1/2009
		\$ 0	
		\$ 0	
		\$ 0	
		\$ 0	
		\$ 0	
		\$ 0	
		\$ 0	

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

California Invasive Plant Council

Employer identification number

68-0289333

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ 0

3 Volunteer hours 0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 0

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group.
B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	3,000	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	600	0												
c	Total lobbying expenditures (add lines 1a and 1b)	3,600	0												
d	Other exempt purpose expenditures	379,780	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	383,380	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	76,676	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	19,169	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	54,659	77,091	98,902	76,872	307,524
b Lobbying ceiling amount (150% of line 2a, column(e))					461,286
c Total lobbying expenditures	7,972	5,423	9,418	3,600	26,413
d Grassroots nontaxable amount	13,665	19,273	19,780	19,218	71,936
e Grassroots ceiling amount (150% of line 2d, column (e))					107,904
f Grassroots lobbying expenditures	5,956	3,531	7,064	3,000	19,551

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
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 similar means?			
i Other activities? If "Yes," describe in Part IV.			
j Total. Add lines 1c through 1i.			0
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.			
c 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2a	
b Carryover from last year.	2b	
c Total.	2c	0
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 lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions).	5	0

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Employer identification number
68-0289333

California Invasive Plant Council

Part I, Line 20 - Other Changes in Net Assets

Unrealized gain on investments: \$5,664

California Exempt Organization Annual Information Return

2009

199

Calendar Year 2009 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____

A First Return Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B Type of organization Exempt under Section 23701 IRC Section 4947 (a)(1) trust <input type="checkbox"/>	CORP # 1881182

Corporation/Organization Name California Invasive Plant Council	FEIN 68-0289333
--	--------------------

Address 2612-A 8th Street	State CA	ZIP Code 94710
City Berkeley		

C Amended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H Accounting method used (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other
D Are you a subordinate/affiliate in a group exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No	I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) Is this a group filing for affiliates? See General Instruction L <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) If "Yes," enter the number of affiliates _____	K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	L Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input type="checkbox"/> No	M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(e) Federal Group Exemption Number _____	N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(f) Is a roster of subordinates attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E Final return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized (attach explanation)	
If a box is checked, enter date _____	
F Check the box if the organization filed the following federal forms or schedule: (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> (Schedule H) 990	
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions,	

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	133,126	00
	2 Gross dues and assessments from members and affiliates	2	0	00
	3 Gross contributions, gifts, grants, and similar amounts received	3	313,643	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3.			
	This line must be completed. If the result is less than \$25,000, see General Instruction C	4	446,769	00
Expenses	5 Cost of goods sold	5	9,601	00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7	9,601	00
	8 Total gross income. Subtract line 7 from line 4	8	437,168	00
	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	383,380	00
Filing Fee	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	53,788	00
	11 Filing fee \$10 or \$25. See General Instruction F	11	0	00
	12 Total payments	12		00
	13 Penalties and Interest. See General Instruction J	13	0	00
	14 Use tax. See General Instruction K	14	0	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	0	00

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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title	Date	Telephone
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN/PTIN
	Firm's name (or yours, if self-employed) and address			FEIN
				68-0288004
				Telephone
				(415) 457-8770
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

STATE OF CALIFORNIA
 EXEMPT ORGANIZATIONS SECTION
 FRANCHISE TAX BOARD
 PO BOX 1286
 RANCHO CORDOVA CA 95741-1286
 TELEPHONE: (916) 845-4171

Political or Legislative Activities By Section 23701d Organizations

Name California Invasive Plant Council		Corporate Number 1881182
Number and Street 2612-A 8th Street		Federal Identification Number 68-0289333
City or Town Berkeley	State CA	Zip Code 94710

- I** (a) Have you participated or intervened in any political campaign on behalf of any elective public office candidate? If you have, attach a detailed activity description and copies of any published material relating to the activity.
- (b) Have you contributed funds to support or oppose any individual public office candidate or any organizations formed to support or oppose a public office candidate? If you have, attach a detailed activity description and a schedule including the name of the individual or organization you contributed to, the amount you paid, and date you paid them.
- II** (a) Have you attempted to influence any national, state or local legislation or ballot measure? If you have, attach a detailed activities description, copies of any published materials relating to the activities and a schedule of expenditures.
- III Public Charities - Election to make expenditures to influence legislation**
- (a) Have you filed a federal election to make expenditures to influence legislation? If you have, furnish a copy of Form 5768 you filed with the IRS if you have not previously furnished it. This fulfills your need to file an election for state purposes.

Please Check (✓)	
YES	NO
	X
	X
X	
X	

NOTE: You cannot make this election if you are a church, an integrated auxiliary of a church, or a private foundation. State and federal law are the same with regard to this election, except state law does not provide for an excise tax on excess lobbying expenditures.

- (b) Organizations that elected to make expenditures to influence legislation must furnish the following financial information for the taxable year:
- EXEMPT PURPOSE EXPENDITURES**
 (The total amount you paid or incurred to accomplish the charitable, educational, religious, etc. purpose.)
 - LOBBYING EXPENDITURES**
 (The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation.)
 - GRASS ROOTS EXPENDITURES**
 (The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it.)

	\$ 384,360.
	\$ 600.
	\$ 3,000.

California Invasive Plant Council
Federal EIN: 68-0289333
California Corp. #: 1881182
Notes to California FTB Form 3509
12/31/2009

Line II (a) – Attempt to Influence Legislation

The organization successfully advocated for the creation of the state's Invasive Species Council. Total lobbying expenditures were as follows:

Costs incurred for:

Rallies, demonstrations, seminars & conventions	\$3,000
Direct contact with legislators and their staff	<u>600</u>
Total lobbying expenditures	\$3,600

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://lag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number <u>093072</u>		Check If: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report	
California Invasive Plant Council Name of Organization <u>2612-A 8th Street</u> Address (Number and Street) <u>Berkeley, CA 94710</u> City or Town, State and ZIP Code		Corporate or Organization No. <u>1881182</u> Federal Employer I.D. No. <u>68-0289333</u>	
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts			
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75
		Between \$1,000,001 and \$10 million	\$150
		Between \$10,000,001 and \$50 million	\$225
		Greater than \$50 million	\$300
PART A - ACTIVITIES			
For your most recent full accounting period (beginning <u>1/1/2009</u> ending <u>12/31/2009</u>) list: Gross annual revenue \$ <u>0</u> Total assets \$ <u>0</u>			
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT			
Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.			
		Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?			X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?			X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?			X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.			X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.			X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.			X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?			X
Organization's area code and telephone number <u>(510) 843-3902</u>			
Organization's e-mail address <u>info@cal-ipc.org</u>			
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.			
_____ Printed Name		_____ Title	_____ Date

California Invasive Plant Council
Federal EIN: 68-0289333
CT #: 093072
Notes to California RRF-1
12/31/2009

Line 6 – Governmental Revenue

U.S. Department of Agriculture
Western Regional Research Center
800 Buchanan Street
Albany, CA 94710
510-559-5600
Contact: Howard Zang, Center Director

Line 7 – Raffle

One raffle was held on October 8, 2009.