

**Return of Organization Exempt From Income Tax**

**2004**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2004 calendar year, or tax year beginning APR 1, 2004 and ending MAR 31, 2005**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>STRYBING ARBORETUM SOCIETY</b>	<b>D Employer identification number</b> <b>94-6050168</b>
	Please use IRS label or print or type See Specific Instructions <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> <b>9TH AVENUE AT LINCOLN WAY</b>	<b>E Telephone number</b> <b>(415) 661-1316</b>
	City or town, state or country, and ZIP + 4 <b>SAN FRANCISCO, CA 94122</b>	<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

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

**G Website:** WWW.STRYBING.ORG

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

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

**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.**

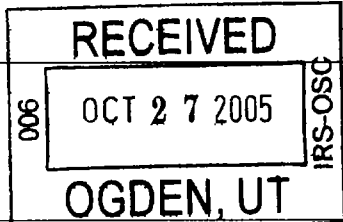
I Group Exemption Number

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **3,720,790.**

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	2,522,870.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	<b>Total</b> (add lines 1a through 1c) (cash \$ <b>2,400,208.</b> noncash \$ <b>122,662.</b> )	1d		2,522,870.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		148,415.	
	3	Membership dues and assessments	3		254,996.	
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5		154,992.	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe <b>GAIN ON SALE OF INVESTMENT</b> )	7		145,864.		
Expenses	8a	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			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	8d					
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	9a	129,781.		
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		129,781.	
	10a	Gross sales of inventory, less returns and allowances	10a	363,872.		
b	Less cost of goods sold	10b	108,996.			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		254,876.		
11	Other revenue (from Part VII, line 103)	11				
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		3,611,794.		
Net Assets	13	Program services (from line 44, column (B))	13		2,346,265.	
	14	Management and general (from line 44, column (C))	14		408,912.	
	15	Fundraising (from line 44, column (D))	15		267,258.	
	16	Payments to affiliates (attach schedule)	16			
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17		3,022,435.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		589,359.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		8,997,423.		
20	Other changes in net assets or fund balances (attach explanation)	20		267,750.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		9,854,532.		



12

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25	0.	0.	0.
26 Other salaries and wages	26	964,163.	687,834.	148,404.
27 Pension plan contributions	27			
28 Other employee benefits	28	128,461.	94,226.	19,709.
29 Payroll taxes	29	85,219.	60,792.	13,119.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	381,249.	324,173.	46,882.
34 Telephone	34	59,484.	47,738.	7,468.
35 Postage and shipping	35	35,936.	20,598.	5,670.
36 Occupancy	36	37,240.	149.	14,416.
37 Equipment rental and maintenance	37	57,074.	4,416.	36,938.
38 Printing and publications	38			
39 Travel	39	14,527.	13,415.	993.
40 Conferences, conventions, and meetings	40	8,315.	3,248.	3,168.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	41,538.	41,538.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e <b>SEE STATEMENT 4</b>	43e	1,209,229.	1,048,138.	112,145.
44 <b>Total functional expenses</b> (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	3,022,435.	2,346,265.	408,912.

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (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)

a <b>GARDENS - DEVELOPMENT AND IMPROVEMENT OF NEW PLANTS, SIGNAGE, LABELING</b>	(Grants and allocations \$ _____)	413,190.
b <b>EDUCATION - EDUCATION AND INTERPRETIVE PROGRAMS FOR THE GARDENS; CLASSES, WORKSHOPS &amp; TOUR</b>	(Grants and allocations \$ _____)	359,282.
c <b>PUBLICATIONS/PUBLICATIONS - VARIOUS: CALENDAR, CATALOG, ANNUAL REPORT, NEWSLETTER, GARDEN BROCHURES, ETC. FOR THE PUBLIC</b>	(Grants and allocations \$ _____)	140,819.
d <b>VARIOUS: RESOURCE LIBRARY, NURSERY &amp; PLANT COLLECTIONS, BOOKSTORE</b>	(Grants and allocations \$ _____)	868,292.
e Other program services (attach schedule) <b>STATEMENT 5</b>	(Grants and allocations \$ _____)	564,682.
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		<b>2,346,265.</b>

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	321,934.	504,374.
	46 Savings and temporary cash investments	1,055,603.	1,849,193.
	47 a Accounts receivable	36,184.	
	b Less: allowance for doubtful accounts		36,184.
	48 a Pledges receivable	369,490.	
	b Less: allowance for doubtful accounts		369,490.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	20,049.	24,408.
	53 Prepaid expenses and deferred charges	50,534.	42,644.
	54 Investments - securities <b>STMT 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,640,434.	6,735,155.
	55 a Investments - land, buildings, and equipment; basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment; basis	497,240.		
b Less: accumulated depreciation	959,409.		
58 Other assets (describe <b>LIBRARY &amp; DEFERRED CHARGES</b> )	1,020,889.	1,038,578.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	9,152,066.	10,137,857.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	141,784.	269,960.
	61 Grants payable		
	62 Deferred revenue	12,859.	13,365.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe _____)		
66 <b>Total liabilities</b> (add lines 60 through 65)	154,643.	283,325.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	5,214,302.	5,250,115.
	68 Temporarily restricted	3,643,230.	4,464,526.
	69 Permanently restricted	139,891.	139,891.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
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)	8,997,423.	9,854,532.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	9,152,066.	10,137,857.	

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	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <span style="float:right">and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.</span>		
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 on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">0.</span> ; section 4912 <span style="float:right">0.</span> ; section 4955 <span style="float:right">0.</span>		
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 <span style="float:right">0.</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <span style="float:right">CALIFORNIA</span>		
b	Number of employees employed in the pay period that includes March 12, 2004	90b	35
91	The books are in care of <span style="float:right">SOCIETY OFFICES</span> Telephone no. <span style="float:right">(415) 661-1316</span>		

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 page 33 of the instructions.)

	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>					133,150.
b <b>OTHER</b>					15,265.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					254,996.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					154,992.
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					145,864.
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					129,781.
102 Gross profit or (loss) from sales of inventory					254,876.
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	1,088,924.
105 Total (add line 104, columns (B), (D), and (E))					1,088,924.

**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 page 34 of 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).
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 page 34 of 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 page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please print name and title. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date: 10/24/05      J. Michael McRehnie, Exec. Dir.

Date: 10/17/05      Check if self-employed:       Preparer's SSN or PTIN: \_\_\_\_\_

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

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2004**

Department of the Treasury  
Internal Revenue Service

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

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

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
<u>SOPHIA PENEYRA</u> 9TH AVENUE AT LINCOLN WAY, SAN FRANCISCO, CA 94122	FINANCE MGR 35	52,424.	1,573.	
<u>J. MICHAEL MCKECHNIE</u> 9TH AVENUE AT LINCOLN WAY, SAN FRANCISCO, CA 94122	EXEC DIR 35	86,834.	2,605.	
<u>KEN HAROOTUNIAN</u> 9TH AVENUE AT LINCOLN WAY, SAN FRANCISCO, CA 94122	DEV DIR 35	56,777.	1,463.	
<u>ANNE MCTAVISH</u> 9TH AVENUE AT LINCOLN WAY, SAN FRANCISCO, CA 94122	PUBLIC PROG D 35	85,000.	2,942.	
<u>KIM YOST</u> 9TH AVENUE AT LINCOLN WAY, SAN FRANCISCO, CA 94122	DEV DIR ASS 35	64,658.	1,224.	
Total number of other employees paid over \$50,000 ▶	0			

**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
<u>NONE</u>		
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
<b>1</b> 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 i 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.		<b>X</b>
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	<b>3a</b>	<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>X</b>

**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**  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 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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,483,262.	2,214,636.	3,355,791.	86,232.	7,139,921.
16 Membership fees received	256,983.	226,416.	243,566.	66,411.	793,376.
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	454,928.	540,017.	475,684.	112,753.	1,583,382.
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	162,474.	208,204.	177,357.	44,447.	592,482.
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	36,508.	33,089.	SEE STATEMENT 10 7,720.	1,843.	79,160.
23 Total of lines 15 through 22	2,394,155.	3,222,362.	4,260,118.	311,686.	10,188,321.
24 Line 23 minus line 17	1,939,227.	2,682,345.	3,784,434.	198,933.	8,604,939.
25 Enter 1% of line 23	23,942.	32,224.	42,601.	3,117.	

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 2000 through 2003 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:  
 (2003) 0. (2002) 0. (2001) 0. (2000) 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:  
 (2003) 0. (2002) 0. (2001) 0. (2000) 0.

c Add: Amounts from column (e) for lines: 15 7,139,921. 16 793,376. 17 1,583,382. 20 _____ 21 _____	27c	9,516,679.
d Add: Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	9,516,679.

f Total support for section 509(a)(2) test; Enter amount on line 23, column (e) 27f 10,188,321.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 93.4077%  
 h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 5.8153%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.)  _____ _____ _____		
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	
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	
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 4.01 through 4.05 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**

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

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

**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 (e) Total
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

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

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

**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.



FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	129,781.		129,781.		129,781.
TO FM 990, PART I, LINE 9	129,781.		129,781.		129,781.

FORM 990

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

STATEMENT 2

INCOME

1. GROSS RECEIPTS . . . . .	363,872	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		363,872
4. COST OF GOODS SOLD (LINE 13) . . . . .	108,996	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		254,876

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	20,049	
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .	88,947	
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		108,996
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		108,996

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		267,750.	
TOTAL TO FORM 990, PART I, LINE 20		267,750.	

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONSULTANT	410,816.	294,183.	76,620.	40,013.	
OTHER EXPENSES	133,921.	116,416.	14,506.	2,999.	
MEMBERSHIP COSTS	15,214.	15,214.			
FOOD, BEVERAGE AND CATERING	58,155.	55,225.	564.	2,366.	
INSURANCE	17,039.		17,039.		
PROMOTION AND PUBLICATIONS	37,805.	34,518.	1,225.	2,062.	
DUES AND SUBSCRIPTIONS	3,302.	1,088.	1,894.	320.	
LANDSCAPE DESIGN	346,054.	346,054.			
RECRUITMENT	2,664.	1,181.	297.	1,186.	
CITY AND COUNTY OF SAN FRANCISCO IN-KIND EXPENSE	0.	184,259.			
TOTAL TO FM 990, LN 43	1,209,229.	1,048,138.	112,145.	48,946.	

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	5
DESCRIPTION		GRANTS AND ALLOCATIONS	EXPENSES
CAPITAL CAMPAIGN			564,682.
TOTAL TO FORM 990, PART III, LINE E			564,682.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
DODGE & COX MUTUAL FUDNS	FMV	6,735,155.			6,735,155.
TO FORM 990, LINE 54, COL B		6,735,155.			6,735,155.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
COSTS OF GOODS SOLD	88,947.
TOTAL TO FORM 990, PART IV-B	88,947.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 8

DESCRIPTION	AMOUNT
COSTS OF GOODS SOLD	<88,947.>
TOTAL TO FORM 990, PART IV-A	<88,947.>

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSEPH BARBACCIA 99 MARCELA AVENUE SAN FRANCISCO, CA 94116	PAST-CHAIR 0.	0.	0.	0.
EVA MONROE 330 CASTENADA AVENUE SAN FRANCISCO, CA 94116	VICE=CHAIR 0.	0.	0.	0.
WALTER S. NEWMAN 3663 WASHINGTON STREET SAN FRANCISCO, CA 94118	DIRECTOR 0.	0.	0.	0.
JOHN SCHARFFERBERGER 914 HEINZ AVENUE BERKELEY, CA 94710	DIRECTOR 0.	0.	0.	0.
ZACHARY S. CONEY 1428 NADINA STREET SAN MATEO, CA 94402	DIRECTOR 0.	0.	0.	0.
DUANE KELLY 1515 NW 51ST STREET SEATTLE, WA 98107	DIRECTOR 0.	0.	0.	0.
ROBERT LA ROCCA 300 MONTGOMERY, STE 860 SAN FRANCISCO, CA 94104	DIRECTOR 0.	0.	0.	0.
PATRICIA WIPF 3500 21ST STREET SAN FRANCISCO, CA 94114	DIRECTOR 0.	0.	0.	0.
FRANK ALMEDA GOLDEN GATE PARK - BOTANY DEPARTMENT SAN FRANCISCO, CA 94118-4599	EX-OFFICIO 0	0.	0.	0.
SCOT MEDBURY 9TH AVENUE AT LINCOLN WAY SAN FRANCISCO, CA 94122	EX-OFFICIO 0.	0.	0.	0.

THIP ARK 494 LOS PALMOS DRIVE SAN FRANCISCO, CA 94127	DIRECTOR 0.	0.	0.	0.
I'LEE HOOKER 55 SPRING LANE TIBURON, CA 94920	MEMBER-AT-LARGE 0.	0.	0.	0.
CAROLYN KILLEFER 1661 PINE STREET SAN FRANCISCO, CA 94109	DIRECTOR 0.	0.	0.	0.
PHILIP S. SCHLEIN 2735 SAND HILL ROAD MENLO PARK, CA 94025	OFFICER 0.	0.	0.	0.
PAT STOCKER 866 HERMOSA WAY MENLO PARK, CA 94025	DIRECTOR 0.	0.	0.	0.
SAN FRANCISCO, CA 94114				
ANN CAMERON 580 CALIFORNIA STREET SAN FRANCISCO, CA 94104	CHAIR 0.	0.	0.	0.
ARDEN BUCKLIN-SPORER 409 PACHECO STREET SAN FRANCISCO, CA 94116	OFFICER 0.	0.	0.	0.
BILL BENTLEY 41 MIRABLE AVE MILL VALLEY, CA 94941	OFFICER 0.	0.	0.	0.
JULY KEIL PO BOX 80 KEIL COVE TIBURON, CA 94920	OFFICER 0	0.	0.	0.
CHUCK DAVIS 500 TREAT AVE, STE 201 SAN FRANCISCO, CA 94110	DIRECTOR 0.	0.	0.	0.
MARGIE ELLIS PO BOX 1421 ROSS, CA 94957-1421	DIRECTOR 0.	0.	0.	0.
BARRY GILBERT 4 HAMILTON LANDING, STE 100 NOVATO, CA 94949	DIRECTOR 0	0.	0.	0.

STRYBING ARBORETUM SOCIETY

94-6050168

CYNTHIA JAMPLIS PO BOX 620067 WOODSIDE, CA 94026	DIRECTOR 0.	0.	0.	0.
SANDRA SWANSON 2 SEAFIRTH LANE TIBURON, CA 94920	DIRECTOR 0.	0.	0.	0.
ISA MARY ZIEGLER 119 CAMINO DON MIGUEL ORINDA, CA 94563	DIRECTOR 0.	0.	0.	0.
KERRY BARRS PO BOX 620484 WOODSIDE, CA 94062-0484	EX-OFFICIO 0.	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		0.	0.	0.

SCHEDULE A	OTHER INCOME			STATEMENT 10
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER INCOME	36,508.	33,089.	7,720.	1,843.
TOTAL TO SCHEDULE A, LINE 22	36,508.	33,089.	7,720.	1,843.

## 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).

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

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

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

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

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

<b>Type or print</b>	Name of Exempt Organization <b>STRYBING ARBORETUM SOCIETY</b>	Employer identification number <b>94-6050168</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, 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 |

- The books are in the care of ▶ **SOCIETY OFFICES**  
 Telephone No. ▶ **(415) 661-1316** FAX No. ▶ \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **NOVEMBER 15, 2005** 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, 2004**, and ending **MAR 31, 2005**.

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

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

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

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

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