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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- ▶ 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

Please use IRS label or print or type. See Specific Instructions.

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

Room/suite

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****J** Organization type (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** 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	
	5b	Less cost or other basis and sales expenses	5b	
	5c		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ <u>5,214</u> of contributions reported on line 1)	6a	15,883
	6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	15,883	
7a	Gross sales of inventory, less returns and allowances	7a	102,605	
7b	Less cost of goods sold	7b	49,160	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	53,445	
8	Other revenue (describe ▶ <u>SEE STATEMENT 2</u>)	8	3,686	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	667,558	
10	Grants and similar amounts paid (attach schedule)	10	135,486	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	140,993
	13	Professional fees and other payments to independent contractors	13	7,850
	14	Occupancy, rent, utilities, and maintenance	14	2,045
	15	Printing, publications, postage, and shipping	15	13,690
	16	Other expenses (describe ▶ <u>SEE STATEMENT 4</u>)	16	53,328
	17	Total expenses. Add lines 10 through 16	17	353,392
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	314,166	
	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)	19	431,460
	20	Other changes in net assets or fund balances (attach explanation)	20	-43,252
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	702,374

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

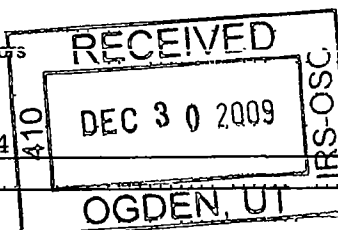
(See the instructions for Part II.)

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

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

Form **990-EZ** (2008)

SCANNED JAN 07 2010



226

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

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

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 ☐

29a 6,023

30 SEE STATEMENT 10

(Grants \$) If this amount includes foreign grants, check here ☐

30a 43,293

31 Other program services (attach schedule) SEE STATEMENT 11

(Grants \$ 29,836) If this amount includes foreign grants, check here ☐

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	LINCOLN	UNL REPRESENTATIVE			
PO BOX 830715	NE 68583	1	0	0	0
JEFF CULBERTSON	LINCOLN	PAST PRESIDENT			
PO BOX 830715	NE 68583	1	0	0	0
DICK MEYER	LINCOLN	PRESIDENT			
PO BOX 830715	NE 68583	5	0	0	0
JOHN ANDERSON	LINCOLN	SECRETARY			
PO BOX 830715	NE 68583	1	0	0	0
CAROL KRAUS	LINCOLN	BOARD MEMBER			
PO BOX 830715	NE 68583	1	0	0	0
KAREN DIMON	LINCOLN	VICE PRESIDENT			
PO BOX 830715	NE 68583	1	0	0	0
BILL WENKE	LINCOLN	TREASURER			
PO BOX 830715	NE 68583	1	0	0	0
TODD FALLER	LINCOLN	BOARD MEMBER			
PO BOX 830715	NE 68583	1	0	0	0
CAROL EVANS LYNCH	LINCOLN	BOARD MEMBER			
PO BOX 830715	NE 68583	1	0	0	0
JOHN ROYSTER	LINCOLN	BOARD MEMBER			
PO BOX 830715	NE 68583	1	0	0	0
REBECCA ANDERSON	LINCOLN	BOARD MEMBER			
PO BOX 830715	NE 68583	1	0	0	0
JUSTIN EVERTSON	LINCOLN	INTM DIRECTR			
PO BOX 830715	NE 68583	40	1,444	433	0
JIM LOCKLEAR	LINCOLN	FMR EXEC DIR			
PO BOX 830715	NE 68583	40	6,667	1,010	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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		X
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.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911		
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		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
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		X
41 List the states with which a copy of this return is filed		
42a The books are in care of		
Located at		
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)?		X
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.?		X
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 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		X

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.

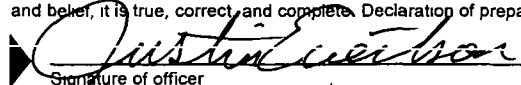

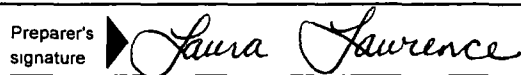
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b 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				
Total number of other employees paid over \$100,000 ▶				

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		
Total number of other independent contractors each receiving over \$100,000 ▶		

Sign Here	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		Date <u>12/21/09</u>	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	 Date <u>12-18-09</u>	Check if self-employed <input type="checkbox"/>	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 ▶ <u>47-0731426</u> Phone no ▶ <u>402-420-7300</u>
	May the IRS discuss this return with the preparer shown above? See instructions ▶			

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 <input type="checkbox"/>						

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 ☐

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
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Special Events Schedule

Form **990**

2008

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

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)
	<u>SPRING AFFAIR</u>

(B) GALA BANQUET/SILENT AUCTION

(C) HORTICULTURE SILENT AUCTION

	Others
Other	0%

Form **8868**
(Rev. April 2009)**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **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 ☒ **X**
- 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	Name of Exempt Organization NEBRASKA STATEWIDE ARBORETUM	Employer identification number 47-0600702
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 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).

- | | | |
|---|---|------------------------------------|
| <input 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 checked="" 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 ► **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)

Federal Statements

FYE: 6/30/2009

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

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

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

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

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

Description of Property	Name and Address	Relationship to Organization		Class of Activity		Date of Gift		Purpose
		Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	FMV	
VARIOUS COMMUN LANDSCAPE GRANTEES			NONE		LANDSCAPE GRANTS			
		105,650						
VARIOUS RESTORATIVE GARDEN GRANTEES			NONE		HEALING GDN GRANTS			
		28,636						
TOTAL		134,286						

Federal Statements

FYE: 6/30/2009

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

<u>Description</u>	<u>Amount</u>
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	<u>\$ 53,328</u>

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

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

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
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	
	<u>332,249</u>	<u>316,204</u>

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.