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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable Address change Name change Initial return Termination Amended return Application pending	C Name of organization NEBRASKA STATEWIDE ARBORETUM Number and street (or P O box, if mail is not delivered to street address) P. O. BOX 830715 City or town, state or country, and ZIP + 4 LINCOLN NE 68583-0715	D Employer identification number 47-0600702
		E Telephone number 402-472-2971
		F Group Exemption Number ►

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

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► HTTP://ARBORETUM.UNL.EDU

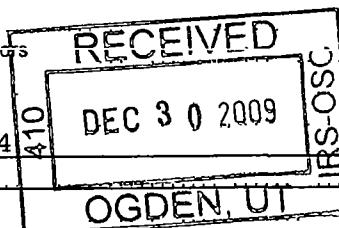
H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 716,718

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	455,155
2 Program service revenue including government fees and contracts	2	72,334
3 Membership dues and assessments	3	45,272
4 Investment income	4	21,783
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	15,883
a Gross revenue (not including \$ 5,214 of contributions reported on line 1)	6b	
b Less direct expenses other than fundraising expenses	6c	15,883
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	102,605
7a Gross sales of inventory, less returns and allowances	7b	49,160
b Less cost of goods sold	7c	53,445
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	3,686
8 Other revenue (describe ► SEE STATEMENT 2)	9	667,558
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	135,486
10 Grants and similar amounts paid (attach schedule)	11	
11 Benefits paid to or for members	12	140,993
12 Salaries, other compensation, and employee benefits	13	7,850
13 Professional fees and other payments to independent contractors	14	2,045
14 Occupancy, rent, utilities, and maintenance	15	13,690
15 Printing, publications, postage, and shipping	16	53,328
16 Other expenses (describe ► SEE STATEMENT 4)	17	353,392
17 Total expenses. Add lines 10 through 16	18	314,166
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	431,460
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	-43,252
20 Other changes in net assets or fund balances (attach explanation)	21	702,374
21 Net assets or fund balances at end of year. Combine lines 18 through 20		



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	195,115	22 452,974
23 Land and buildings	2,291	23 894
24 Other assets (describe ► SEE STATEMENT 6)	332,249	24 316,204
25 Total assets	529,655	25 770,072
26 Total liabilities (describe ► SEE STATEMENT 7)	98,195	26 67,698
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	431,460	27 702,374

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

SEE STATEMENT 8

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 SEE STATEMENT 9

(Grants \$ 105,650) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	176,335
29 AFFILIATED SITE PROGRAM: PROVIDED RECOGNITION AND SUPPORT TO ARBORETA THROUGHOUT THE STATE THAT MEET NSA QUALIFICATIONS AND CHOOSE TO BECOME AFFILIATED WITH NSA.			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	6,023
30 SEE STATEMENT 10			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	43,293
31 Other program services (attach schedule) SEE STATEMENT 11			
(Grants \$ 29,836) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	61,331
32 Total program service expenses (add lines 28a through 31a)		32	286,982

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DANIEL DUNCAN PO BOX 830715	LINCOLN NE 68583	UNL REPRESEN 1	0	0
JEFF CULBERTSON PO BOX 830715	LINCOLN NE 68583	PAST PRESIDE 1	0	0
DICK MEYER PO BOX 830715	LINCOLN NE 68583	PRESIDENT 5	0	0
JOHN ANDERSON PO BOX 830715	LINCOLN NE 68583	SECRETARY 1	0	0
CAROL KRAUS PO BOX 830715	LINCOLN NE 68583	BOARD MEMBER 1	0	0
KAREN DIMON PO BOX 830715	LINCOLN NE 68583	VICE PRESIDE 1	0	0
BILL WENKE PO BOX 830715	LINCOLN NE 68583	TREASURER 1	0	0
TODD FALLER PO BOX 830715	LINCOLN NE 68583	BOARD MEMBER 1	0	0
CAROL EVANS LYNCH PO BOX 830715	LINCOLN NE 68583	BOARD MEMBER 1	0	0
JOHN ROYSTER PO BOX 830715	LINCOLN NE 68583	BOARD MEMBER 1	0	0
REBECCA ANDERSON PO BOX 830715	LINCOLN NE 68583	BOARD MEMBER 1	0	0
JUSTIN EVERTSON PO BOX 830715	LINCOLN NE 68583	INTM DIRECTR 40	1,444	433
JIM LOCKLEAR PO BOX 830715	LINCOLN NE 68583	FMR EXEC DIR 40	6,667	1,010

Part V Other Information (Note the statement requirements in the instructions for Part VI)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Yes No

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34 Yes No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. 35a Yes No

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35b Yes No

b If "Yes," has it filed a tax return on Form 990-T for this year? 36 Yes No

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 37a Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instr 37b Yes No

b Did the organization file Form 1120-POL for this year? 38a Yes No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38b Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a Yes No

39 Section 501(c)(7) organizations Enter 39b Yes No

a Initiation fees and capital contributions included on line 9 40a Yes No

b Gross receipts, included on line 9, for public use of club facilities 40b Yes No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40c Yes No

b Section 501(c)(3) and (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," complete Schedule L, Part I 40d Yes No

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e Yes No

d Enter amount of tax on line 40c reimbursed by the organization 40f Yes No

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40g Yes No

41 List the states with which a copy of this return is filed ► NONE42a The books are in care of ► CONNIE PAXTONTelephone no ► 402-472-2971

PO BOX 830715

Located at ► LINCOLN, NEZIP + 4 ► 68583

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country ► _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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

If "Yes," enter the name of the foreign country ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 Yes No45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Yes No

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

 b If "Yes," was the related organization(s) a section 527 organization?

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

Signature of officer

12/21/09

Justin E.
Type or print name and title

**Paid
Preparer's
Use Only**

Preparer
signature

► Laura Lawrence

Date

Preparer's Identifying Number (See instr.)

Firm's name (or yours
if self-employed),
address, and ZIP + 4

STRAIN SLATTERY BARKLEY & CO., CPAS, P.C.
7130 SOUTH 29TH STREET SUITE F
LINCOLN, NE 68516

EIN ► 47-0731426

Phone

no ► 402-420-7300

May the IRS discuss this return with the preparer shown above? See instructions.

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2008

Open to Public
Inspection

**Department of the Treasury
Internal Revenue Service**

Name of the organization

NEBRASKA STATEWIDE ARBORETUM

Employer identification number
47-0600702

Part I **Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
9 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 exempt 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)**. (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
e a Type I b Type II c Type III–Functionally Integrated d Type III–Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	330,892	120,610	464,370	134,196	500,427	1,550,495
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	94,790	118,941	135,471	140,626	188,938	678,766
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	425,682	239,551	599,841	274,822	689,365	2,229,261
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	89,790	113,941	129,297	135,626	181,816	650,470
c Add lines 7a and 7b	89,790	113,941	129,297	135,626	181,816	650,470
8 Public support (Subtract line 7c from line 6)	335,892	125,610	470,544	139,196	507,549	1,578,791

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	425,682	239,551	599,841	274,822	689,365	2,229,261
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,650	21,068	17,517	21,314	21,783	105,332
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	23,650	21,068	17,517	21,314	21,783	105,332
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				301	1,011	1,312
13 Total support. (Add lines 9, 10c, 11, and 12)	449,332	260,619	617,358	296,437	712,159	2,335,905
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	67.5880 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	95.4130 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	4.5093 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	4.5870 %
19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Schedule A (Form 990 or 990-EZ) 2008 NEBRASKA STATEWIDE ARBORETUM 47-0600702 Page 4
Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART III, LINE 12 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME \$ 1,312

Special Events Schedule	
Form 990	2008
For calendar year 2008, or tax year beginning 7/01/08 , and ending 6/30/09	
Name NEBRASKA STATEWIDE ARBORETUM	Employer Identification Number 47-0600702

NEBRASKA STATEWIDE ARBORETUM

7/01/08 , and ending

6/30/09

2008

Name _____

Employer Identification Number

NEBRASKA STATEWIDE ARBORETUM

47-0600702

	(A)	(B)	(C)	Others	Total
Gross receipts	10,836	9,407	854	0	21,097
Less contributions	0	5,214	0	0	5,214
Gross revenue	10,836	4,193	854	0	15,883
Less direct expenses	0	0	0	0	0
Net income (loss)	10,836	4,193	854	0	15,883

Description (A) SPRING AFFAIR

CALL ELEMENT/CLIENT SECTION

(S) SECRET//DECODE//CLEAR//NOFORN

(3) MORAL CULTURE: SILENT Mission

Others _____

Form 8868

(Rev. April 2009)

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization NEBRASKA STATEWIDE ARBORETUM	Employer identification number 47-0600702
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 830715	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions LINCOLN NE 68583-0715	

Check type of return to be filed (file a separate application for each return).

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF

- Form 990-T (corporation)
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A

- Form 4720
- Form 5227
- Form 6069
- Form 8870

- The books are in the care of ► CONNIE PAXTON

Telephone No. ► 402-472-2971 FAX No ► 402-472-8095

- 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 corporation required to file Form 990-T) extension of time until 2/15/10, 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 7/01/08, and ending 6/30/09

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	3a	\$
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	3b	\$
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.	3c	\$

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

N3909 NEBRASKA STATEWIDE ARBORETUM

Federal Statements

47-0600702

FYE: 6/30/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIPS	\$ 45,525
CIRCULATION INCOME (990T)	-253
TOTAL	\$ 45,272

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
GREAT PLANTS GARDENER	\$ 2,049
MISCELLANEOUS INCOME	1,011
SPRING AFFAIR NEWS	626
TOTAL	\$ 3,686

N3909 NEBRASKA STATEWIDE ARBORETUM
47-0600702
FYE: 6/30/2009

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Cash Contribution	Relationship to Organization	Class of Activity	Date of Gift
Description of Property	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
VARIOUS COMMUN LANDSCAPE GRANTEES	NONE			LANDSCAPE GRANTS
VARIOUS RESTORATIVE GARDEN GRANTEES	NONE			HEALING GDN GRANTS
TOTAL	28,636			
	134,286			

Federal Statements**Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
SPRING AFFAIR NEWS READERSHIP COSTS	\$ 710
GREAT PLANTS GARDENER READERSHIP COSTS	2,121
GALA BANQUET/SILENT AUCTION GALA BANQUET/LECTURE	14,667
EXPENSES	
TRAVEL	6,436
CONFERENCES/MEETINGS	7,251
INSURANCE	3,223
PROGRAM SUPPLIES	3,630
GREAT PLANTS EXPENSE	1,168
DUES AND MEMBERSHIPS	921
LIBRARY PUBLICATIONS	213
PROFESSIONAL DEVELOPMENT	839
BOARD EXPENSES	800
MISCELLANEOUS	7,781
JACOBSHAGEN ART PROJECT	530
TELECOMMUNICATIONS	2,888
BOTANICAL PRINT AWARD	150
TOTAL	\$ 53,328

Statement 5 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
CHANGE IN ACCOUNTING PRINCIPLE	\$ 42,737
UNREALIZED LOSS ON PERPETUAL TRUSTS	-85,989
TOTAL	\$ -43,252

Statement 6 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
GRANTS RECEIVABLE	\$	11,117
ACCOUNTS RECEIVABLE		31,188
INVENTORIES FOR SALE OR USE	3,285	29,135
TRADEMARK	214	92
BENEFICIAL INTEREST IN PERPETUAL TRUSTS HELD BY UN FOUNDATION	310,955	225,242
SPENDABLE EARNINGS ACCOUNTS HELD BY UNIV NEBRASKA FOUNDATION	12,811	19,064
AGENCY ACCOUNTS, UNIV OF NEBRASKA	7	366
AGENCY ACCOUNT, NE COMMUNITY FDN	4,977	
	332,249	316,204

Federal Statements**Statement 7 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
OVERDRAWN AGENCY ACCOUNTS, UNL	\$ 96,060	\$ 46,000
UNREDEEMED GIFT CERTIFICATES	340	305
SALES TAX COLLECTED, NOT REMITTED	1,795	2,839
ACCRUED VACATION PAY		18,554
	<u>98,195</u>	<u>67,698</u>

Statement 8 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description**

PROMOTE KNOWLEDGE, APPRECIATION AND USE OF INDIGENOUS AND INTRODUCED FLORA OF NEBRASKA FOR THE BENEFIT OF THE CITIZENS AND GOVERNMENTAL ENTITIES OF NEBRASKA.

Statement 9 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description**

COMMUNITY LANDSCAPE PROGRAM: ADMINISTERED THE COMMUNITY ENHANCEMENT PROGRAM FOR THE NE FOREST SERVICE. CONDUCTED TREE AND LANDSCAPE MAINTENANCE WORKSHOPS FOR PUBLIC LANDSCAPE MANAGERS. ADMINISTERED THE TREES FOR NEBRASKA TOWNS AND RETREE NEBRASKA GRANTS FROM THE NEBRASKA ENVIRONMENTAL TRUST, PROVIDING AID IN THE PLANTING OF LARGE-GROWING SHADE TREES WHILE ALSO IMPROVING THE DIVERSITY OF TREE SPECIES IN COMMUNITIES. PROVIDED ASSISTANCE AND DESIGN SERVICES FOR COMMUNITY LANDSCAPE PROJECTS THROUGHOUT NEBRASKA.

Statement 10 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**Description**

HORTICULTURE PROGRAM: ENCOURAGED THE INTRODUCTION AND CONSERVATION OF PLANT SPECIES THROUGH RESEARCH AND DISTRIBUTION OF PLANT MATERIALS TO THE PUBLIC. THE GREAT PLANTS PROGRAM IS A COOPERATIVE EFFORT WITH LOCAL NURSERIES TO DEVELOP AND PROMOTE PLANT SPECIES THAT ARE ADAPTED TO THE GREAT PLAINS.

Statement 11 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description**

MEMBERSHIP AND OTHER PROGRAMS: PROVIDED PUBLICATIONS, EDUCATIONAL AND OUTREACH SERVICES TO APPROXIMATELY 895 MEMBERS AND OTHERS INTERESTED IN LANDSCAPING AND HORTICULTURE. MAINTAINED A WEBSITE WITH EDUCATIONAL INFORMATION AND ARTICLES. CONDUCTED A HEALING GARDEN PROJECT WITH SEVERAL HEALTHCARE FACILITIES IN NEBRASKA.