

# 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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2005**

Open to Public Inspection

**A** For the 2005 calendar year, or tax year beginning

and ending

<b>B</b> 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.	<b>C</b> Name of organization <b>CALIFORNIA INVASIVE PLANT COUNCIL</b> <b>CALIFORNIA EXOTIC PEST PLANT COUNCIL</b>		<b>D</b> Employer identification number <b>68-0289333</b>
		Number and street (or P.O. box if mail is not delivered to street address) <b>1442-A WALNUT STREET</b>		<b>E</b> Telephone number <b>510-843-3902</b>
		City or town, state or country, and ZIP + 4 <b>BERKELEY, CA 94709</b>		<b>F</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		• 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.CAL-IPC.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 chooses to file a return, be sure to file a complete return. 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 ▶ **N/A**

**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 ▶ **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **258,722.**

**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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	125,200.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ <b>125,200.</b> noncash \$ )	1d	125,200.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	89,106.	
	3	Membership dues and assessments	3	25,575.	
	4	Interest on savings and temporary cash investments	4	25.	
	5	Dividends and interest from securities	5		
		6a	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		
8a		Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
			8a		
			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			
	10a	Gross sales of inventory, less returns and allowances	10a	18,816.	
	b	Less: cost of goods sold	10b	9,186.	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 1 9,630.	
	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	249,536.	
	Expenses	13	Program services (from line 44, column (B))	13	228,978.
		14	Management and general (from line 44, column (C))	14	18,437.
		15	Fundraising (from line 44, column (D))	15	13,788.
		16	Payments to affiliates (attach schedule)	16	
		17	Total expenses (add lines 16 and 44, column (A))	17	261,203.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-11,667.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	86,881.	
	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	75,214.	

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**CALIFORNIA EXOTIC PEST PLANT COUNCIL**

68-0289333

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**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.

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) ... (cash \$ <u>16,330.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22 16,330.	16,330.	<b>STATEMENT 4</b>	
23 Specific assistance to individuals (attach schedule) .....	23			
24 Benefits paid to or for members (attach schedule) .....	24			
25 Compensation of officers, directors, etc. **	25 104,194.	91,519.		4,632.
26 Other salaries and wages .....	26			
27 Pension plan contributions .....	27			
28 Other employee benefits .....	28			
29 Payroll taxes .....	29 8,786.	7,673.	360.	753.
30 Professional fundraising fees .....	30			
31 Accounting fees .....	31 3,948.		3,948.	
32 Legal fees .....	32			
33 Supplies .....	33 4,430.	3,940.	353.	137.
34 Telephone .....	34 2,969.	2,582.	140.	247.
35 Postage and shipping .....	35 6,085.	4,928.	254.	903.
36 Occupancy .....	36 24,678.	23,331.	382.	965.
37 Equipment rental and maintenance .....	37 658.	551.	30.	77.
38 Printing and publications .....	38 19,848.	18,755.	17.	1,076.
39 Travel .....	39 2,141.	2,141.		
40 Conferences, conventions, and meetings ...	40 2,362.	2,362.		
41 Interest .....	41			
42 Depreciation, depletion, etc. (attach schedule)	42 430.		430.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g <b>SEE STATEMENT 2</b>	43g 64,344.	54,866.	7,891.	1,587.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 261,203.	228,978.	18,437.	13,788.

**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 \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

\*\* SEE STATEMENT 3

Form 990 (2005)

**CALIFORNIA INVASIVE PLANT COUNCIL  
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**Part III Statement of Program Service Accomplishments** (See the instructions.)

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.

What is the organization's primary exempt purpose? ► **SEE STATEMENT 5**

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 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 and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**228,978.**

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

**228,978.**

Form **990** (2005)

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**Part IV Balance Sheets** (See the instructions.)

**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
<b>Assets</b>	45 Cash - non-interest-bearing .....	79,861.	45	61,104.
	46 Savings and temporary cash investments .....		46	
	47 a Accounts receivable .....			
	b Less: allowance for doubtful accounts .....		47c	
	48 a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....		48c	
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees .....		50	
	51 a Other notes and loans receivable .....			
	b Less: allowance for doubtful accounts .....		51c	
	52 Inventories for sale or use .....	7,952.	52	13,937.
	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 .....			
	b Less: accumulated depreciation .....		55c	
56 Investments - other .....		56		
57 a Land, buildings, and equipment: basis .....	3,487.			
b Less: accumulated depreciation <b>STMT 6</b> .....	1,481.			
58 Other assets (describe ► .....	903.	57c	2,006.	
		58	0.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	88,716.	59	77,047.	
<b>Liabilities</b>	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 ► <b>SEE STATEMENT 7</b> ) .....	1,835.	65	1,833.
66 <b>Total liabilities.</b> Add lines 60 through 65) .....	1,835.	66	1,833.	
<b>Net Assets or Fund Balances</b>	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 .....	86,881.	72	75,214.
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	86,881.	73	75,214.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	88,716.	74	77,047.	

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b> Total revenue, gains, and other support per audited financial statements		<b>a</b>	<b>N/A</b>
<b>b</b> Amounts included on line <b>a</b> but not on Part I, line 12:			
<b>1</b> Net unrealized gains on investments	<b>b1</b>		
<b>2</b> Donated services and use of facilities	<b>b2</b>		
<b>3</b> Recoveries of prior year grants	<b>b3</b>		
<b>4</b> Other (specify):	<b>b4</b>	<b>0.</b>	
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b> Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b> Other (specify):	<b>d2</b>	<b>0.</b>	
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b> Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	<b>6</b>
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Part V-A Current Officers' Disbursements		Part V-B Current Officers' Disbursements	
a Total expenses and losses per audited financial statements		a N/A	
b Amounts included on line a but not on Part I, line 17:		b	
1 Donated services and use of facilities	b1	c	
2 Prior year adjustments reported on Part I, line 20	b2	d	
3 Losses reported on Part I, line 20	b3	e	
4 Other (specify):	b4 0.		
Add lines b1 through b4			
c Subtract line b from line a			
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2 0.		
Add lines d1 and d2			
e Total expenses (Part I, line 17). Add lines c and d			

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

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<b>Part V-B</b> <b>Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)		75d	X
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Part VI Other Information (See the instructions.)		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		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X

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**Part VI Other Information** (continued)

		Yes	No
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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	85a N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	85b N/A		
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?		
	85g N/A		
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?		
	85h N/A		
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		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		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 CA		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	3
91 a	The books are in care of DOUG JOHNSON Telephone no. 510-843-3902 Located at 2560 9TH STREET #216, BERKLEY, 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)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Form 990 (2005)

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

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a **MISCELLANEOUS INCOME**b **SYMPOSIUM**c **GOVERNMENT CONTRACTS**d **PRIVATE CONTRACT**

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

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

103 Other revenue:

a

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

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 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 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 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: **DOUG JOHNSON, EXECUTIVE DIRECT** Date: **JUL 20 2006**

Paid Preparer's Use Only: Preparer's signature: **[Signature]** Date: **JUL 20 2006** Check if self-employed: ☐ Preparer's SSN or PTIN: **EIN**

Firm's name (or yours if self-employed), address, and ZIP + 4: **SILVERMAN, KRANTZ & PORTER**  
**4640 GEARY BLVD.**  
**SAN FRANCISCO, CA 94118**

Phone no.: **415-668-5550**



# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## **Part I** Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print	Name of Exempt Organization	Employer identification number
	CALIFORNIA INVASIVE PLANT COUNCIL	
	CALIFORNIA EXOTIC PEST PLANT COUNCIL	68-0289333
	Number, street, and room or suite no. If a P.O. box, see instructions.	
File by the due date for filing your return. See instructions.	1442-A WALNUT STREET, NO. 462	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BERKELEY, CA 94709	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **DOUG JOHNSON**  
Telephone No. ► **510-843-3902** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2005** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 12-2004)

**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 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

**2005**

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-A**

**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 II-B**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Yes	No
-----	----

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

1

# CALIFORNIA INVASIVE PLANT COUNCIL

Schedule A (Form 990 or 990-EZ) 2005

## CALIFORNIA EXOTIC PEST PLANT COUNCIL

68-0289333

Page 3

### 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	152,516.	86,972.	60,752.	68,696.	368,936.
16 Membership fees received	15,630.	22,230.	22,230.	16,258.	76,348.
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	80,299.	70,083.	18,622.	21,698.	190,702.
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	98.	418.	973.	1,789.	3,278.
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	248,543.	179,703.	102,577.	108,441.	639,264.
24 Line 23 minus line 17	168,244.	109,620.	83,955.	86,743.	448,562.
25 Enter 1% of line 23	2,485.	1,797.	1,026.	1,084.	
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 2001 through 2004 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: (2004) 0. (2003) 0. (2002) 0. (2001) 9,500.					
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 11b, 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: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 368,936. 16 76,348. 17 190,702. 20 _____ 21 _____					27c 635,986.
d Add: Line 27a total 9,500. and line 27b total 0.					27d 9,500.
e Public support (line 27c total minus line 27d total)					27e 626,486.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 639,264.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.0011%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .5128%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

523121 02-03-06

NONE

Schedule A (Form 990 or 990-EZ) 2005

**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
29 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?		
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?		
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.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

Schedule A (Form 990 or 990-EZ) 2005

**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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	N/A	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....		
<b>39</b> Other exempt purpose expenditures .....		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
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	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....		

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> 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.)

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:

	Yes	No	Amount
<b>a</b> Volunteers .....		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....	X		
<b>c</b> Media advertisements .....		X	
<b>d</b> Mailings to members, legislators, or the public .....		X	
<b>e</b> Publications, or published or broadcast statements .....		X	
<b>f</b> Grants to other organizations for lobbying purposes .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....	X		2,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....	X		2,000.
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			4,000.

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

**SEE STATEMENT 10**

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

**b Other transactions:**

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

**(vi) Performance of services or membership or fundraising solicitations**

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

**b** If "Yes," complete the following schedule:

N/A

☐ Yes ☒ No

[illegible]

## 2005

\*\*\* Not Open to Public Inspection \*\*\*

523172/05-01-05



**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

**2005**

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 under Regulations sections 1.509(a)-3/1.170A-9(e) 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) (2005)

## 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	UNIVERSITY OF CALIFORNIA ONE SHIELDS AVENUE DAVIS, CA 95616	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MARISLA FOUNDATION/ORANGE CNTY COMM FNDN 30 CORPORATE PARK #410 IRVINE, CA 92606	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	TRUE NORTH FOUNDATION 664-A FREEMAN LANE #332 GRASS VALLEY, CA 95949	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SUBSTAINABLE CONSERVATION 121 SECOND STREET, 6TH FLOOR SAN FRANCISCO, CA 94105	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	US FISH AND WILDLIFE SERVICE 2493 PORTOLA ROAD, #B VENTURA, CA 93003	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 5,000.	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	CENTER FOR INVASIVE PLANT MANAGEMENT 333 LEON JOHNSON HALL BOZEMAN, MT 59717	\$ 18,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 10,100.	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.)
		\$	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	013004	200DB	5.00	17	540.		270.	270.	95.		70.
	1-LAPTOP											
9	COMPUTER AND HARDWARE	122204	200DB	5.00	17	239.		120.	119.	6.		45.
	9-HARD DRIVE											
13	COMPUTER AND HARDWARE	120705	200DB	5.00	19B	588.			588.			29.
	* 990 PAGE 2 TOTAL -					1,367.		390.	977.	101.	0.	144.
2	TOOLS AND EQUIPMENT -	020604	200DB	5.00	17	99.		50.	49.	17.		13.
	2-PRINTER											
7	TOOLS AND EQUIPMENT -	072104	200DB	5.00	17	80.		40.	40.	6.		14.
	7-MICROWAVE											
	* 990 PAGE 2 TOTAL -					179.		90.	89.	23.	0.	27.
3	FIXTURES AND FURNITURE	022904	200DB	7.00	17	84.		42.	42.	11.		9.
	3- SHELVING											
5	FIXTURES AND FURNITURE	032704	200DB	7.00	17	90.		45.	45.	11.		10.
	5- TABLES & CHAIRS											
8	FIXTURES AND FURNITURE	122204	200DB	7.00	17	511.		256.	255.	9.		70.
	8- FILE CABINETS											
10	FIXTURES AND FURNITURE	092105	200DB	7.00	19C	159.			159.			17.
	10- SHELVING											
11	FIXTURES AND FURNITURE	101205	200DB	7.00	19C	201.			201.			7.
	11- DESK											
12	FIXTURES AND FURNITURE	111405	200DB	7.00	19C	141.			141.			5.
	12- SUPPLY CABINET											
14	FIXTURES AND FURNITURE	101205	200DB	7.00	19C	185.			185.			7.
	14- DESK											
16	FIXTURES AND FURNITURE	070105	200DB	7.00	19C	150.			150.			16.
	16- DESK											
	* 990 PAGE 2 TOTAL -					1,521.		343.	1,178.	31.	0.	141.
4	SOFTWARE - BACKUP	031104		36M	43	70.			70.	19.		23.
6	SOFTWARE - QUICKBOOKS	042204		36M	43	241.			241.	54.		80.

528102  
01-06-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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
15	SOFTWARE - MAPPING	07/21/05		36M	42	109.			109.			15.
	* 990 PAGE 2 TOTAL -					420.		0.	420.	73.	0.	118.
	* GRAND TOTAL 990 PAGE 2 DEPR & AMORT					3,487.		823.	2,664.	228.	0.	430.

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

1. GROSS RECEIPTS . . . . .	18,816	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		18,816
4. COST OF GOODS SOLD (LINE 13) . . . . .	9,186	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		9,630

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	7,952	
7. MERCHANDISE PURCHASED . . . . .	15,171	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		23,123
12. INVENTORY AT END OF YEAR . . . . .	13,937	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		9,186

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
BANK FEES	3,172.		3,172.		
BOOKS &					
SUBSCRIPTIONS	52.	52.			
LIABILITY INSURANCE	3,821.		3,821.		
DISC EXPENSES	-205.		-205.		
PHOTOCOPY	4,062.	3,502.	43.		517.
TRANSPORTATION	10,041.	8,717.	592.		732.
WEB SITE MAINTENANCE	178.	157.	8.		13.
MEALS AND					
ENTERTAINMENT-SYNPOS					
M	29,267.	28,537.	405.		325.
CONFERENCES	1,747.	1,747.			
RESEARCH	12,154.	12,154.			
TRAVEL	55.		55.		
TOTAL TO FORM 990, LN 43	64,344.	54,866.	7,891.	1,587.	

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3  
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
INA SKURKA	4,960.			4,960.
PROGRAM SERVICES	4,365.			4,365.
MANAGEMENT AND GENERAL	248.			248.
FUNDRAISING	347.			347.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DOUG JOHNSON	60,700.			60,700.
PROGRAM SERVICES	53,416.			53,416.
MANAGEMENT AND GENERAL	3,035.			3,035.
FUNDRAISING	4,249.			4,249.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ELIZABETH BRUSATI	38,533.			38,533.
PROGRAM SERVICES	33,909.			33,909.
MANAGEMENT AND GENERAL	1,927.			1,927.
FUNDRAISING	2,697.			2,697.

TOTAL PROGRAM SERVICES				91,690.
TOTAL MANAGEMENT AND GENERAL				5,210.
TOTAL FUNDRAISING				7,293.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				104,193.



FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
UNRESTRICTED DONATION	USDA - AGRICULTURAL RESEARCH SRVC	800 BUCHANAN STREET, ALBANY, CA 94710	NONE	16,130.
UNRESTRICTED DONATION	ELKHORN SLOUGH FOUNDATION	P O BOX 267, MOSS LANDING, CA 95039	NONE	200.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				16,330.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 5

## EXPLANATION

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

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER AND HARDRIVE -LAPTOP	540.	435.	105.
TOOLS AND EQUIPMENT - PRINTER	99.	80.	19.
FIXTURES AND FURNITURE - SHELVING	84.	62.	22.
SOFTWARE - BACKUP	70.	42.	28.
FIXTURES AND FURNITURE - TABLES & CHAIRS	90.	66.	24.
SOFTWARE - QUICKBOOKS	241.	134.	107.
TOOLS AND EQUIPMENT - MICROWAVE	80.	60.	20.
FIXTURES AND FURNITURE - FILE CABINETS	511.	335.	176.
COMPUTER AND HARDRIVE -HARD DRIVE	239.	171.	68.
FIXTURES AND FURNITURE - SHELVING	159.	17.	142.
FIXTURES AND FURNITURE - DESK	201.	7.	194.
FIXTURES AND FURNITURE - SUPPLY CABINET	141.	5.	136.

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COMPUTER AND HARDWARE	588.	29.	559.
FIXTURES AND FURNITURE - DESK	185.	7.	178.
SOFTWARE - MAPPING	109.	15.	94.
FIXTURES AND FURNITURE - DESK	150.	16.	134.
TOTAL TO FORM 990, PART IV, LN 57	3,487.	1,481.	2,006.

FORM 990	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	AMOUNT
CREDIT CARD PAYABLE	738.
SALES TAX PAYABLE	1,095.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	1,833.

FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	8
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RICHARDSON, BREE 1442-A WALNUT STREET #462 BERKELEY, CA 94709	BOARD OF DIRECTORS 2.00	0.	0.	0.
SKURKA, GINA 1442-A WALNUT STREET #462 BERKELEY, CA 94709	PROJ INTERN 8.00	4,960.	0.	0.
SCHOENIG, STEVE 1442-A WALNUT STREET #462 BERKELEY, CA 94709	PAST - PRESIDENT 4.00	0.	0.	0.
JOHNSON, DOUG 1442-A WALNUT STREET #462 BERKELEY, CA 94709	EXECUTIVE DIRECTOR 40.00	60,700.	0.	0.
BRUSATI, ELIZABETH 1442-A WALNUT STREET #462 BERKELEY, CA 94709	PROJECT MANAGER 40.00	38,533.	0.	0.
ERSKINE OGDEN, JENNIFER 1442-A WALNUT STREET #462 BERKELEY, CA 94709	TREASURER 4.00	0.	0.	0.

CALIFORNIA INVASIVE PLANT COUNCIL CALIFO

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EST, WENDY 442-A WALNUT STREET #462 ERKELEY, CA 94709	SECRETARY 4.00	0.	0.	0.
LEWHOUSE, MARK 442-A WALNUT STREET #462 ERKELEY, CA 94709	VICE PRESIDENT 4.00	0.	0.	0.
LUESENKAMP, DAN 442-A WALNUT STREET #462 ERKELEY, CA 94709	PRESIDENT 4.00	0.	0.	0.
LESSOW, JASON 442-A WALNUT STREET #462 ERKELEY, CA 94709	BOARD OF DIRECTORS 2.00	0.	0.	0.
NAPP, JOHN 442-A WALNUT STREET #462 ERKELEY, CA 94709	BOARD OF DIRECTORS 2.00	0.	0.	0.
NIGHT, MARLA 442-A WALNUT STREET #462 ERKELEY, CA 94709	BOARD OF DIRECTORS 2.00	0.	0.	0.
HANG, DAVID 442-A WALNUT STREET #462 ERKELEY, CA 94709	BOARD OF DIRECTORS 2.00	0.	0.	0.
RIGHAM, CHRISTY 442-A WALNUT STREET #462 ERKELEY, CA 94709	BOARD OF DIRECTORS 2.00	0.	0.	0.
ELINES, JOHANNA 442-A WALNUT STREET #462 ERKELEY, CA 94709	BOARD OF DIRECTORS 2.00	0.	0.	0.
ASE, BOB 442-A WALNUT STREET #462 ERKELEY, CA 94709	BOARD OF DIRECTORS 2.00	0.	0.	0.
HRISTOFFERSON, CHRIS 442-A WALNUT STREET #462 ERKELEY, CA 94709	BOARD OF DIRECTORS 2.00	0.	0.	0.
REWITZ, JENNY 442-A WALNUT STREET #462 ERKELEY, CA 94709	BOARD OF DIRECTORS 2.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

104,193.	0.	0.
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FORM 990      PART VIII - RELATIONSHIP OF ACTIVITIES TO      STATEMENT      9  
ACCOMPLISHMENT OF EXEMPT PURPOSES

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."

SCHEDULE A      STATEMENT OF LOBBYING ACTIVITIES - PART VI-B      STATEMENT      10

FROM 990 SCHEDULE A PART VI-B (G)-CAL IPC STAFF VISITED STATE LEGISLATIVE  
OFFICES ON CALIFORNIA INVASIVE WEEDS AWARENESS DAY IN MARCH 2005, WHERE STAFF  
ADVOCATED FOR SEVERAL ISSUES THAT DID NOT HAVE CURRENT LEGISLATION.  
FORM 990 SCHEDULE A PART VI-B (H)-CAL IPC HELPED ORGANIZE THE STATE ADVOCACY  
DAY, WHICH INCLUDED A MORNING SESSION REVIEWING THE CURRENT ISSUES. WE ALSO  
MADE APPOINTMENTS FOR VOLUNTEERS TO VISIT FEDERAL LEGISLATIVE OFFICES FOR  
NATIONAL INVASIVE WEEDS AWARENESS WEEK IN FEBRUARY WHERE THEY ADVOCATED FOR  
A SPECIFIC BILL.

**Depreciation and Amortization** 990  
(Including Information on Listed Property)  
▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

**2005**

Attachment  
Sequence No. 67

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 the instructions for a higher limit for certain businesses	1	105,000.
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	420,000.
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 2004 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 2006. 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	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 2005	17	231.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2005 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		588.	5 YRS.	MO	200DB	29.
c 7-year property		836.	7 YRS.	MO	200DB	52.
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 2005 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	312.
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	

# CALIFORNIA INVASIVE PLANT COUNCIL

Form 4562 (2005) (Rev. 1-2006)

## CALIFORNIA EXOTIC PEST PLANT COUNCIL

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**Part V** Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

### Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use.								25
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

### Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

### Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year:					
SOFTWARE - MAPPING	07/21/05	109.		36M	15.
43 Amortization of costs that began before your 2005 tax year					
44 Total. Add amounts in column (f). See the instructions for where to report					103.
					118.