

**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)

OMB No 1545-0047

**2001**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2001 calendar year, or tax year period beginning **APR 1, 2001** and ending **MAR 31, 2002**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: **STRYBING ARBORETUM SOCIETY**  
 Number and street (or P O box if mail is not delivered to street address): **9TH AVENUE AT LINCOLN WAY**  
 City or town, state or country, and ZIP + 4: **SAN FRANCISCO, CA 94122**

**D** Employer identification number: **94-6050168**

**E** Telephone number: **(415) 661-1316**

**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)

**G** Web site: **N/A**

**J** Organization type (check only one):  501(c)(3) (insert no)  4947(a)(1) or  527

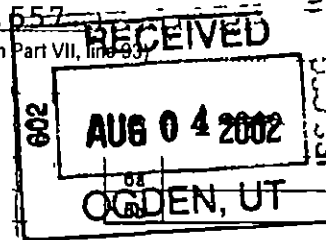
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: **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** Enter 4-digit GEN: **▶**

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **4,426,911.**

**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	3,355,791.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ <u>3,308,234.</u> noncash \$ <u>47,657.</u> )	1d		3,355,791.	
	2	Program service revenue including government fees and contracts (from Part VII, line 65)	2		114,787.	
	3	Membership dues and assessments	3		243,566.	
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5		177,357.	
	6a	Gross rents				
	b	Less rental expenses				
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ <b>GAIN ON SALE OF INVESTMENT</b> )	7		145,605.		
8a	Gross amount from sale of assets other than inventory	(A) Securities	8a			
		(B) Other	8b			
			8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9	Special events and activities (attach schedule)					
a	Gross revenue (not including \$ <u>0.</u> of contributions reported on line 1a)		9a	7,117.		
			9b			
			9c	7,117.		
10a	Gross sales of inventory, less returns and allowances	10a	382,688.			
b	Less cost of goods sold	10b	125,052.			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	257,636.			
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		4,301,859.		
Expenses	13	Program services (from line 44, column (B))	13	1,933,529.		
	14	Management and general (from line 44, column (C))	14	389,850.		
	15	Fundraising (from line 44, column (D))	15	226,937.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 13 and 14, column (A))	17	2,550,316.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,751,543.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	5,872,513.		
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	20	352,832.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	7,976,888.		



SCANNED AUG 14 2002

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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above, 44 Total functional expenses.

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 [X] No

If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? [ ]

MAINTENANCE OF BOTANICAL GARDENS

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)

Table with 2 columns: Description of program service, Program Service Expenses. Rows include: a GARDENS - DEVELOPMENT AND IMPROVEMENT OF NEW PLANTS, SIGNAGE, LABELING (676,735); b EDUCATION - EDUCATION AND INTERPRETIVE PROGRAMS FOR THE GARDENS; CLASSES, WORKSHOPS & TOUR (367,371); c PUBLICATIONS/PUBLICATIONS - VARIOUS: CALENDAR, CATALOG, ANNUAL REPORT, NEWSLETTER, GARDEN BROCHURES, ETC. FOR THE PUBLIC (154,682); d VARIOUS: RESOURCE LIBRARY, NURSERY & PLANT COLLECTIONS, BOOKSTORE (734,741); e Other program services (attach schedule); f Total of Program Service Expenses (should equal line 44, column (B), Program services) (1,933,529).

**Part IV Balance Sheets**

Note		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	40,633.	45	244,029.
	46	Savings and temporary cash investments		46	855,257.
	47 a	Accounts receivable	1,723.		
		b Less allowance for doubtful accounts		47c	1,723.
	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	61,713.	52	47,642.
	53	Prepaid expenses and deferred charges	8,857.	53	26,137.
	54	Investments - securities <b>STMT 5</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,059,019.	54	6,284,746.
	55 a	Investments - land, buildings, and equipment basis			
		b Less accumulated depreciation		55c	
56	Investments other		56		
57 a	Land, buildings, and equipment basis	491,656.			
	b Less accumulated depreciation	701,342.	57c	<209,686.>	
58	Other assets (describe <b>LIBRARY &amp; DEFERRED CHARGES</b> )	941,573.	58	974,476.	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	5,997,699.	59	8,224,324.	
Liabilities	60	Accounts payable and accrued expenses	124,076.	60	247,436.
	61	Grants payable		61	
	62	Deferred revenue	1,110.	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 )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)	125,186.	66	247,436.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	5,136,895.	67	4,997,053.
	68	Temporarily restricted	613,227.	68	2,849,944.
	69	Permanently restricted	122,391.	69	129,891.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	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)	5,872,513.	73	7,976,888.
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	5,997,699.	74	8,224,324.

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



Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	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? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	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 in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 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		
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		
a	Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations		
	Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations		
	Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed	90a	CALIFORNIA
b	Number of employees employed in the pay period that includes March 12, 2001	90b	39
91	The books are in care of		SOCIETY OFFICES Telephone no (415) 661-1316
	Located at		9TH AVENUE AT LINCOLN, SAN FRANCISCO, CA ZIP + 4 94122
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

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>EDUCATION</b>					107,067.
b <b>OTHER</b>					7,720.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					243,566.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					177,357.
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					145,605.
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					7,117.
102 Gross profit or (loss) from sales of inventory					257,636.
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	946,068.
105 Total (add line 104, columns (B), (D), and (E))					946,068.

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 Specific Instructions on page 32)

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)
93A	PROVIDED EDUCATIONAL AND INTERPRETIVE PROGRAMS FOR THE GARDENS
93B	AS WELL AS FUNDRAISING FOR GARDEN DEVELOPMENT AND ADVOCACY, AND MAINTENANCE OF A HORTICULTURAL LIBRARY OPEN TO THE PUBLIC

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(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 Specific Instructions on page 33)

- (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

completing schedules and statements, and to the best of my knowledge and belief, it is true information of which preparer has any knowledge.

7-31-02  J. Michael McKeechie, Executive Director/Trustee

**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(a), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

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

OMB No 1545-0047

**2001**

Name of the organization

**STRYBING ARBORETUM SOCIETY**

Employer identification number

**94 6050168**

**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
SOPHIA PENEYRA ----- 9TH AVENUE AT LINCOLN WAY, SF, CA94122	FINANCE MGR	66,654.		
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	1			

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

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

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

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

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

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

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

5	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V )
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state <b>▶</b> _____
10	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A )
11a	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A )
11b	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A )
12	<input checked="" type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A )
13	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

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

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total		
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	86,232.	901,577.	778,871.	681,782.	2,448,462.		
16 Membership fees received	66,411.	238,110.	199,408.	195,985.	699,914.		
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	112,753.	538,642.	424,582.	489,039.	1,565,016.		
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	44,447.	181,601.	155,223.	153,774.	535,045.		
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.	1,843.	21,858.	3,538.	13,470.	40,709.		
23 Total of lines 15 through 22	311,686.	1,881,788.	1,561,622.	1,534,050.	5,289,146.		
24 Line 23 minus line 17	198,933.	1,343,146.	1,137,040.	1,045,011.	3,724,130.		
25 Enter 1% of line 23	3,117.	18,818.	15,616.	15,341.			
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 1997 through 2000 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 _____					26d	N/A	
22 _____ 26b _____					26e	N/A	
e Public support (line 26c minus line 26d total)					26f	N/A %	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))							
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.						
(2000)	0.	(1999)	0.	(1998)	0.	(1997)	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 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.							
(2000)	0.	(1999)	0.	(1998)	0.	(1997)	0.
c Add Amounts from column (e) for lines 15 _____ 16 _____					27c	4,713,392.	
17 _____ 20 _____ 21 _____					27d	0.	
d Add Line 27a total _____ and line 27b total _____					27e	4,713,392.	
e Public support (line 27c total minus line 27d total)					27f	5,289,146.	
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27g	89.1144%	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h	10.1159%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))							
28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, 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.						NONE	

**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 )		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 0 1 through 4 0 5 of Rev Proc 75 50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

N/A

(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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred )															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)														
38	Total lobbying expenditures (add lines 36 and 37)														
39	Other exempt purpose expenditures														
40	Total exempt purpose expenditures (add lines 38 and 39)														
41	Lobbying nontaxable amount Enter the amount from the following table -														
	<table border="0"> <tr> <td><b>If the amount on line 40 is -</b></td> <td><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500 000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500 000 but not over \$1 000 000</td> <td>\$100 000 plus 15% of the excess over \$500 000</td> </tr> <tr> <td>Over \$1 000 000 but not over \$1 500 000</td> <td>\$175 000 plus 10% of the excess over \$1 000 000</td> </tr> <tr> <td>Over \$1 500 000 but not over \$17 000 000</td> <td>\$225 000 plus 5% of the excess over \$1 500 000</td> </tr> <tr> <td>Over \$17 000 000</td> <td>\$1 000 000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount 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>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount 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														
42	Grassroots nontaxable amount (enter 25% of line 41)														
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36														
44	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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
48	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions )

N/A

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

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h )

Yes	No	Amount
		0.

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



**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

**2001**

Name of organization

**STRYBING ARBORETUM SOCIETY**

Employer identification number

**94-6050168**

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 box(es) 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 1 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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

**STRYBING ARBORETUM SOCIETY**

**94-6050168**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>9,751.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>2</u>		\$ <u>25,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>3</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>4</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>5</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>6</u>		\$ <u>5,000.</u>	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

**STRYBING ARBORETUM SOCIETY**

**94-6050168**

**Part I Contributors** (See Specific Instructions )

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>8</u>		\$ <u>5,519.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>9</u>		\$ <u>6,251.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>10</u>		\$ <u>5,027.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>11</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>12</u>		\$ <u>5,000.</u>	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

**STRYBING ARBORETUM SOCIETY**

**94-6050168**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
14		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
15		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
16		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
17		\$ 9,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
18		\$ 5,003.	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

STRYBING ARBORETUM SOCIETY

94-6050168

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
20		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
21		\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
22		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
23		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
24		\$ 10,000.	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

**STRYBING ARBORETUM SOCIETY**

**94-6050168**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 334,077.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
26		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
28		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
29		\$ 5,000.	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)

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	7,117.		7,117.		7,117.
TO FM 990, PART I, LINE 9	7,117.		7,117.		7,117.

FORM 990

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

STATEMENT 2

INCOME		
1. GROSS RECEIPTS . . . . .	382,688	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		382,688
4. COST OF GOODS SOLD (LINE 13) . . . . .	125,052	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		257,636
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR . . . . .	61,713	
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .	110,981	
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		172,694
12. INVENTORY AT END OF YEAR . . . . .	47,642	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		125,052

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		352,832.	
TOTAL TO FORM 990, PART I, LINE 20		352,832.	

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONSULTANT	183,850.	72,846.	35,886.	75,118.	
OTHER EXPENSES	80,715.	60,220.	15,877.	4,618.	
MEMBERSHIP COSTS	19,599.	19,599.			
FOOD, BEVERAGE AND CATERING	29,306.	21,952.	565.	6,789.	
INSURANCE	10,835.		10,835.		
PROMOTION AND PUBLICATIONS	22,472.	14,487.	184.	7,801.	
DUES AND SUBSCRIPTIONS	3,192.	1,241.	1,784.	167.	
DOE EXPENSE	186,393.	186,393.			
LANDSCAPE DESIGN	336,818.	336,818.			
RECRUITMENT	41,531.	28,606.	1,023.	11,902.	
TOTAL TO FM 990, LN 43	914,711.	742,162.	66,154.	106,395.	

FORM 990	NON-GOVERNMENT SECURITIES			STATEMENT	5
SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
DODGE & COX MUTUAL FUDNS	6,284,746.				6,284,746.
TO 990, LN 54 COL B	6,284,746.				6,284,746.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	6
DESCRIPTION		AMOUNT	
COSTS OF GOODS SOLD		110,981.	
TOTAL TO FORM 990, PART IV-B		110,981.	

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	7
DESCRIPTION		AMOUNT	
COSTS OF GOODS SOLD		<110,981.>	
TOTAL TO FORM 990, PART IV-A		<110,981.>	

FORM 990	PART V - 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 CONTRIB	PLAN EXPENSE ACCOUNT
JOSEPH BARBACCIA 99 MARCELA AVENUE SAN FRANCISCO, CA 94116	CHAIR 0.	0.	0.	0.
TONY FARRELL 6000 HARBORD DRIVE OAKLAND, CA 94611	VICE CHAIR 0.	0.	0.	0.
RAY TALIAFFERRO 2238 HYDE STREET SAN FRANCISCO, CA 94109	VICE CHAIR 0.	0.	0.	0.
BILL GAEDE 3660 21ST STREET SAN FRANCISCO, CA 94114	TREASURER 0.	0.	0.	0.
EVA MONROE 330 CASTENADA AVENUE SAN FRANCISCO, CA 94116	SECRETARY 0.	0.	0.	0.

STRYBING ARBORETUM SOCIETY

94-6050168

GARY SCHEFSKY EURO WORLDWIDE INVESTMENTS, INC. 580 CALIFORNIA STREET SAN FRANCISCO, CA 94104	MEMBER-AT-LARGE 0.	0.	0.	0.
DIANE COHEN 28 ROSELYN TERRACE SAN FRANCISCO, CA 94118	MEMBER-AT-LARGE 0.	0.	0.	0.
HELEN M. BRADFORD 2402 STEINER STREET SAN FRANCISCO, CA 94115	DIRECTOR 0.	0.	0.	0.
PERRY WALKER FREEMAN 114 PURRINGTON ROAD PETALUMA, CA 94952	DIRECTOR 0.	0.	0.	0.
WALTER S. NEWMAN 3663 WASHINGTON STREET SAN FRANCISCO, CA 94118	DIRECTOR 0.	0.	0.	0.
MOHAMMED NURU 878 JAMESTOWN AVENUE SAN FRANCISCO, CA 94124	DIRECTOR 0.	0.	0.	0.
ELLEN COURTIEN 180 ELM AVENUE MILL VALLEY, CA 94941	DIRECTOR 0.	0.	0.	0.
MICHAEL MCKECHNIE 9TH AVENUE AT LINCOLN WAY SAN FRANCISCO, CA 94122	EXECUTIVE DIRECTOR 35	82,981.	0.	0.
JOHN SCHARFFERBERGER 914 HEINZ AVENUE BERKELEY, CA 94710	DIRECTOR 0.	0.	0.	0.
ROANE T. SIAS 160 STURDIVANT AVENUE SAN ANSELMO, CA 94960	DIRECTOR 0.	0.	0.	0.
ZACHARY S. CONEY 1428 NADINA STREET SAN MATEO, CA 94402	DIRECTOR 0.	0.	0.	0.
LAURA ELCOCK 73 SAN CARLOS AVENUE SAUSALITO, CA 94965	DIRECTOR 0.	0.	0.	0.
MOLLY GAMBLE P.O. BOX 1826 ROSS, CA 94957	DIRECTOR 0.	0.	0.	0.

STRYBING ARBORETUM SOCIETY

94-6050168

SUSAN GRAU 556 WEST SANTA INEZ HILLSBOROUGH, CA 94010	DIRECTOR 0.	0.	0.	0.
DUANE KELLY 1515 NW 51ST STREET SEATTLE, WA 98107	DIRECTOR 0.	0.	0.	0.
ROBERT LA ROCCA 760 MARKET STREET, #256 SAN FRANCISCO, CA 94102	DIRECTOR 0.	0.	0.	0.
HELEN MCKENNA 519 BELVEDERE STREET SAN FRANCISCO, CA 94102	DIRECTOR 0.	0.	0.	0.
MARIANNE PETERSON 2600 VALLEJO STREET SAN FRANCISCO, CA 94123	DIRECTOR 0.	0.	0.	0.
DAVID WHITRIDGE 475 SANSOME STREET, 12TH FLOOR SAN FRANCISCO, CA 94111	DIRECTOR 0.	0.	0.	0.
PATRICIA WIPF 3500 21ST STREET SAN FRANCISCO, CA 94114	DIRECTOR 0.	0.	0.	0.
FRANK ALMEDA CALIFORNIA ACADEMY OF SCIENCES, GOLDEN GATE PARK SAN FRANCISCO, CA 94118	EX-OFFICIO 0.	0.	0.	0.
SCOT MEDBURY 9TH AVENUE AT LINCOLN WAY SAN FRANCISCO, CA 94122	EX-OFFICIO 0.	0.	0.	0.
DARIN DAWSON 2261 MARKET STREET SAN FRANCISCO, CA 94114	EX-OFFICIO 0.	0.	0.	0.
KEN HAROOTUNIAN 9TH AVENUE AT LINCOLN WAY SAN FRANCISCO, CA 94122	DIRECTOR OF DEVELOPMENT 35	40,192.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>123,173.</u>	<u>0.</u>	<u>0.</u>

SCHEDULE A	OTHER INCOME			STATEMENT 9
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
OTHER INCOME	1,843.	21,858.	3,538.	13,470.
TOTAL TO SCHEDULE A, LINE 22	1,843.	21,858.	3,538.	13,470.

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

▶ 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
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Note** 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)

**Note** 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

Type or print	Name of Exempt Organization	Employer identification number
	<b>STRYBING ARBORETUM SOCIETY</b>	<b>94-6050168</b>
	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	<b>9TH AVENUE AT LINCOLN WAY</b>	
	City, town or post office state, and ZIP code. For a foreign address, see instructions	
	<b>SAN FRANCISCO, CA 94122</b>	

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 |

- 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 month, for **990-T corporation**) extension of time until NOVEMBER 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning APR 1, 2001, and ending MAR 31, 2002

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

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ \_\_\_\_\_ Title ▶ CPA Date ▶ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see instruction