Use Only

Firm's address >

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

201

Open to Public Inspection

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 06/30 , 20 12 07/01 2011, and ending For the 2011 calendar year, or tax year beginning D Employer identification number C Name of organization FULLERTON ARBORETUM AUTHORITY Check if applicable 33-0082239 Address change Doing Business As Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name change 657-278-4281 800 North State College Blvd Initial return City or town, state or country, and ZIP + 4 Terminated 1,044,572 G Gross receipts \$ Fullerton, CA 92831 Amended return H(a) Is this a group return for athliates? Yes No F Name and address of principal officer **Gregory Dyment** Application pending H(b) Are all affiliates included? Yes No 800 North State College Blvd, Fullerton, CA 92831 If "No," attach a list (see instructions)) ◀ (insert no) 4947(a)(1) or √ 501(c)(3) 501(c) (Tax-exempt status http://arboretum.fullerton.edu H(c) Group exemption number Website: ▶ M State of legal domicile. CA Form of organization Corporation Trust Association 1976 Summary Briefly describe the organization's mission or most significant activities: The purpose of the Authority is to operate, on approximately 26 acres of land, a public ecological preserve which serves both the City of Fullerton and California State Activities & Governance University, Fullerton, as an educational, research, and recreational facility. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 5 6 278 Total number of volunteers (estimate if necessary) 6 7a 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7h 0 Net unrelated business taxable income from Form 990-T, line 34 b Prior Year Current Year 916,027 937.776 Contributions and grants (Part VIII, line 1h) . 8 102,124 0 Program service revenue (Part VIII, line 2g) 9 774 2 010 Investment income (Part VIII, column (A) rines 3, 4, and 7d).

Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9d, 60c, and 1/1e) 10 0 2,662 11 Total revenue - add lines 8 through 11 (must equal-Part-VIII, column (A), line 12) 916.801 1,044,572 12 Grants and similar amounts paid (Part IX Eglumn (A), lines 1-35 0 n 13 Benefits paid to or for members (Part IX, column (A), (ine.2) 0 0 14 563,906 561.678 Salaries, other compensation, employee benefits (Part IX, column) 15 0 Professional fundraising fees (Part IX, colorn, A) line 11e) 0 16a Total fundraising expenses (Part IX, column (D), line 25) h 438,307 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 404.355 17 1,002,213 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 966.033 18 42359 -49.232 Revenue less expenses. Subtract line 18 from line 12 19 Beginning of Current Year End of Year Ces 3,986,993 3.642,712 Total assets (Part X, line 16) 20 80.334 55,758 Total liabilities (Part X, line 26) . . 21 3,906,659 3,586,954 Net assets or fund balances. Subtract line 21 from line 20 22 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2-12-1 Sign Fregon Here Type or print name and till Date Print/Type preparer's name Preparer's signature Check Paid self-employed Preparer Firm's EIN ▶ Firm's name

Yes No Form 990 (2011)

Phone no