

Form 990

Department of the Treasury
Internal Revenue Service** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income TaxUnder 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

2006

Open to Public
Inspection

For the 2006 calendar year, or tax year beginning

and ending

B Check if
applicable:

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☐ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type. See
Specific
Instruc-
tions.

C Name of organization

CALIFORNIA INVASIVE PLANT COUNCIL

Number and street (or P.O. box if mail is not delivered to street address)

1442-A WALNUT STREET

City or town, state or country, and ZIP + 4

BERKELEY, CA 94709

D Employer identification number

68-0289333

E Telephone number

510-843-3902

F Accounting method:

☒ Cash ☐ Accrual☐ 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).

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 or-
ganization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

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

G Website: WWW.CAL-IPC.ORG

J Organization type (check only) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 369,410.

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

1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	211,030.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 211,030. noncash \$)	1e	211,030.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	97,533.		
3	Membership dues and assessments	3	24,555.		
4	Interest on savings and temporary cash investments	4	587.		
5	Dividends and interest from securities	5			
6 a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe ▶)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b	133.		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	-133.		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	STMT 1			
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10 a	Gross sales of inventory, less returns and allowances	10a	35,705.		
b	Less: cost of goods sold	10b	39,906.		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	STMT 2			
11	Other revenue (from Part VII, line 103)	10c	-4,201.		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	11	329,371.		
13	Program services (from line 44, column (B))	12	265,323.		
14	Management and general (from line 44, column (C))	13	29,695.		
15	Fundraising (from line 44, column (D))	14	17,056.		
16	Payments to affiliates (attach schedule)	15			
17	Total expenses. Add lines 16 and 44, column (A)	16			
18	Excess or (deficit) for the year. Subtract line 17 from line 12	17	312,074.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	18	17,297.		
20	Other changes in net assets or fund balances (attach explanation)	19	75,214.		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	20	0.		
		21	92,511.		

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

Form 990 (2006)

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 4	
22b Other grants and allocations (attach schedule) (cash \$ <u>10,490</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>10,490.</u>	<u>10,490.</u>		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	<u>130,440.</u>	<u>115,291.</u>	<u>5,935.</u>	<u>9,214.</u>
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	<u>1,264.</u>	<u>1,073.</u>	<u>64.</u>	<u>127.</u>
29 Payroll taxes	<u>11,332.</u>	<u>9,689.</u>	<u>824.</u>	<u>819.</u>
30 Professional fundraising fees				
31 Accounting fees	<u>4,811.</u>		<u>4,811.</u>	
32 Legal fees				
33 Supplies	<u>7,629.</u>	<u>6,997.</u>	<u>367.</u>	<u>265.</u>
34 Telephone	<u>4,291.</u>	<u>3,754.</u>	<u>275.</u>	<u>262.</u>
35 Postage and shipping	<u>6,639.</u>	<u>4,745.</u>	<u>497.</u>	<u>1,397.</u>
36 Occupancy	<u>13,952.</u>	<u>12,605.</u>	<u>301.</u>	<u>1,046.</u>
37 Equipment rental and maintenance	<u>1,747.</u>	<u>1,541.</u>	<u>67.</u>	<u>139.</u>
38 Printing and publications	<u>12,207.</u>	<u>9,673.</u>	<u>215.</u>	<u>2,319.</u>
39 Travel	<u>2,760.</u>	<u>2,728.</u>	<u>11.</u>	<u>21.</u>
40 Conferences, conventions, and meetings	<u>1,708.</u>	<u>1,708.</u>		
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	<u>1,246.</u>		<u>1,246.</u>	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	<u>101,558.</u>	<u>85,029.</u>	<u>15,082.</u>	<u>1,447.</u>
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<u>312,074.</u>	<u>265,323.</u>	<u>29,695.</u>	<u>17,056.</u>

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 ☒ NoIf "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

Part IV-A

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		e
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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.)

623041 01-18-07

Yes	No
-----	----

15

75b

750

750

70

77

78

N/A

79

80

81a

81

10

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?		
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.)	82a	X
82b	1,109.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
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, 2006	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	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

Yes No

If "Yes," enter the name of the foreign country **N/A**

91c ☐ ☒

32 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**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MISCELLANEOUS INCOME					797.
b SYMPOSIUM					96,486.
c PRIVATE CONTRACT					250.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments				24,555.	
95 Interest on savings and temporary cash investments			14	587.	
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					-133.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					-4,201.
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		25,142.	93,199.
105 Total (add line 104, columns (B), (D), and (E))					118,341.

Note: Line 105 plus line 1e, 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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

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.

Please
Sign
Here

Signature of officer _____ Date _____
DOUG JOHNSON, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature **Reed CPA** Date **OCT 31 2007** Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X)

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

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

Form 990 (2006)

Department of the Treasury
Internal Revenue Service

(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

2006

Name of the organization

Employer identification number

68: 0289333

CALIFORNIA INVASIVE PLANT COUNCIL

Part I	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees	68: 0289333
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(See page 2 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
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(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	
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(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	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>7,972.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year ▶		0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.

Schedule A (Form 990 or 990-EZ) 2006

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	125,200.	152,516.	86,972.	60,752.	425,440.
16 Membership fees received	25,575.	15,630.	22,230.	22,230.	85,665.
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	107,922.	80,299.	70,083.	18,622.	276,926.
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	25.	98.	418.	973.	1,514.
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	258,722.	248,543.	179,703.	102,577.	789,545.
24 Line 23 minus line 17	150,800.	168,244.	109,620.	83,955.	512,619.
25 Enter 1% of line 23	2,587.	2,485.	1,797.	1,026.	
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 2002 through 2005 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: (2005) 0. (2004) 0. (2003) 0. (2002) 0.					
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: (2005) 0. (2004) 0. (2003) 0. (2002) 0.					
c Add: Amounts from column (e) for lines: 15 425,440. 16 85,665. 17 276,926. 20 _____ 21 _____					27c 788,031.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 788,031.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 789,545.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.8082%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .1918%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 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?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
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?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
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?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
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	35	

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** ☐ if the organization belongs to an affiliated group. Check ☐ **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	5,956.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	2,016.
38 Total lobbying expenditures (add lines 36 and 37)	38	7,972.
39 Other exempt purpose expenditures	39	265,323.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	273,295.
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
The lobbying nontaxable amount is -		54,659.
42 Grassroots nontaxable amount (enter 25% of line 41)	42	13,665.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	0.	0.	0.	0.	0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures	7,972.	4,000.	0.	0.	11,972.
48 Grassroots nontaxable amount	0.	0.	0.	0.	0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures	5,956.	2,000.	0.	0.	7,956.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

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

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

Exempt Organizations (See page 13 of the instructions.)

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

2006

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

Special Rules-

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

Employer identification number

CALIFORNIA INVASIVE PLANT COUNCIL

68-0289333

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 7,106.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 8,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 60,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 20,000.	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

Employer identification number

CALIFORNIA INVASIVE PLANT COUNCIL

68-0289333

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 9,597.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 16,243.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 10,000.	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.)

Name of organization

Employer identification number

CALIFORNIA INVASIVE PLANT COUNCIL

68-0289333

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	150 SHARES JP MORGAN CHASE COMMON STOCK WHICH WAS IMMEDIATELY SOLD BY ORGANIZATION	\$ 7,106.	12/28/06
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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	Current Year Deduction
1	(D) COMPUTER AND HARDRIVE - LAPTOP-ABAND	0130042000	DB	5.00	17	540.		270.	270.	165.		0.
9	COMPUTER AND HARDRIVE - HARD DRIVE	1222042000	DB	5.00	17	239.		120.	119.	51.		27.
13	COMPUTER AND HARDRIVE	1207052000	DB	5.00	17	588.			588.	29.		223.
17	COMPUTER AND HARDRIVE	0206062000	DB	5.00	19B	607.			607.			121.
22	COMPUTER - EXTERNAL HARDRIVE	0725062000	DB	5.00	19B	250.			250.			50.
27	COMPUTER SERVER	1113062000	DB	5.00	19B	748.			748.			150.
	* 990 PAGE 2 TOTAL - TOOLS AND EQUIPMENT - PRINTER	0206042000	DB	5.00	17	2,972.		390.	2,582.	245.	0.	571.
7	TOOLS AND EQUIPMENT - MICROWAVE	0721042000	DB	5.00	17	80.		50.	49.	30.		8.
21	TOOLS AND EQUIPMENT - PHONE & HEADSET	0724062000	DB	5.00	19B	272.		40.	40.	20.		8.
26	COMPUTER - SEAGATE HARDRIVE	1113062000	DB	5.00	19B	83.			272.			54.
	* 990 PAGE 2 TOTAL - FIXTURES AND FURNITURE	0229042000	DB	7.00	17	534.			83.			17.
3	3 - SHELVING	0229042000	DB	7.00	17	84.		90.	83.			87.
5	FIXTURES AND FURNITURE - TABLES & CHAIRS	0327042000	DB	7.00	17	90.		42.	444.	50.	0.	6.
8	FIXTURES AND FURNITURE - FILE CABINETS	1222042000	DB	7.00	17	511.		45.	42.	20.		7.
10	FIXTURES AND FURNITURE - SHELVING	0921052000	DB	7.00	17	159.		256.	45.	21.		50.
11	FIXTURES AND FURNITURE - DESK	1012052000	DB	7.00	17	201.			255.	79.		50.
12	FIXTURES AND FURNITURE - SUPPLY CABINET	1114052000	DB	7.00	17	141.			159.	17.		41.
									201.	7.		55.
									141.	5.		39.

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	Current Year Deduction
14	FIXTURES AND FURNITURE - DESK	1012052000	DB	7.00	17	185.			185.	7.		51.
16	FIXTURES AND FURNITURE - DESK	0701052000	DB	7.00	17	150.			150.	16.		38.
18	FIXTURES AND FURNITURE - DESK	0720062000	DB	7.00	19C	387.			387.			55.
19	FIXTURES AND FURNITURE - SUPPLY CABINET	0721062000	DB	7.00	19C	288.			288.			41.
20	FIXTURES AND FURNITURE - FILING CABINET	0721062000	DB	7.00	19C	109.			109.			16.
23	FIXTURES AND FURNITURE - TABLE/DESK	0728062000	DB	7.00	19C	227.			227.			32.
24	FIXTURES AND FURNITURE - TABLE	0817062000	DB	7.00	19C	210.			210.			30.
25	FIXTURES AND FURNITURE - SHELVING	0915062000	DB	7.00	19C	79.			79.			11.
	* 990 PAGE 2 TOTAL - (D) SOFTWARE - BACKUP-ABANDONED	031104		36M	43	2,821.		343.	2,478.	172.	0.	472.
						70.			70.	42.		0.
6	SOFTWARE - QUICKBOOKS	042204		36M	43	241.			241.	134.		80.
15	SOFTWARE - MAPPING	072105		36M	43	109.			109.	15.		36.
	* 990 PAGE 2 TOTAL -					420.		0.	420.	191.	0.	116.
	* GRAND TOTAL 990 PAGE 2 DEPR & AMORT					6,747.		823.	5,924.	658.	0.	1,246.

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

(D) - Asset disposed

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER HARDWARE-ABANDONED	01/30/04	01/01/06	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	540.	0.	435.	-105.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER SOFTWARE-ABANDONED	01/30/04	01/01/06	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	70.	0.	42.	-28.

TO FM 990, PART I, LN 8		610.	0.	477.	-133.
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FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS	35,705	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		35,705
4. COST OF GOODS SOLD (LINE 13)	39,906	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		-4,201

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	13,937	
7. MERCHANDISE PURCHASED	59,074	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		73,011
12. INVENTORY AT END OF YEAR	33,105	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		39,906

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ANK FEES	3,529.		3,529.		
OOKS &					
UBSCRIPTIONS	211.	211.			
IABILITY INSURANCE	9,150.		9,150.		
ISC EXPENSES	60.		60.		
HOTOCOPY	5,981.	4,983.	750.		248.
RANSPORTATION	10,354.	8,407.	1,038.		909.
EB SITE MAINTENANCE	1,825.	1,575.	101.		149.
EALS AND					
NTERTAINMENT-SYNPOS					
M	55,624.	55,129.	354.		141.
ECHNICAL WRITERS	354.	354.			
AX	100.		100.		
ONTRACT SERVICE	14,370.	14,370.			
TOTAL TO FM 990, LN 43	101,558.	85,029.	15,082.	1,447.	

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	4
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
UNRESTRICTED DONATION USDA ARS PACIFIC WEST REGION 100 BUCHANAN STREET ALBANY, CA, 94710	10,190.
UNRESTRICTED DONATION NORTHERN CALIFORNIA BOTANIST'S C/O BIOLOGICAL SCIENCES HERBARIUM CSU CHICO CHICO, CA 95929-0515	300.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	10,490.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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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
TOOLS AND EQUIPMENT - PRINTER	99.	88.	11.
FIXTURES AND FURNITURE - SHELVING	84.	68.	16.
FIXTURES AND FURNITURE - TABLES & CHAIRS	90.	73.	17.
SOFTWARE - QUICKBOOKS	241.	214.	27.
TOOLS AND EQUIPMENT - MICROWAVE	80.	68.	12.
FIXTURES AND FURNITURE - FILE CABINETS	511.	385.	126.
COMPUTER AND HARDWARE - HARD DRIVE	239.	198.	41.
FIXTURES AND FURNITURE - SHELVING	159.	58.	101.

IXTURES AND FURNITURE - DESK	201.	62.	139.
IXTURES AND FURNITURE -			
UPPLY CABINET	141.	44.	97.
PUTER AND HARDRIVE	588.	252.	336.
IXTURES AND FURNITURE - DESK	185.	58.	127.
SOFTWARE - MAPPING	109.	51.	58.
IXTURES AND FURNITURE - DESK	150.	54.	96.
OMPUTER AND HARDRIVE	607.	121.	486.
IXTURES AND FURNITURE - DESK	387.	55.	332.
IXTURES AND FURNITURE -			
UPPLY CABINET	288.	41.	247.
IXTURES AND FURNITURE -			
ILING CABINET	109.	16.	93.
TOOLS AND EQUIPMENT - PHONE &			
HEADSET	272.	54.	218.
OMPUTER HARDRIVE-EXTERNAL	250.	50.	200.
IXTURES AND FURNITURE -			
ABLE/DESK	227.	32.	195.
IXTURES AND FURNITURE - TABLE	210.	30.	180.
IXTURES AND FURNITURE -			
HELVING	79.	11.	68.
OMPUTER HARDRIVE-SEAGATE	83.	17.	66.
OMPUTER SERVER	748.	150.	598.
TOTAL TO FORM 990, PART IV, LN 57	6,137.	2,250.	3,887.

FORM 990	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION		AMOUNT	
CREDIT CARD PAYABLE		2,725.	
SALES TAX PAYABLE		1,803.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		4,528.	

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

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RICHARDSON, BREE 442-A WALNUT STREET #462 BERKELEY, CA 94709	AT LARGE BOARD OF DIRECTOR 2.00	0.	0.	0.
CHOENIG, STEVE 442-A WALNUT STREET #462 BERKELEY, CA 94709	PAST - PRESIDENT 4.00	0.	0.	0.
JOHNSON, DOUG 442-A WALNUT STREET #462 BERKELEY, CA 94709	EXECUTIVE DIRECTOR 40.00	68,910.	0.	0.
RSKINE OGDEN, JENNIFER 442-A WALNUT STREET #462 BERKELEY, CA 94709	TREASURER 4.00	0.	0.	0.
EST, WENDY 442-A WALNUT STREET #462 BERKELEY, CA 94709	SECRETARY 4.00	0.	0.	0.
. HOUSER, MARK 442-A WALNUT STREET #462 BERKELEY, CA 94709	VICE PRESIDENT 4.00	0.	0.	0.
BLUESENKAMP, DAN 442-A WALNUT STREET #462 BERKELEY, CA 94709	PRESIDENT 4.00	0.	0.	0.
SISSOW, JASON 442-A WALNUT STREET #462 BERKELEY, CA 94709	AT LARGE BOARD OF DIRECTOR 2.00	0.	0.	0.
KNAPP, JOHN 442-A WALNUT STREET #462 BERKELEY, CA 94709	AT LARGE BOARD OF DIRECTOR 2.00	0.	0.	0.
KNIGHT, MARLA 442-A WALNUT STREET #462 BERKELEY, CA 94709	AT LARGE BOARD OF DIRECTOR 2.00	0.	0.	0.
CHANG, DAVID 442-A WALNUT STREET #462 BERKELEY, CA 94709	AT LARGE BOARD OF DIRECTOR 2.00	0.	0.	0.

RIGHAM, CHRISTY 442-A WALNUT STREET #462 BERKELEY, CA 94709	AT LARGE BOARD OF DIRECTOR 2.00 0.	0.	0.
ELINES, JOANNA 442-A WALNUT STREET #462 BERKELEY, CA 94709	AT LARGE BOARD OF DIRECTOR 2.00 0.	0.	0.
WASE, BOB 442-A WALNUT STREET #462 BERKELEY, CA 94709	AT LARGE BOARD OF DIRECTOR 2.00 0.	0.	0.
CHRISTOFFERSON, CHRIS 442-A WALNUT STREET #462 BERKELEY, CA 94709	AT LARGE BOARD OF DIRECTOR 2.00 0.	0.	0.
DREWITZ, JENNY 442-A WALNUT STREET #462 BERKELEY, CA 94709	AT LARGE BOARD OF DIRECTOR 2.00 0.	0.	0.
BRUSATI, ELIZABETH	PROJECT MANAGER 40.00	41,233.	0. 0.
TOTALS INCLUDED ON FORM 990, PART V-A		110,143.	0. 0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 9
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A 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

94 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."