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DLN: 93409126001318

2007

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

## **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form

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

Open to Public **Inspection** 

		applicable	ar, or		007, and endi	ng 12-31-2007		,20 over id:	ontification remains
_	ddress (	change	ease e IRS	C Name of organization CALIFORNIA NATIVE GRASS ASSOCIATION			•	-	entification number
_	ame ch	ange lab	el or	Number and street (or P O box, if mail is not deliv	ered to street a	ddress) Room/suite	68-02 <b>E</b> Teleph	239825 none nur	mber
┖╹	nitial ret	urn pri	nt or e.	PO BOX 72405		,	• текері		
_	ınal retu	ım Sec							759-8458
_		return Ins	struc-	City or town, state or country, and ZIP + 4 DAVIS, CA 95617			F Group Numb		ion 
ı A	pplicatio	on pending <b>tio</b>	ns.						
<b>♦</b> S∈	ection			ns and 4947(a)(1) nonexempt charitable npleted Schedule A (Form 990 or 990-EZ).		<b>G</b> Accounting met Other (specify)		Cas	h Accrual
T W	ehsit e	www.enga.org				H Check ► T		organı	zation
			nly one	)—	or <b>Г</b> 527	ıs <b>not</b> require Schedule B (F			D-EZ, or 990-PF)
				gross receipts are normally not more than \$					rn with the IRS,
				file a return, be sure to file a complete return etermine gross receipts, if \$100,000 or more, file Form				<u>rn.</u> ► \$	75,727
	art I			ses, and Changes in Net Assets or					· · · · · · · · · · · · · · · · · · ·
	1			ants, and similar amounts received				1	17,469
	2	Program service	rever	ue including government fees and contracts				2	35,415
	3	Membership due	s and	assessments			.	3	22,222
	4	Investment inco	me				.	4	156
	5a	Gross amount fr	om sa	e of assets other than inventory		5a	ŀ		
a a	b	Less cost or oth	her ba	sis and sales expenses		5b			
Revenue				e of assets other than inventory (line 5a less	line 5b) (att			5c	
Š	6	, ,		tivities (attach schedule) If any amount is fr	, ,	· <u> </u>	-		
	a			:luding \$ _ of contributions	om gaming,	,			
	a	reported on line		Trading \$ _or contributions		6-	ا		
	١.	·	•	other than fundraising expenses	•	6a	0		
	b	·		· ·	- 1 (1.)	6b		_	0
	c	•	•	om special events and activities (line 6a les	s line 6D)		-	6c	0
	7a 			ry, less returns and allowances		7a			
	b	Less cost of go				7b			
	C			rom sales of inventory (line 7a less line 7b)			•	7c	
	8	Other revenue (					}	8	465
	9	Total revenue (a	dd lin	es 1, 2, 3, 4, 5c, 6c, 7c, and 8)				9	75,727
	10	Grants and simil	aram	ounts paid (attach schedule)			.	10	
	11	Benefits paid to	or for	members			. [	11	
	12	Salaries, other c	ompe	nsation, and employee benefits			. [	12	
ν Φ 10	13	Professional fee	s and	other payments to independent contractors				13	950
ē	14	Occupancy, rent	t, utilit	ies, and maintenance			. [	14	
Expenses	15	Printing, publica	tıons,	postage, and shipping			. [	15	11,869
	16	Other expenses	(desc	ribe ► 🥸			[	16	56,974
	17	•	•	nes 10 through 16)				17	69,793
	18	Excess or (defic	ıt) for	the year (line 9 less line 17)				18	5,934
988	19	Net assets or fu	nd bal	ances at beginning of year (from line 27, colu	ımn (A )) (mu	st agree with	Ī		
Net Assets		end-of-year figu	re rep	orted on prior year's return)			.	19	5,281
ž	20			essets or fund balances (attach explanation)			ŀ	20	·
	21	Net assets or fu	nd bal	ances at end of year (combine lines 18 throu	gh 20) .		. 🕨	21	11,215
Pa	rt II	Balance Sho	eets-	—If Total assets on line 25, column (B) are \$	250,000 or	more, file Form 990	ınstea		
				age 41 of the instructions )		(A) Beginning of ye			) End of year
22	Cash	, savings, and inv	estme	nts		2,51			10,315
23	Land	and buildings			🗀		23		
24	Other	r assets (describe	<b>.</b> ►			2,76	4 24		900
		assets				5,28	1 25		11,215
26	Total	<b>liabilities</b> (descri	be 🟲				26		
27	Net a	ssets or fund bala	ances (	line 27 of column (B) <b>must</b> agree with line 2:	1) .	5,28	1 27		11,215

Par	t IIII Statement of Program	Service Accomplishn	<b>nents</b> (See page 42 of th	e instructions )			enses	
What	t is the organization's primary exempt	purpose? <u>NATIVE GRASS</u>	LAND PRESERVATIO	N		quired fo		
	cribe what was achieved in carrying out ribe the services provided, the number			•	494	47(a)(1) others)		
SITE 51 A TO F END	ESTORATION AND RESEARCH CGN EIN THE SAN JOAQUIN VALLEY OV CRE SITE WITH THE HELP OF 160 V RESTORING NATIVE GRASSES, THE ANGERED SAN JOAQUIN KIT FOX nts \$ 9,000)	ER 131,000 PLUGS OF N OLUNTEER HOURS OVE	ATIVE GRASSES WER R 5 DAYS OF PLANTII D TO IMPROVE HABI	E PLANTED ON A NG IN ADDITION TAT FOR THE	28a			
	DUCATION AND OUTREACH CNGA				200			
THR PRIN AND	OUGHOUT THE YEAR AND HOSTED 1AARILY LED BY VOLUNTEER EXPER TRAINING TO HUNDREDS OF PEOF	AN ANNUAL CONFERENC RTS IN GRASSES AND GR	CE THESE ACTIVITIE ASSLANDS AND PRO	ES ARE VIDE EDUCATION . —				
	EMBERSHIP - CNGA HAS OVER 670	<del>-</del>	- ·	· · · · · · · · · · · · · · · · · · ·	29a	<del> </del>		37,293
REC FEA	EIVES REGULAR UPDATES ON GRAS TURING TECHNICAL AND EDUCATI	SS RELATED ISSUES AS V ONAL ARTICLES ON CAL	WELL AS A QUARTERL IFORNIA GRASSES A	Y NEWSLETTER ND GRASSLANDS				
		s amount includes foreign	grants, check here .	· · F	30a	<del>                                     </del>		27,736
	ther program services (attach schedul nts \$ )	e)	grants, check here	▶ ┌	31a			
32 Te	otal program service expenses (add line			▶	32			65,029
Par	t IV List of Officers, Directors, Trus	stees, and Key Employees	(List each one even if not co	ompensated See page 4	2 of th	e instruction	ns )	-
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contribution employee benefit p	lans	& a	E) Exper scount a er allowa	and
See	Additional Data Table							
Pa	rt V Other Information (Not	e the attachment requi	rement in General I	nstruction V, pag	e 14.	)	Yes	No
33	Did the organization engage in any acdescription of each activity		ted to the IRS? If "Yes	," attach a detailed		33		No
34	Were any changes made to the organ attach a conformed copy of the chang					34		No
35	If the organization had income from business but <b>not</b> reported on Form 990-T, attach a sta							
а	Did the organization have unrelated b proxy tax requirements?				g, and •	35a		No
b	If "Yes," has it filed a tax return on <b>F</b> e	orm 990-T for this year? .			•	35b		Νo
36	Was there a liquidation, dissolution, t statement )				ch a	36		No
37a	Enter amount of political expenditures, direct	or indirect, as described in the in	structions 🕨 37	7a				
b	Did the organization file Form 1120-P	<b>OL</b> for this year?				37b		Νο
38a	Did the organization borrow from, or n	nake any loans to, any offic	er, dırector, trustee, or	r key employee <b>or</b> w	ere			
	any such loans made in a prior year a	nd still unpaid at the start	of the period covered b	y this return?		. 38a		No
b	If "Yes," attach the schedule specifie amount involved			8Ь				
39	501(c)(7) organizations. Enter							
	Initiation fees and capital contributio			9a		0		
b	Gross receipts, included on line 9, for	r public use of club facilitie	s   <b>3</b> 9	9b		0		

Pa	rt V (	Otner Informati	on (Note the attachmer	nt requ	urement in Genera	il Instruction V	, page 14.)	(Cont	inuea)	
40a	501(c)(3	) organızatıons. Ente	r amount of tax imposed on	the org	ganization during the	year under				
	section 49	11 🟲	, section 4912 🟲		, section 4955	<u> </u>				
b		or did it become aw	ns. Did the organization engarate of an excess benefit tra	insactio		f "Yes," attach a		40b	Yes	<b>No</b>
c			d on organization managers ns 4912, 4955, and 4958			<b>-</b>				,,,,,
d	Enteran	nount of tax on line 4	10c reimbursed by the orga	nızatıoı	n	<b>-</b>				
e	_	·	e during the tax year, was th	_				40e		Νo
41	List the sta	ates with which a copy o	f this return is filed 🕨 CA							
42a	The book	s are in care of 🟲 SUZA	NNE ULLENSVANG			Telephor	ne no 🕨 <u>(</u> 530)	759-8	458	
	PO BOX 72405 Located at ► DAVIS, CA ZIP + 4 ► 9561764									
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority								Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							42b		Νo
	If "Yes," enter the name of the foreign country ▶									
			eptions and filing requireme							
С	At any ti	me during the calen	dar year, did the organization	on mair	ntaın an office outside	of the US?		42c		No
	If "Ves "	enter the name of the	he foreign country ►							
43			charitable trusts filing Form						ь Г	-
			exempt interest received or			_	43	•	• '	
			, I declare that I have examined t				1 1	he best	of my kno	owledge
		nd belief, it is true, correc	ct, and complete Declaration of p	reparer (	(other than officer) is base	ed on all information	of which prepare	er has aı	ny knowle	edge
Plea		*****				2008-05	-05			
Sign Here		Signature of officer				Date				
		JIM HANSON Director Type or print name and	d titlo							
		Type or print name and		1		T	T			
Paid Prei	d parer's	Signature	A A MAININI CPA		Date	Check if self-empolyed	Preparer's SSN	or PTIN	(See Gen	Inst W
Use Onl		Firm's name (or yours if self-employed), address, and ZIP + 4	Pamela A Mainini CPA				EIN Þ			
			1107 Kennedy Pl 5				Phone no 🕨 (	530) 75	8-3653	
Davis CA 95616							, -			

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DLN: 93409126001318

**SCHEDULE A** (Form 990 or 990EZ)

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

2007

Name of the organization CALIFORNIA NATIVE GRASS ASSOCIATION			Employer identifica	ation number
SALI GRADAWATE GRADA AGOOD TALA			68-0239825	
Part I Compensation of the Five				nd Trustees
(See page 1 of the instruction  (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	(e) Expense account and other allowances
None			compensation	
_				
Total number of other employees paid over				
\$50,000	 		- f- D f i	-1.0
	Five Highest Paid Indepe uctions. List each one (wheth			
(a) Name and address of each independent	contractor paid more than \$50,0	00 <b>(b)</b> Тур	e of service	(c) Compensation
None				
Total number of others receiving over \$50,00 professional services	00 for			
Part III-B Compensation of the	Five Highest Paid Indepe	ndent Contractor	rs for Other Serv	ices
	performed services other t		ervices, whether in	dıvıdual or
(a) Name and address of each independent	enter "None". See page 2 fo		e of service	(c) Compensation
None	eontractor para more than \$50,0	(2) 1 / p	013014100	(c) compensation
Total number of other contractors receiving o	over •			

Par	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, include 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 床 \$(Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B )	1		Νo
	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.)			
а	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		No
e	Transfer of any part of its income or assets?	2e		Νo
3a	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		Νo
ь	Did the organization have a section 403(b) annuity plan for its employees?	3b		No
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		Νo
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		Νo
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Νo
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax 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			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

P	art I	Reason for Non-Private	oundation Status	(See pages 4 th	rough 7 of the	instructions.	)		
Icer	tify th	at the organization is not a private foun	dation because it is (P	lease check only <b>C</b>	NE applicable bo	x )			
5	Γ	A church, convention of churches, or	association of churches	Section 170(b)(1	)(A )(ı)				
6	$\vdash$	A school Section 170(b)(1)(A)(II) (A	lso complete Part V )						
7	Γ	A hospital or a cooperative hospital s	ervice organization Sec	ction 170(b)(1)(A)	(111)				
8	$\Gamma$	A federal, state, or local government	or governmental unit Se	ection 170(b)(1)(A	)(v)				
9	Γ	A medical research organization oper and state 🕨	ated in conjunction with	a hospital Section	n 170(b)(1)(A)(ııı	ı) Enter the ho	spital's name, city,		
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp			ated by a governi	mental unit			
11a	Γ	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp	•	· · · -	overnmental unit	or from the ge	neral public		
11b	Γ	A community trust Section 170(b)(1	)(A)(vı) (Also complete	the Support Scheo	lule ın Part IV -A	)			
12	্ব	An organization that normally receives (1) more than 331/3% 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 331/3% 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	Γ	An organization that is not controlled requirements of section 509(a)(3)		•	_	•	se meets the		
		Type I Type II Type	e III - Functionally Inte	grated 7	ype III - Other				
		Provide the following informa	tion about the supporte	ed organizations. (s	see page 7 of the	instructions.)			
ľ	Name(	(a) (s) of supported organization(s)	(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization lis supporting org governing do	sted in the anization's	(e) A mount of support?		
				IRC section)	Yes	No			
Tota						<b>•</b>			

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2005	(c) 2004	(d) 2	2003	<b>(e)</b> Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	6,891	7,034	3,010		31,909	48,844
16	Membership fees received	23,580	27,496	17,962		30,800	99,838
17	Gross receipts from admissions, merchandise					,	,
	sold or services performed, or furnishing of	30,319	53,972	46,412		36,918	167,621
	facilities in any activity that is related to the	30,313	33,372	10,112		30,310	107,021
	organization's charitable, etc , purpose Gross income from interest, dividends, amounts						
18	received from payments on securities loans						
	(section 512(a)(5)), rents, royalties, and	3	57 57	3		60	123
	unrelated business taxable income (less section	3	3,	,		00	123
	511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business activities						
	not included in line 18						C
20	Tax revenues levied for the organization's benefit						_
	and either paid to it or expended on its						C
21	behalf The value of services or facilities furnished to						
21	the organization by a governmental unit without						
	charge Do not include the value of services or						C
	facilities generally furnished to the public without						
22	charge Other income Attach a schedule Do not include						
22	gain or (loss) from sale of capital assets					1,220	1,220
23	Total of lines 15 through 22	60,793	88,559	67,387		100,907	317,646
24	Line 23 minus line 17	30,474	34,587	20,975		63,989	150,025
25	Enter 1% of line 23	608	886	674		1,009	
26	Organizations described on lines 10 or 11: a Er	nter 2% of amount	: ın column (e), lın	ne 24	26a		
ı	Prepare a list for your records to show the name of	and amount cont	ributed by each po	erson (other			
	than a governmental unit or publicly supported org	anization) whose t	total gifts for 200	2 through			
	2005 exceeded the amount shown in line 26a Do	not file this list w	ith your return. E	nter the total			
	of all these excess amounts			▶	26b		
	Total support for section 509(a)(1) test Enter line	e 24, column (e)		▶	26c		(
	Add Amounts from column (e) for lines 18		19			ĺ	
			 26b		26d	j	
	Public support (line 26c minus line 26d total)				26e		
- 1	· · Public support percentage (line 26e (numerator) d	ivided by line 26c	(denominator))	▶	26f		
27				7 that were receiv	ved from	a "dısqua	alified person."
	prepare a list for your records to show the name of					•	• •
	Do not file this list with your return. Enter the sun			,			
			-		(2003)		
ı	(2006) (2005) (2005) For any amount included in line 17 that was received.	ed from each pers	on (other than "d	ısqualıfıed persor	 is"), prej	are a list	for your
	records to show the name of, and amount received						
	or (2) \$5,000 (Include in the list organizations de						•
	return. After computing the difference between the		= -				=
	these differences (the excess amounts) for each y		_				
			(2004)		(2003)		
	· · · · · · · · · · · · · · · · · · ·		· · · <u></u>		· -		
	Add Amounts from column (e) for lines 15	48	844 16	99,838			
	17 167,621 20			0	<b>&gt;</b>	27c	316,303
	Add Line 27a total	and line 27b tot			<b>&gt;</b>	27d	,
	Public support (line 27c total minus line 27d total)				<b>.</b>	27e	316,303
	· Total support for section 509(a)(2) test Enter am		column (a)	27f	217 646	270	310,303
1			l l	~/·   	317,646	]   	0059.00.00
9	Public support percentage (line 27e (numerator) d			donominatas/\*	27g	<u> </u> 	9958 00 %
ا	Investment income percentage (line 18, column (e				27h	0.2.41	4 00 %
28	Unusual Grants: For an organization described in li			=	_	_	
	prepare a list for your records to show, for each ye	ar, tne name of the	e contributor, the	gate and amount	or the gi	anτ, and a	a priet

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	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		
ŀ	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory	32ь		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
•	with student admissions, programs, and scholarships?	   32c		
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
•	Copies of all material used by the organization of on its behalf to solicit contributions.	32u	<u> </u>	
	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			
ā	Students' rights or privileges?	33a		
t	Admissions policies?	33Ь		
c	Employment of faculty or administrative staff?	33c	ı	
c	Scholarships or other financial assistance?	33d	I	
•	Educational policies?	33e	ı	
f	· Use of facilities?	33f		
ç	Athletic programs?	33g		
i	Other extracurricular activities?	33h	I	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	- Has the organization's right to such aid ever been revoked or suspended?	34b		
ı	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	340		
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	ı	

Pa	rt VI-A Lobbying Expenditu						uction	s.)		i age e
Che	(To be completed <b>ONL</b> ck ▶ a ☐ If the organization belong					ı I "a" and "lı	mited (	contro	d" provisio	ne annly
				<b>D</b> 1 H you'c	Пескес				(b)	
	Limits on Lo	bbying Expen	aitures			<b>(a</b> A ffiliated	-		To be com	•
	(The term "expenditures	" means amounts	paid or incurred	)		tota	als		for all ele organiza	_
36	Total lobbying expenditures to influe	nce public opinion	(grassroots lobb	yıng)	36			0		
37	Total lobbying expenditures to influe	nce a legislative b	ody (dırect lobby	ıng)	37					
38	Total lobbying expenditures (add line	s 36 and 37)			38					
39	Other exempt purpose expenditures				39					
40	Total exempt purpose expenditures	add lines 38 and 3	39)		40					
41	Lobbying nontaxable amount Enter t	he amount from th	e following table-	_						
	If the amount on line 40 is—	The lobbying non	taxable amount	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% o	of the excess over \$!	500,000						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	1,000,000	41					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1,	500,000						
	Over \$17,000,000	\$1,000,000								
42	Grassroots nontaxable amount (ente	r 25% of line 41)			42					
43	Subtract line 42 from line 36 Enter	0- ıf lıne 42 ıs mo	re than line 36		43					
44	Subtract line 41 from line 38 Enter	·0- ıf lıne 41 ıs mo	re than line 38		44					
	Caution: If there is an amount on either	er line 43 or line 44,	, you must file For	m 4720.						
		l-Year Averag								
	(Some organizations that	made a section 50 instructions for lin			-		e colun	nns be	low	
	See the	instructions for fin								
			Lo	bbying Expendit	ures D	uring 4-Yea	r Avera	aging	Period	
	Calendar year (or		(a)	(b)		(c)	(	(d)		(e)
	fiscal year beginning in) 🟲		2007	2006		2005	20	004	<u> </u> T	otal
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of l	ne 45(e))								
47	Total lobbying expenditures									
40	Grassroots nontaxable amount									
48	Grassroots nontaxable amount									
49	Grassroots ceiling amount (150% o	f line 48(e))								
	<u> </u>									
50	Grassroots lobbying expenditures									
Pa	rt VI-B Lobbying Activity by									
<u></u>	(For reporting only by ing the year, did the organization atter						L of th	e ins	<u>tructions.</u> T	)
	mpt to influence public opinion on a le					ily ally	Yes	No	A mo	ount
а	V olunteers		,	-						
b	Paid staff or management (Include	compensation in ex	xpenses reported	on lines <b>c</b> thro	ugh <b>h.</b> )				1	
c	Media advertisements									
d	Mailings to members, legislators, o	the public								
е	Publications, or published or broadd									
f	Grants to other organizations for lob	bvina purposes							1	

g Direct contact with legislators, their staffs, government officials, or a legislative body
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

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

Total lobbying expenditures (Add lines  ${f c}$  through  ${f h.}$ )

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

	fers from the reporting	g organization to a no	ncharitable exempt organization	of		Yes	No
(i)	Cash				51a(i)		Νo
(ii)	O ther assets				a(ii)		Νo
<b>b</b> Other	transactions						
	-		narıtable exempt organızatıon		b(i)		Νo
	Purchases of assets				b(ii)		Νo
	Rental of facilities, ed		sets		b(iii)		Νo
	Reimbursement arrar				b(iv)		Νo
	Loans or loan guaran				b(v)		Νo
			r fundraising solicitations		b(vi)		Νo
			er assets, or paid employees lete the following schedule  Colur		С		Νo
transa			oorting organization If the organiumn (d) the value of the goods, ot	her assets, or services received (d)			
( <b>a)</b> ne no	A mount involved	Name of nonch	(c) arıtable exempt organization	Description of transfers, tran		ands	sharı
				arrangeme	111.5		
To the			1th				
			l with, or related to, one or more t nan section 501(c)(3)) or in sect		г,	<b>'es</b>	굣
	s," complete the follow		ian section 301(c)(3)) or in sect	IOII 327	,	CS	,,
	<b>(a)</b> Name of organiza	ation	(b) Type of organization	<b>(c)</b> Description of rela	ationship		

**Software ID:** 07000211 **Software Version:** 2007v2.3

**EIN:** 68-0239825

Name: CALIFORNIA NATIVE GRASS ASSOCIATION

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BRIAN YOUNG PO BOX 72405 DAVIS,CA 95616	Director 2 00	0		
CHRIS ROSE PO BOX 72405 DAVIS,CA 95617	Past President 2 00	0		
JP MARIE PO BOX 72405 DAVIS,CA 95617	President-Elect 2 00	0		
RANDI PARIS PO BOX 72405 DAVIS,CA 95616	Director 2 00	0		
RICHARD KING PO BOX 72405 DAVIS,CA 95616	Director 2 00	0		
KELLIE MORGANTINI PO BOX 72405 DAVIS,CA 95616	Director 2 00	0		
SEAN KENADY PO BOX 72405 DAVIS,CA 95616	Director 2 00	0		
ERIK GANTENBEIN PO BOX 72405 DAVIS,CA 95617	President 2 00	0		
SARA SWEET PO BOX 72405 DAVIS,CA 95616	Secretary 2 00	0		
SHEILA BARRY PO BOX 72405 DAVIS,CA 95617	Treasurer 2 00	0		
JIM HANSON PO BOX 72405 DAVIS,CA 95616	Director 2 00	0		
JAYMEE MARTY PO BOX 72405 DAVIS,CA 95616	Director 2 00	0		
MELISSA MOONEY PO BOX 72405 DAVIS,CA 95616	Director 2 00	0		
LINNEA HANSON PO BOX 72405 DAVIS,CA 95616	Director 2 00	0	_	
TOM ANNESE PO BOX 72405 DAVIS,CA 95617	Director 2 00	0		

#### **TY 2007 Other Assets Schedule**

Name: CALIFORNIA NATIVE GRASS ASSOCIATION

**EIN:** 68-0239825

**Software ID:** 07000211

**Software Version:** 2007v2.3

Description	Beginning of Year Amount	End of Year Amount
Prepaid expenses and deferred charges	1,000	
Machinery and equipment	1,764	900

### **TY 2007 Other Expenses Schedule**

Name: CALIFORNIA NATIVE GRASS ASSOCIATION

**EIN:** 68-0239825

**Software ID:** 07000211

Software Version: 2007v2 3

Software Version: 2007v2.3	
Description	Amount
WEB SITE	2,192
Travel	3,950
Telephone	1,425
Supplies	1,419
SUBSCRIPTIONS	550
SALES TAX	207
MISCELLANEOUS	172
LICENSES & PERMITS	25
LABOR	29,296
INSURANCE	750
HONORARIA	2,643
EDUCATION & DEVELOPMENT	279
Depreciation	865
Conferences, Conventions, And Meetings	3,254
CATERING	8,977
BANK CHARGES	970

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#### **TY 2007 Other Revenues Schedule**

Name: CALIFORNIA NATIVE GRASS ASSOCIATION

**EIN:** 68-0239825

**Software ID:** 07000211

**Software Version:** 2007v2.3

Description	Amount	
MISC REIMBURSEMENTS	465	

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#### **TY 2007 Other Income Schedule**

Name: CALIFORNIA NATIVE GRASS ASSOCIATION

**EIN:** 68-0239825

**Software ID:** 07000211

Software Version: 2007v2.3

Description	2006	2005	2004	2003	Total
MISCELLANEOUS RECEIPTS					
SALES OF LOGO ITEMS				1,220	1,220