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# Form **990**

Department of the Treasury Internal Revenue Service

## **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)

benefit trust or private foundation)

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

2009
Open to Public Inspection

Form **990** (200

| _          | A F           | or the            | 2009 calendar year, or tax year beginning and ending  |   |                                     |
|------------|---------------|-------------------|---|---|-------------------------------------|
|            | B C           | neck rf           | Please C Name of organization   | D Employer identific                      | cation number                       |
|            | ap            | plicable          | Please Use IRS TREE RESEARCH AND EDUCATION ENDOWMENT  |   |                                     |
|            |               | Addres            | - I lob of ov I   |   |                                     |
|            | ⊨             | Jchange<br>]Name  |   | <b>⊣</b> 3,7,1                            | 010600                              |
|            | <u></u>       | change            |   | 37-1                                      | 018692                              |
|            |               | Initial<br>return | See Number and street (or P.O. box if mail is not delivered to street address) Room/su  |   |                                     |
|            |               | Termin-<br>ated   | Specific 552 S WASHINGTON STREET 109  | 630-                                      | 369-8300                            |
|            |               | Amend<br>return   | City or town, state or country, and ZIP + 4   | G Gross receipts \$                       | 810,261.                            |
|            | $\overline{}$ | Applica           | NAPERVILLE, IL 60540  | H(a) Is this a group re                   | eturn                               |
|            |               | pendin            | F Name and address of principal officer:DAVID MCMASTER  | for affiliates?                           | Yes X No                            |
|            |               |                   | SAME AS C ABOVE   | H(b) Are all affiliates inc               |                                     |
|            |               |                   |   |   |                                     |
|            |               |                   | mpt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527   | <del></del>                               | list. (see instructions)            |
|            |               |                   | e: WWW.TREEFUND.ORG   | H(c) Group exemptio                       |                                     |
|            |               |                   |   | ear of formation: 1975 N                  | A State of legal domicile; IL       |
|            | Pa            |                   | Summary   |   |                                     |
|            | _             | 1 [               | Briefly describe the organization's mission or most significant activities. ${\color{red}{{f TO}}}$ ${\color{blue}{{f ADVAN}}}$   | CE KNOWLEDGE                              | IN THE                              |
|            | [일            | 3                 | FIELDS OF ARBORICULTURE AND URBAN FORESTRY T  | HROUGH FUNDIN                             | G TREE                              |
|            | Governance    | -                 | Check this box   if the organization discontinued its operations or disposed of m   |   |                                     |
|            | ē             |                   | Number of voting members of the governing body (Part VI, line 1a)   | 3   | 17                                  |
|            | ဖွဲ           |                   |   | 4   | 17                                  |
|            | ∞ 5           |                   | Number of independent voting members of the governing body (Part VI, line 1b)   |   | 4                                   |
|            | <u>ë</u>      |                   | Total number of employees (Part V, line 2a)   | 5   | 200                                 |
|            | Activities &  | 6                 | Total number of volunteers (estimate if necessary)  | 6   |                                     |
|            | 됩             | 7a ¯              | Total gross unrelated business revenue from Part VIII, column (C), line 12  | 7a  | 0.                                  |
|            |               | b l               | Net unrelated business taxable income from Form 99 <del>0 T, line 34</del>  | 7b  | 0.                                  |
|            |               |                   | RECEIVED  | Prior Year                                | Current Year                        |
|            | ام            | 8 (               | Contributions and grants (Part VIII, line 1h)   | 815,451.                                  | 503,532.                            |
|            | Revenue       | 9 1               | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and 11e)   |   |                                     |
|            | 8             |                   | Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and d)  OCT 2 5 2010  | -74,163.                                  | 7,962.                              |
|            | <b>~</b>      |                   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | -11,287.                                  |                                     |
|            |               |                   | Total revenue and lines 6 through 11 (revenue and lines 1)  | 730,001.                                  | 502,664.                            |
|            | $\dashv$      |                   | Total revenue - add lines 8 through 11 (must equal Part VIII A Mine 12)   | 387,335.                                  | 173,000.                            |
|            | 1             |                   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 307,333.                                  | 173,000.                            |
|            |               |                   | Benefits paid to or for members (Part IX, column (A), line 4)   | 160 001                                   | 154 226                             |
|            | es            | 15 3              | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 160,991.                                  | 154,226.                            |
|            | ž             | 16a I             | Professional fundraising fees (Part IX, column (A), line 11e)   |   |                                     |
|            | Expenses      | b T               | Total fundraising expenses (Part IX, column (D), line 25)   |   |                                     |
|            | <u> </u>      | 17 (              | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | 127,857.                                  | 114,543.                            |
| ≘          |               |                   | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  | 676,183.                                  | 441,769.                            |
| 0          |               |                   | Revenue less expenses. Subtract line 18 from line 12  | 53,818.                                   | 60,895.                             |
| 7          | 58            |                   | TOTALIS BOO EXPONENCE CONTRACT INTO TO HOLL INTO TE   | Beginning of Current Year                 | End of Year                         |
| 87         | 뜷             | · ·               | Total access (Dark V. line 10)  | 1,418,216.                                | 1,612,567.                          |
|            | Bass          |                   | Total assets (Part X, line 16)  | 145,527.                                  | 150,168.                            |
| $\geq$     | 물림            |                   | Total liabilities (Part X, line 26)   |   | 1,462,399.                          |
| 0N         | 질             |                   | Net assets or fund balances. Subtract line 21 from line 20  | 1,272,689.                                | 1,402,333.                          |
|            | Pa            | rt II             | Signature Block   |   | <del> </del>                        |
| SCANNED    |               |                   | Under penalties of gerjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle  | nts, and to the best of my knowled<br>dge | ge and belief, it is true, correct, |
| Z          |               |                   | $X \mid X \mid$   |   | - /m-1                              |
| Z          | Sign          | .                 |   | 10/1                                      | ~/ W/10                             |
| $\ddot{c}$ | Here          | .                 | Signature of officer  | Date                                      |                                     |
| Ö          |               |                   | David T. McMASTER President   | IDI                                       | 13/2016                             |
|            |               |                   | Type or print name and title  |   | - /2010                             |
|            |               |                   | Preparer's Date   | Check if Prepar                           | er's identifying number             |
|            | Paid          |                   | signature of Over- M. Wan 10-11-10  | self   (see in                            | P00085441                           |
|            | Prep          | arer's            | orgination of the state of the | employed                                  |                                     |
|            | Use           | _                 | vours if DOGAN & HOPAIRA, CPA S PC  | EIN ► 36-                                 | 2886485                             |
|            |               | 1                 | self-employed), address, and  | _   | 20 665 4442                         |
|            |               |                   | WHEATON, ILLINOIS 60187-5267  | Phone no. ► 6                             | 30-665-4440                         |
|            | May           | the IE            | RS discuss this return with the preparer shown above? (see instructions)  |   | X Yes No                            |

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| Pa          | rt III Statement of Program Service Accomplishments  |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|--|--|
| 1           | Briefly describe the organization's mission:  TO IDENTIFY AND FUND PROJECTS AND PROGRAMS THAT ADVANCE KNOWLEDGE IN  THE FIELD OF ARBORICULTURE AND URBAN FORESTRY TO BENEFIT PEOPLE, TREES  AND THE ENVIRONMENT  |  |  |  |  |  |  |  |  |  |
| 2<br>3<br>4 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |  |  |  |  |  |  |  |  |  |
|             | PURPOSE  |  |  |  |  |  |  |  |  |  |
| 4b          | (Code: )(Expenses \$ 17,056. including grants of \$ 8,000.)(Revenue \$ ) EDUCATION - THE EDUCATIONAL PROGRAMS SUPPORT NUMEROUS PUBLIC EDUCATION ENDEAVORS. THE TOUR DES TREES PROVIDES EDUCATIONAL OPPORTUNITIES THROUGH PRESENTATIONS AND MEDIA INTERVIEWS ON THE IMPORTANCE OF TREES AND THE ROLE OF TREE RESEARCH. PROGRAMS INCLUDE INFORMATION FOR PRE-SCHOOL TO HIGH SCHOOL. PROGRAMS ALSO DESCRIBE THE CAREER OPPORTUNITIES IN ARBORICULTURE. FINALLY, FUNDS MAY BE PROVIDED TO UNDERWRITE STUDENT ATTENDANCE AT THE TCI EXPO.   |  |  |  |  |  |  |  |  |  |
| 4c          | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )   |  |  |  |  |  |  |  |  |  |
|             |  |  |  |  |  |  |  |  |  |  |
| 4d          | Other program services. (Describe in Schedule O.)  |  |  |  |  |  |  |  |  |  |
| <b>A</b> -  | (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ \$ 200,808.  |  |  |  |  |  |  |  |  |  |
| <u>4e</u>   | Total program service expenses ▶\$ 200,808.  Form 990 (2009)   |  |  |  |  |  |  |  |  |  |

|     | 990 (2009) FUND 37-1018   | 692      | Р            | age 3        |  |  |
|-----|---|----------|--------------|--------------|--|--|
| Pai | t Ⅳ Checklist of Required Schedules   |          | ,            | •            |  |  |
|     | ·   |          | Yes          | No           |  |  |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                             |          | -            |              |  |  |
|     | If "Yes," complete Schedule A   | 1        | X            |              |  |  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2        | X            |              |  |  |
| 3   | 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  | 3        |              | X            |  |  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II     | 4        |              | Х            |  |  |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and        |          |              |              |  |  |
|     | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  | 5        |              |              |  |  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to           | ľ        |              |              |  |  |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I    | 6        |              | X            |  |  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                       |          | -            |              |  |  |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                            | _7_      |              | Х            |  |  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete    |          |              |              |  |  |
|     | Schedule D, Part III  | 8        |              | X            |  |  |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide     | 1        |              |              |  |  |
|     | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV         | 9        |              | X            |  |  |
| 10  | ,,  |          |              |              |  |  |
|     | If "Yes," complete Schedule D, Part V   | 10       | X            | ļ—           |  |  |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X      |          |              |              |  |  |
|     | as applicable   | 11       | X            |              |  |  |
| •   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,     |          |              |              |  |  |
|     | Part VI   |          |              |              |  |  |
| •   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total     |          |              |              |  |  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   |          |              |              |  |  |
| •   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total      |          |              |              |  |  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.   |          |              |              |  |  |
| •   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in    |          |              |              |  |  |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX.  |          |              |              |  |  |
| •   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X           |          |              |              |  |  |
| •   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses         |          |              |              |  |  |
|     | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.                   |          |              |              |  |  |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete             | <u> </u> |              |              |  |  |
|     | Schedule D, Parts XI, XII, and XIII.  | 12       | X            |              |  |  |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  12A  X       | 1        |              |              |  |  |
| 40  |   |          |              | v            |  |  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                               | 13       |              | X            |  |  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                     | 14a      |              |              |  |  |
| Ь   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,         |          |              | х            |  |  |
| 4-  | and program service activities outside the United States? If "Yes," complete Schedule F, Part I                                 | 14b      |              |              |  |  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization       | 4-       |              | х            |  |  |
| 40  | or entity located outside the United States? If "Yes," complete Schedule F, Part II   | 15       |              |              |  |  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals  | 46       |              | х            |  |  |
| 4-7 | located outside the United States? If "Yes," complete Schedule F, Part III  | 16       | -            |              |  |  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,         |          |              | х            |  |  |
| 46  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17       | <del> </del> | ^            |  |  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines    | 40       | X            |              |  |  |
| 46  | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18       | <u> </u>     | <del> </del> |  |  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"          | 4.0      |              | х            |  |  |
|     | complete Schedule G, Part III   | 19       | <u> </u>     | Λ            |  |  |

Form **990** (2009)

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

### Part IV Checklist of Required Schedules (continued)

|          |   |         | Yes   | No        |
|----------|---|---------|-------|-----------|
| 21       | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the            |         |       |           |
|          | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                     | 21      |       | X         |
| 22       | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,    |         |       |           |
|          | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22      | X     |           |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |         |       |           |
|          | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |         |       |           |
|          | Schedule J  | 23      |       | <u> X</u> |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |         |       |           |
|          | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |         |       |           |
|          | Schedule K. If "No", go to line 25  | 24a     |       | _X_       |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b     |       |           |
| C        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease            |         |       |           |
|          | any tax-exempt bonds?   | 24c     |       |           |
| d        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d     |       |           |
| 25a      | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a              |         | :     |           |
|          | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a     |       | X         |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |         | '     |           |
|          | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete           |         |       |           |
|          | Schedule L, Part I  | 25b     |       | <u> X</u> |
| 26       | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified  |         |       |           |
|          | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                         | 26      |       | _X_       |
| 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |         |       |           |
|          | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete            |         |       | .,        |
|          | Schedule L, Part III  | 27      |       | Χ         |
| 28       | Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV              |         |       |           |
|          | instructions for applicable filing thresholds, conditions, and exceptions):   |         |       | .,        |
|          | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a     |       | X_        |
|          | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b     |       | X         |
| C        | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was |         |       | v         |
|          | an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                              | 28c     | v     | X         |
| 29       | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29      | X     |           |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |         |       | v         |
|          | contributions? If "Yes," complete Schedule M  | 30      |       | X         |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations?  |         |       | v         |
|          | If "Yes," complete Schedule N, Part I   | 31      |       | <u> </u>  |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |         |       | Х         |
|          | Schedule N, Part II   | 32      |       |           |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |         |       | v         |
|          | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33      |       | <u> </u>  |
| 34       | Was the organization related to any tax-exempt or taxable entity?   |         |       | Х         |
| <b>-</b> | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34      | _     |           |
| 35       | Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                       | 25      |       | х         |
| 20       | If "Yes," complete Schedule R, Part V, line 2   | 35_     |       | <u> </u>  |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?      | 20      |       | х         |
| 27       | If "Yes," complete Schedule R, Part V, line 2   | 36      |       |           |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                | 27      |       | х         |
| 20       | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37      |       | <u> </u>  |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?                   | 38      | Х     |           |
|          | Note. All Form 990 filers are required to complete Schedule O.  |         | 990 ( | 2000/     |
|          |   | 1 01111 | JJJ ( | _009)     |

| Par | Statements Regarding Other IRS Filings and Tax Compliance   |  |                |     |        |  |  |  |
|-----|---|--|----------------|-----|--------|--|--|--|
|     |   |  |                | Yes | No     |  |  |  |
| 1a  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of  |  |                |     |        |  |  |  |
|     | U.S Information Returns. Enter -0- if not applicable  | 1a 4   |                |     |        |  |  |  |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | 1b 0   |                |     |        |  |  |  |
| C   | Did the organization comply with backup withholding rules for reportable payments to vendors and re   | portable gaming  |                |     |        |  |  |  |
|     | (gambling) winnings to prize winners?   |  | 1c             |     |        |  |  |  |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |  |                |     |        |  |  |  |
|     | filed for the calendar year ending with or within the year covered by this return   | 2a 4   |                |     | l      |  |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax return  | 15 <sup>?</sup>  | 2b             | X   |        |  |  |  |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see I  | nstructions)   |                |     | ĺ      |  |  |  |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered  | d by this return?  | _3a            |     | X      |  |  |  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  |  | 3b_            |     | ļ      |  |  |  |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other a   | uthority over, a   |                |     | x      |  |  |  |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  |  |                |     |        |  |  |  |
| b   | 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 E  | ank and  |                |     |        |  |  |  |
|     | Financial Accounts  |  |                |     |        |  |  |  |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |  | 5 <u>a</u>     | -   | X      |  |  |  |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction   |  | 5b             |     | X      |  |  |  |
| C   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regar  | ding Prohibited  | _              |     | 1      |  |  |  |
| _   | Tax Shelter Transaction?  |  | 5c_            |     |        |  |  |  |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | e organization solicit   | _              |     | v      |  |  |  |
|     | any contributions that were not tax deductible?   | -  | 6a_            |     | X      |  |  |  |
|     | If "Yes," did the organization include with every solicitation an express statement that such contributi  | ons or gifts   |                |     | ĺ      |  |  |  |
|     | were not tax deductible?  |  | 6b             |     |        |  |  |  |
|     | Organizations that may receive deductible contributions under section 170(c).   |  |                |     |        |  |  |  |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g   | loods and services   |                | Х   |        |  |  |  |
|     | provided to the payor?  |  | 7a             | X   |        |  |  |  |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?   |  | 7b             | Λ   |        |  |  |  |
|     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  | s required   | 7-             |     | X      |  |  |  |
|     | to file Form 8282?  | 7d   | 7c             |     |        |  |  |  |
|     | If "Yes," indicate the number of Forms 8282 filed during the year   |  |                |     |        |  |  |  |
|     | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a po<br>benefit contract?  | ersonai  | 7e             |     | Х      |  |  |  |
|     |   | not?   | 7 <del>f</del> |     | X      |  |  |  |
|     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra<br>For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 1C1 *  | 7g             |     |        |  |  |  |
| _   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C  | as required?   | 7h             |     |        |  |  |  |
|     | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting org   |  |                |     |        |  |  |  |
|     | supporting organization, or a donor advised fund maintained by a sponsoring organization, have exce   | 1  |                |     |        |  |  |  |
|     | at any time during the year?  | and the state of t | 8              |     |        |  |  |  |
|     | Sponsoring organizations maintaining donor advised funds.   | •  |                |     |        |  |  |  |
|     | Did the organization make any taxable distributions under section 4966?   |  | 9a             |     |        |  |  |  |
|     | Did the organization make a distribution to a donor, donor advisor, or related person?  |  | 9b             |     |        |  |  |  |
|     | Section 501(c)(7) organizations. Enter:   |  |                |     |        |  |  |  |
|     | Initiation fees and capital contributions included on Part VIII, line 12  | 10a  |                |     |        |  |  |  |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10b  |                |     |        |  |  |  |
|     | Section 501(c)(12) organizations. Enter:  |  |                |     |        |  |  |  |
|     | Gross income from members or shareholders   | 11a  |                |     |        |  |  |  |
|     | Gross income from other sources (Do not net amounts due or paid to other sources against  |  |                |     |        |  |  |  |
|     | · · · · · · · · · · · · · · · · · · ·   | 11b  |                |     |        |  |  |  |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  |  | 12a            | L   |        |  |  |  |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b  |                |     |        |  |  |  |
|     |   |  | Form           | 990 | (2009) |  |  |  |

37-1018692

Form 990 (2009) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| <u>Sec</u> | tion A. Governing Body and Management   |          |                   |                 | -,             |                |
|------------|---|----------|-------------------|-----------------|----------------|----------------|
|            |   |          |                   |                 | Yes            | No             |
| 1a         | Enter the number of voting members of the governing body  | 1a       | <u> </u>          | 17              |                |                |
| b          | Enter the number of voting members that are independent   | 1b       |                   | 17              |                |                |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship                               | ıp wıtl  | n any other       |                 |                | <u>.</u>       |
|            | officer, director, trustee, or key employee?  |          |                   | 2               |                | <u>X</u>       |
| 3          | Did the organization delegate control over management duties customarily performed by or under the                                      | ne dire  | ect supervision   |                 |                |                |
|            | of officers, directors or trustees, or key employees to a management company or other person?   | _        |                   | 3               | -              | X              |
| 4          | Did the organization make any significant changes to its organizational documents since the prior Fo                                    |          | 30 was filed?     | 4               | _              | X              |
| 5          | Did the organization become aware during the year of a material diversion of the organization's asse                                    | ts?      |                   | 5               | -              | X              |
| 6          | Does the organization have members or stockholders?   |          |                   | 6               | <del> </del>   |                |
| 7a         | Does the organization have members, stockholders, or other persons who may elect one or more me   | embe     | rs or the         | 7a              |                | <u>x</u>       |
| b          | governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other pe                      | ****     | 2                 | 7b              | +              | X              |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken   |          |                   |                 | -              |                |
| Ü          | by the following  | Guill    | g tile year       |                 |                |                |
| а          | The governing body?   |          |                   | 8a              | х              |                |
| b          | Each committee with authority to act on behalf of the governing body?   |          |                   | 8b              | X              | _              |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea                               | ached    | at the            | -               |                |                |
|            | organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 401100   | at the            | 9               |                | Х              |
| Sec        | tion B. Policies (This Section B requests information about policies not required by the Internal F                                     | Reveni   | ue Code.)         | 1               |                |                |
|            |   |          |                   |                 | Yes            | No             |
| 10a        | Does the organization have local chapters, branches, or affiliates?   |          |                   | 10              |                | X              |
| b          | If "Yes," does the organization have written policies and procedures governing the activities of such                                   | chap     | ters, affiliates, |                 |                |                |
|            | and branches to ensure their operations are consistent with those of the organization?  |          |                   | 101             |                |                |
| 11         | Has the organization provided a copy of this Form 990 to all members of its governing body before f                                     | filing t | he form?          | 11              | X              | <u></u>        |
| 11A        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |          |                   |                 |                |                |
| 12a        | Does the organization have a written conflict of interest policy? If "No," go to line 13  |          |                   | 12:             | X              |                |
| b          | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise                     |          |                   |                 |                |                |
|            | to conflicts?   |          |                   |                 |                |                |
| C          | Does the organization regularly and consistently monitor and enforce compliance with the policy? If                                     | "Yes,    | " describe        |                 | ٠,,            |                |
|            | ın Schedule O how this is done  |          |                   | 120             |                | <u> </u>       |
| 13         | Does the organization have a written whistleblower policy?  |          |                   | 13              |                | <u> </u>       |
| 14         | Does the organization have a written document retention and destruction policy?   |          |                   | 14              | - A            | <del> </del> - |
| 15         | Did the process for determining compensation of the following persons include a review and approv                                       |          | independent       |                 |                |                |
|            | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                       | ,        |                   | 45              | X              |                |
| a          | The organization's CEO, Executive Director, or top management official  |          |                   | 15              | <del></del>    | X              |
| Ь          | Other officers or key employees of the organization   |          |                   | 15              | <u> </u>       |                |
| 18-        | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)  |          |                   |                 |                |                |
| IVa        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange                              | ment     | with a            | 16              |                | х              |
| <b>.</b>   | taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva | aluata   | te participation  |                 | -              |                |
|            | In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization                           |          |                   | '               |                |                |
|            | exempt status with respect to such arrangements?  | jai iiza | 110113            | 161             | ,              | 1              |
| Sec        | tion C. Disclosure  |          |                   | 1,              | <del></del> ,  |                |
| <u>17</u>  | List the states with which a copy of this Form 990 is required to be filed ▶IL  |          |                   | - <del></del> - |                |                |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-                                     | T (501   | (c)(3)s only) ava | allable for     |                |                |
| . •        | public inspection. Indicate how you make these available. Check all that apply.   | ,        | . , . , , ,       |                 |                |                |
|            | Own website X Another's website X Upon request  |          |                   |                 |                |                |
| 19         | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or                                     | conflic  | t of interest po  | licy, and fir   | nancial        |                |
|            | statements available to the public.   |          | ŕ                 |                 |                |                |
| 20         | State the name, physical address, and telephone number of the person who possesses the books a  | and re   | cords of the org  | ganization:     | ▶              |                |
|            | M. JANET BORNANCIN - 630-369-8300   |          |                   |                 |                |                |
|            | 552 S WASHINGTON STREET, NAPERVILLE, IL 60540   |          |                   |                 |                |                |
|            |   |          |                   | For             | m <b>990</b> i | (2009)         |

932006 02-04-10

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

Leave this box if the organization did not compensate any current officer, director, or trustee.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A)                        | (B)          | (C)                           |                       |              |              |                                 |      | (D)                  | (E)                          | (F)                         |
|----------------------------|--------------|-------------------------------|-----------------------|--------------|--------------|---------------------------------|------|----------------------|------------------------------|-----------------------------|
| Name and Title             | Average      |                               |                       | Pos          |              |                                 |      | Reportable           | Reportable                   | Estimated                   |
|                            | hours<br>per | H                             | neck                  | allt         | that         | app                             | ly)  | compensation<br>from | compensation<br>from related | amount of other             |
|                            | week         | nector                        |                       |              |              |                                 |      | the                  | organizations                | compensation                |
|                            |              | e or di                       | gg.                   |              |              | Safed                           |      | organization         | (W-2/1099-MISC)              | from the                    |
|                            |              | truste                        | al trus               |              | 8 <u>8</u>   | nd<br>Dec                       |      | (W-2/1099-MISC)      |                              | organization<br>and related |
|                            |              | ndividual trustee or director | institutional trustee | Officer      | Key employee | Highest compensated<br>employee | jā L |                      |                              | organizations               |
|                            |              | Ē                             | is:                   | €            | ş            | ₹.                              | ية   |                      |                              |                             |
| ALLAN WEST                 |              |                               |                       |              |              |                                 |      |                      | •                            | •                           |
| CHAIRMAN EMERITUS          | 1.00         | X                             |                       | Х            |              |                                 | ļ    | 0.                   | 0.                           | 0.                          |
| DAVID MCMASTER             |              |                               |                       |              |              |                                 |      |                      | •                            | 0                           |
| PRESIDENT                  | 10.00        | Х                             |                       | X            | <u> </u>     |                                 |      | 0.                   | 0.                           | 0.                          |
| MIKE NEAL                  | 4 00         | ١,,                           |                       | ٠,           |              |                                 |      |                      | 0.                           | 0.                          |
| VICE-PRESIDENT             | 4.00         | X                             |                       | Х            |              |                                 |      | 0.                   |                              |                             |
| TOM PROSSER                | 9 00         | v                             |                       | x            |              |                                 |      | 0.                   | 0.                           | 0.                          |
| TREASURER<br>HALLIE DOZIER | 8.00         | X                             |                       | Λ            |              |                                 |      | 0.                   | <u> </u>                     | - 0.                        |
| DIRECTOR                   | 1.00         | X                             |                       |              |              |                                 |      | 0.                   | 0.                           | 0.                          |
| ROBERT FANNO               | 1.00         | Λ                             |                       |              |              | <u> </u>                        |      | 0.                   |                              |                             |
| DIRECTOR                   | 1.00         | X                             |                       |              |              |                                 |      | 0.                   | 0.                           | 0.                          |
| TIMOTHY GAMMA              | 1.00         | -                             |                       |              |              |                                 | -    |                      |                              |                             |
| DIRECTOR                   | 1.00         | x                             |                       |              |              | ļ                               |      | 0.                   | 0.                           | 0.                          |
| JOHN HENDRICKSEN           |              |                               |                       |              | _            |                                 |      |                      |                              |                             |
| DIRECTOR                   | 1.00         | X                             |                       |              |              |                                 |      | 0.                   | 0.                           | 0.                          |
| JOHN LLOYD                 |              |                               |                       |              |              |                                 |      |                      |                              |                             |
| DIRECTOR                   | 1.00         | X                             |                       |              |              |                                 |      | 0.                   | 0.                           | 0.                          |
| ROBERT MILLER              |              |                               |                       |              |              |                                 |      |                      |                              |                             |
| DIRECTOR                   | 1.00         | X                             |                       |              |              |                                 |      | 0.                   | 0.                           | 0.                          |
| WARD PETERSON              |              |                               |                       |              |              |                                 |      |                      | _                            | _                           |
| DIRECTOR                   | 1.00         | X                             |                       |              |              |                                 | L    | 0.                   | 0.                           | 0.                          |
| PEPPER PROVENZANO          | 1            | ŀ                             |                       |              |              |                                 |      |                      |                              |                             |
| DIRECTOR                   | 1.00         | X                             |                       | <u> </u>     | <u> </u>     |                                 |      | 0.                   | 0.                           | 0.                          |
| RUTH STEIN                 |              | l                             |                       |              |              |                                 |      |                      | _                            | _                           |
| DIRECTOR                   | 1.00         | X                             |                       |              |              | _                               |      | 0.                   | 0.                           | 0.                          |
| MATTHEW WELLS              | 1 00         |                               |                       |              |              |                                 |      |                      | 0.                           |                             |
| DIRECTOR                   | 1.00         | Х                             | ļ                     |              | ļ            | -                               | ļ    | 0.                   |                              | 0.                          |
| KRISTIN WILD               | 1 00         | ,,                            |                       | ŀ            |              |                                 |      |                      | 0.                           | 0.                          |
| DIRECTOR                   | 1.00         | X                             |                       | <del> </del> | -            | <u> </u>                        | ├-   | 0.                   |                              |                             |
| JIM ZWACK                  | 1.00         | X                             | 1                     |              |              |                                 |      | 0.                   | 0.                           | 0.                          |
| DIRECTOR<br>ANITA GAMBILL  | 1.00         | ^                             | -                     | ├-           | ├-           | $\vdash$                        |      | 0.                   | - 0.                         | <del>- •</del>              |
| DIRECTOR                   | 1.00         | v                             |                       |              |              |                                 |      | 0.                   | 0.                           | 0.                          |
| DIVECTOR                   | 1.00         | <u> </u>                      |                       | Щ.           | <u> </u>     | 1                               |      |                      |                              | 5 000 (0000)                |

932007 02-04-10

Form **990** (2009)

| Par      | t VII Section A. Officers, Directors, To  | rustees, Key E                             | mple                                | oyee                  | s, a    | nd l     | ligh                         | est          | Compensated Employ                             | ees (continued)                                  |                        |  |                            |
|----------|---|--|-------------------------------------|-----------------------|---------|----------|------------------------------|--------------|--|--|------------------------|--|----------------------------|
|          | (A)<br>Name and title   | (B)<br>Average<br>hours                    | (C) Position (check all that apply) |                       |         |          |                              |              | (D) Reportable compensation                    | <b>(E)</b> Reportable compensation               | (F)<br>Estima<br>amoun |  |                            |
|          |   | per<br>week                                | Individual trustee or director      | institutional trustee | Officer |          | Highest compensated employee |              | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | cor<br>1<br>or<br>ar   | other<br>npensa<br>from th<br>ganizat<br>nd relat<br>janizat | ation<br>ne<br>tion<br>ted |
|          | JANET BORNANCIN ECUTIVE DIRECTOR  | 60.00                                      |                                     |                       | х       |          |                              |              | 99,759.  | 0  |                        | 1,5  | 00.                        |
|          |   |  |                                     |                       |         |          |                              |              |  |  |                        |  |                            |
|          | <del></del>   |  |                                     |                       |         |          |                              |              |  |  |                        |  |                            |
|          |   |  |                                     |                       |         |          |                              |              |  |  |                        |  |                            |
|          | , <del>, , , , , , , , , , , , , , , , , , </del>   |  |                                     |                       |         |          |                              |              |  |  |                        |  |                            |
| _        |   |  |                                     |                       |         |          |                              |              |  |  |                        |  |                            |
|          |   |  |                                     |                       |         |          |                              |              |  |  |                        |  |                            |
|          | Total   |  |                                     |                       |         | <u> </u> | <b></b>                      |              | 99,759.  | 0  | •                      | 1,5  | 00.                        |
| 2        | Total number of individuals (including but compensation from the organization ▶   | not limited to th                          | nose                                | liste                 | ed al   | bove     | e) wl                        | no re        | eceived more than \$100                        | ,000 in reportable                               |                        | Tve  | 0                          |
| 3        | Did the organization list any former office line 1a? If "Yes," complete Schedule J for                                      |  |                                     | e, ke                 | y em    | plo      | yee,                         | or h         | nighest compensated er                         | nployee on                                       | 3                      | Yes  | No<br>X                    |
| 4        | For any individual listed on line 1a, is the sand related organizations greater than \$1                                    | sum of reportab<br>50,000? <i>If "Yes,</i> | le co<br>" co                       | mpl                   | ete S   | Sche     | edule                        | e <i>J f</i> | for such individual                            | -  | 4                      |  | х                          |
| 5<br>Sec | Did any person listed on line 1a receive or<br>the organization? If "Yes," complete Sche<br>tion B. Independent Contractors | •  |                                     |                       | rom     | any      | unr                          | elat         | ed organization for serv                       | ces rendered to                                  | 5                      |  | х                          |
| 1        | Complete this table for your five highest of the organization. NONE   | ompensated in                              | depe                                | ende                  | ent c   | onti     | racto                        | ors t        | hat received more than                         | \$100,000 of compe                               |                        | _  |                            |
|          | (A)<br>Name and busines   | s address                                  |                                     |                       |         |          |                              |              | (B)<br>Description of s                        | services   | Comp                   | (C)<br>ensatio   | on                         |
|          |   |  |                                     |                       | _       |          |                              |              |  |  |                        | <del></del>  |                            |
|          |   |  |                                     |                       |         |          | _                            |              |  |  |                        |  |                            |
|          |   |  |                                     |                       | ·       |          |                              |              |  |  |                        |  |                            |
| 2        | Total number of independent contractors   | (including but r                           | ot li                               | mıte                  | d to    | tho      | se li                        | stec         | d above) who received n                        | nore than  |                        |  | <del></del>                |
|          | \$100,000 in compensation from the organ  | nization >                                 |                                     |                       |         | (        | 0                            |              | ·  |  | Form                   | 990  | (2009)                     |

-868. 502,664. Form 990 (2009)

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

11 a

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| _      | All other organizations must comp   | (A)               | (B)                      | (C)                             |  |
|--------|---|-------------------|--------------------------|---------------------------------|--|
|        | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | Total expenses    | Program service expenses | Management and general expenses | ( <b>D)</b><br>Fundraising<br>expenses |
| 1      | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   |                   |                          |                                 |  |
| 2      | Grants and other assistance to individuals in   |                   |                          |                                 | ••••                                   |
| _      | the U.S. See Part IV, line 22   | 173,000.          | 173,000.                 |                                 |  |
| 3      | Grants and other assistance to governments,   |                   |                          |                                 |  |
|        | organizations, and individuals outside the U.S.   |                   |                          |                                 |  |
|        | See Part IV, lines 15 and 16  |                   |                          |                                 |  |
| 4      | Benefits paid to or for members   |                   |                          |                                 |  |
| 5      | Compensation of current officers, directors,  | 101 250           |                          | 101 250                         |  |
|        | trustees, and key employees   | 101,259.          |                          | 101,259.                        |  |
| 6      | Compensation not included above, to disqualified  |                   |                          |                                 |  |
|        | persons (as defined under section 4958(f)(1)) and   |                   |                          |                                 |  |
|        | persons described in section 4958(c)(3)(B)  | 21 220            | 14 440                   | 16 700                          |  |
| 7      | Other salaries and wages  | 31,238.           | 14,448.                  | 16,790.                         | <del></del> -                          |
| 8      | Pension plan contributions (include section 401(k)  |                   |                          |                                 |  |
| ^      | and section 403(b) employer contributions)  | 17 410            | 2 561                    | 14,857.                         | <del></del>                            |
| 9      | Other employee benefits   | 17,418.<br>4,311. | 2,561.<br>413.           | 3,898.                          |  |
| 10     | Payroll taxes   | 4,311.            | 413.                     | 3,070.                          |  |
| 11     | Fees for services (non-employees).  Management  |                   |                          |                                 |  |
| a      |   |                   |                          |                                 |  |
| b      | Legal   | 23,832.           | <del></del>              | 23,832.                         |  |
| c<br>d | Lobbying  | 23,032.           |                          | 23,032.                         | -                                      |
| e      | Professional fundraising services See Part IV, line 17  |                   |                          |                                 |  |
| f      | Investment management fees  |                   |                          |                                 |  |
| g      | <sup>7</sup>  |                   |                          |                                 |  |
| 12     | Advertising and promotion   | 537.              |                          | 537.                            | <del></del>                            |
| 13     | Office expenses   | 16,880.           | 1,340.                   | 15,540.                         |  |
| 14     | Information technology  |                   |                          |                                 |  |
| 15     | Royalties   |                   |                          |                                 |  |
| 16     | Occupancy   | 6,834.            | 1,548.                   | 5,286.                          |  |
| 17     | Travel  | 5,019.            | 50.                      | 4,969.                          |  |
| 18     | Payments of travel or entertainment expenses  | ·                 |                          |                                 |  |
|        | for any federal, state, or local public officials   |                   |                          |                                 |  |
| 19     | Conferences, conventions, and meetings  | 942.              | 88.                      | 854.                            |  |
| 20     | Interest  |                   |                          |                                 |  |
| 21     | Payments to affiliates  |                   |                          |                                 |  |
| 22     | Depreciation, depletion, and amortization   | 5,969.            |                          | 5,969.                          |  |
| 23     | Insurance   | 6,984.            |                          | 6,984.                          | <del></del>                            |
| 24     | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) |                   | ,,, ,,                   |                                 |  |
| а      | BOARD   | 20,811.           |                          | 20,811.                         |  |
| b      | COMPUTER SERVICES AND S   | 14,436.           | 918.                     | 13,518.                         |  |
| c      | MISCELLANEOUS   | 12,299.           | 6,442.                   | 5,857.                          |  |
| d      |   |                   |                          |                                 |  |
| e      |   |                   |                          |                                 |  |
| f      | All other expenses  |                   |                          |                                 |  |
| 25     | Total functional expenses. Add lines 1 through 24f  | 441,769.          | 200,808.                 | 240,961.                        | 0                                      |
| 26     | Joint costs. Check here ▶ ☐ If following  |                   |                          |                                 |  |
|        | SOP 98-2 Complete this line only if the organization  |                   |                          |                                 |  |
|        | reported in column (B) joint costs from a combined  |                   |                          |                                 |  |
|        | educational campaign and fundraising solicitation   |                   |                          |                                 | Form <b>990</b> (2009                  |

932010 02-04-10

Form **990** (2009)

| Pa                          | rt X | Balance Sheet  |              |                                       |                          |     |                    |
|-----------------------------|------|--|--------------|---------------------------------------|--------------------------|-----|--------------------|
|                             |      |  |              |                                       | (A)<br>Beginning of year |     | (B)<br>End of year |
|                             | 1    | Cash - non-interest-bearing  |              |                                       |                          | 1   | 93,155.            |
|                             | 2    | Savings and temporary cash investments   |              |                                       | 1,282,449.               | 2   | 1,391,644.         |
|                             | 3    | Pledges and grants receivable, net   |              |                                       | 124,193.                 | 3   | 110,784.           |
|                             | 4    | Accounts receivable, net   | -            | 4                                     |                          |     |                    |
|                             | 5    | Receivables from current and former officers, d  |              |                                       |                          |     |                    |
|                             |      | employees, and highest compensated employe   |              |                                       |                          |     |                    |
|                             |      | of Schedule L  |              | 5                                     |                          |     |                    |
|                             | 6    | Receivables from other disqualified persons (as  |              |                                       |                          |     |                    |
| S.                          |      | 4958(f)(1)) and persons described in section 49  |              |                                       |                          |     |                    |
|                             |      | Part II of Schedule L  |              |                                       | 6                        |     |                    |
|                             | 7    | Notes and loans receivable, net  |              | · · · · · · · · · · · · · · · · · · · | 7                        |     |                    |
| Assets                      | 8    | Inventories for sale or use  |              |                                       | 8                        |     |                    |
| ¥                           | 9    | Prepaid expenses and deferred charges  |              |                                       | 5,597.                   | 9   | 4,726.             |
|                             | 10a  | Land, buildings, and equipment cost or other   | 1            |                                       | <u>.</u> .               |     |                    |
|                             |      | basis. Complete Part VI of Schedule D  | 10a          | 30,120.                               |                          |     |                    |
|                             | Ь    | Less: accumulated depreciation   | 10b          | 17,862.                               | 5,977.                   | 10c | 12,258.            |
|                             | 11   | Investments - publicly traded securities   |              | 11                                    |                          |     |                    |
|                             | 12   | Investments - other securities. See Part IV, line                                      |              | 12                                    |                          |     |                    |
|                             | 13   | Investments - program-related. See Part IV, line                                       |              | 13                                    |                          |     |                    |
|                             | 14   | Intangible assets  |              | 14                                    |                          |     |                    |
|                             | 15   | Other assets. See Part IV, line 11   |              | 15                                    |                          |     |                    |
|                             | 16   | Total assets. Add lines 1 through 15 (must equ   | 1,418,216.   | 16                                    | 1,612,567.               |     |                    |
|                             | 17   | Accounts payable and accrued expenses  | 20,667.      | 17                                    | 1,612,567.<br>24,208.    |     |                    |
|                             | 18   | Grants payable and accreed expenses  |              |                                       | 124,860.                 | 18  | 125,960.           |
|                             | 19   | Deferred revenue   |              |                                       |                          | 19  |                    |
|                             | 20   | Tax-exempt bond liabilities  |              |                                       |                          | 20  |                    |
|                             | 21   | Escrow or custodial account liability. Complete  | Dort IV      | of Cohodulo D                         |                          | 21  |                    |
| Liabilities                 | 22   | Payables to current and former officers, director                                      |              |                                       | <u></u>                  |     |                    |
| ₫                           | 22   |  |              |                                       |                          |     |                    |
| 2.                          |      | highest compensated employees, and disqualit of Schedule L                             | ied per      | sons. Complete Part II                |                          | 22  |                    |
|                             | 23   |  | مالة لم م شم |                                       | <del></del>              | 23  |                    |
|                             | 24   | Secured mortgages and notes payable to unre  |              | · ·                                   | *-x-                     | 24  |                    |
|                             | 25   | Unsecured notes and loans payable to unrelate  |              | parties                               |                          | 25  |                    |
|                             | 26   | Other liabilities Complete Part X of Schedule D  |              |                                       | 145,527.                 | 26  | 150,168.           |
|                             | 20   | Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h |              | Y and assurate                        | 143/32/4                 | 20  | 130/100            |
|                             |      |  | ere 💌        | and complete                          |                          |     |                    |
| ő                           |      | lines 27 through 29, and lines 33 and 34.  |              |                                       | 320,730.                 | 27  | 394,332.           |
| <u>la</u>                   | 27   | Unrestricted net assets  |              |                                       | 159,351.                 | 28  | 231,514.           |
| 8                           | 28   | Temporarily restricted net assets  |              |                                       | 792,608.                 | t 1 | 836,553.           |
| 핕                           | 29   | Permanently restricted net assets  |              | <b>.</b>                              | 192,000.                 | 29  | 0307333.           |
| Ē                           |      | Organizations that do not follow SFAS 117, o   | eneck i      | ere 🕨 📖 and                           |                          |     |                    |
| S O                         |      | complete lines 30 through 34.  |              |                                       |                          |     |                    |
| set                         | 30   | Capital stock or trust principal, or current funds                                     |              |                                       |                          | 30  |                    |
| As                          | 31   | Paid in or capital surplus, or land, building, or e                                    |              |                                       |                          | 31  |                    |
| Net Assets or Fund Balances | 32   | Retained earnings, endowment, accumulated in   | ncome,       | or other funds                        | 1 272 600                | 32  | 1 462 200          |
| _                           | 33   | Total net assets or fund balances  |              |                                       | 1,272,689.               | 33  | 1,462,399.         |
|                             | 34   | Total liabilities and net assets/fund balances   |              |                                       | 1,418,216.               | 34  | 1,612,567.         |

Form **990** (2009)

Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

consolidated basis, separate basis, or both:

X Separate basis

Act and OMB Circular A-133?

| rm ! | 990 (20   | 09) FUND 37-103  | 18692 | Pag | ge <b>12</b> |
|------|-----------|--|-------|-----|--------------|
| ar   | XIF       | inancial Statements and Reporting  |       | ·   |              |
|      | •         |  |       | Yes | No           |
|      | Accoun    | ting method used to prepare the Form 990: Cash X Accrual Other   |       |     |              |
|      | If the or | ganization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.         |       |     |              |
| 2a   | Were th   | e organization's financial statements compiled or reviewed by an independent accountant?                         | 2a    |     | _X_          |
| b    | Were th   | e organization's financial statements audited by an independent accountant?                                      | 2b    | X   |              |
| C    | If "Yes"  | to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, |       |     |              |
|      | review,   | or compilation of its financial statements and selection of an independent accountant?                           | 2c    | X   |              |
|      | If the or | ganization changed either its oversight process or selection process during the tax year, explain in Schedule O. |       |     |              |
| d    | If "Yes"  | to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a   |       |     |              |

Form 990 (2009)

За

**3b** 

Х

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

TREE RESEARCH AND EDUCATION ENDOWMENT FUND

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Employer identification number 37–1018692

| The      | organ | ization is not a        | a private foundation l      | because it is. (For lines 1                              | through 1    | 11, check                    | only one b        | ox.)         |   |               |                         |
|----------|-------|-------------------------|-----------------------------|--|--------------|------------------------------|-------------------|--------------|---|---------------|-------------------------|
| 1        |       | A church, co            | nvention of churches        | s, or association of churc                               | ches desci   | ribed in <b>se</b>           | ction 170         | (b)(1)(A)(i) | •   |               |                         |
| 2        |       | A school des            | cribed in section 17        | 0(b)(1)(A)(ii). (Attach Sc                               | hedule E.)   |                              |                   |              |   |               |                         |
| 3        |       | A hospital or           | a cooperative hospit        | tal service organization o                               | described i  | n section                    | 170(b)(1)(        | (A)(iii).    |   |               |                         |
| 4        |       | A medical res           | search organization of      | operated in conjunction                                  | with a hos   | prtal descr                  | 1bed in <b>se</b> | ction 170    | (b)(1)(A)(i                                 | ii). Enter th | ne hospital's name,     |
|          |       | city, and stat          | e:                          |  |              |                              |                   |              |   |               |                         |
| 5        |       | An organizati           | on operated for the         | benefit of a college or ur                               | niversity ov | wned or op                   | erated by         | a govern     | nental un                                   | it describe   | d in                    |
|          |       | section 170             | (b)(1)(A)(iv). (Comple      | ete Part II.)  |              |                              |                   |              |   |               |                         |
| 6        |       | A federal, sta          | te, or local governme       | ent or governmental unit                                 | t described  | d in sectio                  | n 170(b)(1        | )(A)(v).     |   |               |                         |
| 7        | X     | An organizati           | on that normally rec        | eives a substantial part                                 | of its supp  | ort from a                   | governme          | ntal unit o  | r from the                                  | general p     | ublic described in      |
|          |       | =                       | b)(1)(A)(vi). (Comple       |  | •            |                              |                   |              |   |               |                         |
| 8        |       |                         |                             | ection 170(b)(1)(A)(vi). (                               | (Complete    | Part II.)                    |                   |              |   |               |                         |
| 9        |       | •                       |                             | eives (1) more than 33 1                                 |              | -                            | rom contri        | butions, m   | nembersh                                    | p fees, and   | d gross receipts from   |
|          |       |                         |                             | nctions - subject to certa                               |              |                              |                   |              |   |               |                         |
|          |       |                         |                             | axable income (less sect                                 |              |                              |                   |              |   |               |                         |
|          |       |                         | <b>509(a)(2).</b> (Complete |  |              | , o o                        |                   |              | , c.g.                                      |               |                         |
| 10       |       |                         |                             | perated exclusively to te                                | st for publi | ic safety. S                 | See sectio        | n 509(a)(4   | IJ.   |               |                         |
| 11       | 一     | -                       |                             | perated exclusively for the                              | -            | -                            |                   |              |   | v out the r   | ourposes of one or      |
| • •      |       |                         |                             | itions described in section                              |              |                              |                   |              |   |               |                         |
|          |       |                         |                             | organization and comple                                  |              |                              |                   | .,. 000 00   |   | (-)(-)        |                         |
|          |       | a Type I                |                             | 7 I  |              | e III · Func                 |                   | enrated      |   | d 🗔           | Type III - Other        |
| е        |       |                         |                             | t the organization is not                                |              |                              | -                 | -            | r more dis                                  |               | = =                     |
| ·        |       |                         |                             | han one or more publicly                                 |              |                              |                   |              |   |               |                         |
| f        |       |                         |                             | ten determination from t                                 |              |                              |                   |              |   | J(4)(1) 01 0  |                         |
| •        |       | _                       | rganization, check th       |  |              |                              | pc 1, 13pc        | 11, 01 130   | · ""  |               |                         |
| ~        |       |                         | <del>-</del>                | rganization accepted ar                                  | w aft or co  | ootribution                  | from any          | of the follo | owing per                                   | eone?         |                         |
| 9        |       | -                       |                             | rectly controls, either al                               |              |                              | -                 |              |   |               | Yes No                  |
|          |       | •                       | -                           | sported organization?                                    | one or tog   | ether with                   | persons c         | iescribed i  | iii (ii) airo                               | (111) 501044, | 11g(i)                  |
|          |       | _                       | - •                         | a described in (i) above?                                |              |                              |                   |              |   |               | 11g(ii)                 |
|          |       | -                       | •                           |  |              | 2                            |                   |              |   |               | 11g(iii)                |
| <b>.</b> |       |                         |                             | person described in (i) o                                |              |                              |                   |              |   |               | 119(11)                 |
| h        |       | Provide the i           | ollowing information        | about the supported or                                   | gariizationi | (5).                         |                   |              |   |               |                         |
| (i)      |       | e of supported (ii) EIN |                             | (iii) Type of<br>organization<br>(described on lines 1-9 |              | organization<br>sted in your | organizat         |              | (vi) la<br>organizati<br>(i) organiz<br>U S | on in col     | (vii) Amount of support |
|          |       |                         |                             | above or IRC section                                     | <u> </u>     | ·                            |                   |              | Yes   |               |                         |
|          |       |                         | <del></del>                 | (see instructions))                                      | Yes          | No                           | Yes               | No           | res   | No            |                         |
|          |       |                         |                             |  |              |                              |                   | 1            |   |               |                         |
|          |       |                         |                             |  | 1            |                              | <u> </u>          |              | <del>  -</del>                              | +             |                         |
|          |       |                         |                             |  |              |                              |                   |              |   | 1 1           |                         |
|          |       |                         |                             |  |              |                              | -                 |              |   | + +           | <del>-</del>            |
|          |       |                         |                             |  |              |                              |                   |              |   |               |                         |
|          |       |                         |                             |  | <del> </del> |                              |                   |              |   | + +           | <del></del>             |
|          |       |                         |                             |  |              |                              |                   |              |   |               |                         |
|          |       |                         |                             | _  |              |                              | _                 |              | <del> </del>                                | + +-          |                         |
|          |       |                         |                             |  |              |                              |                   |              |   |               |                         |
|          |       |                         |                             |  | <del> </del> |                              |                   |              | <del> </del>                                | ++            | <u> </u>                |
|          |       |                         |                             |  | 1            | l                            |                   | 1            | ]   | 1             |                         |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

| L   | (Complete only if you checke  | d the box on line 5                   | , 7, or 8 of Part I)                  |                        | (2)(1)(0)(10)         | (-)(-)(-)(-          | ,                                     |
|-----|---|---------------------------------------|---------------------------------------|------------------------|-----------------------|----------------------|---------------------------------------|
| Se  | ction A. Public Support   |                                       |                                       | <u></u>                |                       |                      |                                       |
| Cal | endar year (or fiscal year beginning in)                                  | (a) 2005                              | <b>(b)</b> 2006                       | (c) 2007               | (d) 2008              | (e) 2009             | (f) Total                             |
| 1   | Gifts, grants, contributions, and   |                                       |                                       |                        |                       |                      |                                       |
|     | membership fees received. (Do not   |                                       |                                       | !                      |                       |                      |                                       |
|     | include any "unusual grants.")  | 647,149.                              | 175,663.                              | 311,834.               | 759,557.              | 503,532.             | 2,397,735.                            |
| 2   | Tax revenues levied for the organ-  |                                       |                                       |                        |                       |                      |                                       |
|     | ızatıon'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 through 3  | 647,149.                              | 175,663.                              | 311,834.               | 759,557.              | 503,532.             | 2,397,735.                            |
| 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)  |                                       |                                       |                        |                       |                      | 232,373.                              |
|     | Public support. Subtract line 5 from line 4                               |                                       |                                       |                        |                       |                      | 2,165,362.                            |
|     | ction B. Total Support  | 1                                     |                                       |                        |                       |                      | · · · · · · · · · · · · · · · · · · · |
|     | endar year (or fiscal year beginning in)                                  |                                       | (b) 2006                              | (c) 2007               | (d) 2008              | (e) 2009             | (f) Total                             |
| _   | Amounts from line 4   | 647,149.                              | 175,663.                              | 311,834.               | 759,557.              | 503,532.             | 2,397,735.                            |
| 8   | Gross income from interest,   | j                                     |                                       |                        |                       |                      |                                       |
|     | dividends, payments received on   |                                       |                                       |                        |                       |                      |                                       |
|     | securities loans, rents, royalties  | F1 F26                                | 40 450                                | 40 410                 | 20 504                | 7 062                | 174 050                               |
|     | and income from similar sources   | 51,536.                               | 42,459.                               | 42,418.                | 30,584.               | 1,902.               | 174,959.                              |
| 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  |                                       |                                       | 4 704                  |                       |                      | 4,704.                                |
|     | assets (Explain in Part IV.)  |                                       |                                       | 4,704.                 |                       |                      |                                       |
|     | Total support. Add lines 7 through 10                                     | <u> </u>                              |                                       |                        |                       | 40 1                 | 2,577,398.<br>,413,806.               |
|     | Gross receipts from related activities,                                   |                                       |                                       |                        | i<br><b></b>          |                      | ,413,000.                             |
| 13  | First five years. If the Form 990 is for                                  | -                                     | s tirst, second, thir                 | a, τοurtn, or τιπτη τα | ix year as a sectio   | n 501(c)(3)          | ▶□                                    |
| Sec | organization, check this box and storection C. Computation of Publ        |                                       | rcentage                              |                        |                       |                      |                                       |
|     | Public support percentage for 2009 (                                      | · · · · · · · · · · · · · · · · · · · |                                       | oluma (fl)             |                       | 14                   | 84.01 %                               |
|     | _   | , ,,                                  | •                                     | olumn (I))             |                       | 15                   | 87.06 %                               |
|     | Public support percentage from 2008 33 1/3% support test - 2009. If the o |                                       |                                       | line 13 and line 1     | 4 is 33 1/394 or m    |                      |                                       |
| 104 | stop here. The organization qualifies                                     | -                                     |                                       |                        | 4 15 33 173 70 01 111 | ore, crieck tris bo  | ►X                                    |
| h   | 33 1/3% support test - 2008. If the o                                     |                                       | -                                     |                        | line 15 ie 33 1/3%    | or more, check th    |                                       |
|     | and <b>stop here.</b> The organization qual                               | =                                     |                                       |                        | IIIIe 13 is 55 17576  | or more, oneon in    | <b>▶</b> □                            |
| 17a | 10% -facts-and-circumstances tes  | • •                                   | • • • •                               |                        | 13 16a or 16b a       | nd line 14 is 10%    | or more.                              |
|     | and if the organization meets the "fac                                    |                                       |                                       |                        |                       |                      |                                       |
|     | meets the "facts-and-circumstances"                                       |                                       |                                       |                        |                       | non the organ        | ▶□                                    |
| Ь   | 10% -facts-and-circumstances tes  |                                       | · · · · · · · · · · · · · · · · · · · |                        |                       | 7a, and line 15 is 1 | 10% or                                |
| -   | more, and if the organization meets the                                   | -                                     |                                       |                        |                       |                      |                                       |
|     | organization meets the "facts-and-circ                                    |                                       |                                       |                        |                       |                      |                                       |
| 18  | Private foundation. If the organization                                   |                                       |                                       |                        |                       |                      | s ▶□                                  |
|     |   |                                       |                                       |                        |                       | dule A (Form 990     |                                       |
|     |   |                                       |                                       |                        |                       | *                    |                                       |

| Pε         | rt III Support Schedule for C  | )rganizations     | Described in           | Section 509(a         | (Complete only                                   | rif you checked the bo                           | ox on line 9 of Part I |
|------------|--|-------------------|------------------------|-----------------------|--|--|------------------------|
| Sec        | ction A. Public Support  |                   |                        |                       |  |  |                        |
| Cal        | endar year (or fiscal year beginning in)   | (a) 2005          | <b>(b)</b> 2006        | (c) 2007              | (d) 2008   | (e) 2009   | (f) Total              |
| 1          | Gifts, grants, contributions, and  |                   |                        |                       |  |  |                        |
|            | membership fees received. (Do not  |                   | 1                      |                       |  |  |                        |
|            | include any "unusual grants.")   |                   |                        |                       |  |  |                        |
| 2          | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the              |                   |                        |                       |  |  |                        |
| _          | organization's tax-exempt purpose  | <del></del>       |                        |                       |  |  |                        |
| 3          | Gross receipts from activities that  |                   |                        |                       |  |  |                        |
|            | are not an unrelated trade or bus-   |                   |                        |                       |  |  |                        |
| _          | iness under section 513  | -                 |                        |                       |  |  |                        |
| 4          | Tax revenues levied for the organ-<br>ization's benefit and either paid to   |                   |                        |                       |  |  |                        |
|            | or expended on its behalf  |                   |                        |                       |  | <u> </u>   |                        |
| 5          | The value of services or facilities  |                   |                        |                       |  |  |                        |
|            | furnished by a governmental unit to  |                   |                        |                       |  |  |                        |
|            | the organization without charge  |                   |                        |                       |  |  |                        |
|            | Total. Add lines 1 through 5   |                   |                        |                       |  |  | ·                      |
| 7 <i>a</i> | Amounts included on lines 1, 2, and  |                   |                        |                       |  |  |                        |
| _          | 3 received from disqualified persons   |                   |                        |                       |  |  |                        |
| t          | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year |                   |                        |                       |  |  |                        |
| c          | Add lines 7a and 7b  |                   |                        |                       |  |  |                        |
| 8          | Public support (Subtract line 7c from line 6)  | , , , , , ,       |                        |                       |  |  |                        |
|            | ction B. Total Support   |                   |                        |                       |  |  |                        |
| Cale       | endar year (or fiscal year beginning in)   | (a) 2005          | <b>(b)</b> 2006        | (c) 2007              | (d) 2008   | (e) 2009   | (f) Total              |
| 9          | Amounts from line 6  |                   |                        |                       |  |  |                        |
| 10a        | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources                        |                   |                        |                       |  |  |                        |
| t          | Unrelated business taxable income  |                   |                        |                       |  |  |                        |
|            | (less section 511 taxes) from businesses   |                   |                        |                       |  |  |                        |
|            | acquired after June 30, 1975   |                   |                        |                       |  |  |                        |
| 11         | Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is                                  |                   |                        |                       |  | _  |                        |
| 12         | regularly carried on Other income. Do not include gain or loss from the sale of capital  |                   |                        |                       |  |  |                        |
| 12         | assets (Explain in Part IV.)   |                   |                        |                       | <del>                                     </del> | <del>                                     </del> |                        |
| 14         | Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for  | rtho organization | o function and a thin  | d fourth or fifth     | lay year on a cost                               | on 501/a)/3) arasat                              | zation.                |
| 14         |  | the organization: | s iirst, secona, triii | a, iourth, or illth t | ax year as a secu                                | on so r(c)(s) organia                            | ation,                 |
| <u></u>    | check this box and stop here ction C. Computation of Publ  | io Support Do     | roontago               |                       |  |  |                        |
|            |  |                   |                        | naluma (fl)           |  | 15   | %                      |
|            | Public support percentage for 2009 (   |                   |                        | column (I))           |  | 16   |                        |
| 16         | Public support percentage from 2008  |                   |                        | <del></del>           |  | 110  |                        |
|            | ction D. Computation of Inve   |                   |                        | 40                    |  | 147  | %                      |
|            | Investment income percentage for 20  | •                 |                        | ne 13, column (t))    |  | 17   |                        |
| 18         | Investment income percentage from  |                   |                        |                       | - 45 m 46  | 22.1/20/ and line:                               | <u>%</u>               |
| 19a        | 33 1/3% support tests - 2009. If the   |                   |                        |                       |  |  | I / IS HOL             |
|            | more than 33 1/3%, check this box a  |                   |                        |                       |  |  | <b>~</b> └             |
| t          | 33 1/3% support tests - 2008. If the   |                   |                        |                       |  |  | and                    |
|            | line 18 is not more than 33 1/3%, che  |                   |                        |                       |  |  |                        |
| 20         | Private foundation. If the organization  | n did not check a | box on line 14, 19     | a, or 19b, check t    |  |  | 00 000 57 0000         |
|            |  |                   |                        |                       | Sc   | neaule A (Form 99                                | 0 or 990-EZ) 2009      |

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TREE RESEARCH AND EDUCATION ENDOWMENT

Employer identification number

|    | FUND   |  | 37-1018692   |
|----|--|--|--|
| Pa | TI Organizations Maintaining Donor Advise                            | ed Funds or Other Similar Funds                | or Accounts. Complete if the   |
|    | organization answered "Yes" to Form 990, Part IV, lin                | ne 6.  |  |
|    |  | (a) Donor advised funds                        | (b) Funds and other accounts   |
| 1  | Total number at end of year  |  |  |
| 2  | Aggregate contributions to (during year)                             |  |  |
| 3  | Aggregate grants from (during year)                                  |  |  |
| 4  | Aggregate value at end of year                                       |  |  |
| 5  | Did the organization inform all donors and donor advisors in         | writing that the assets held in donor advise   | ed funds   |
|    | are the organization's property, subject to the organization's       | _  | Yes No   |
| 6  | Did the organization inform all grantees, donors, and donor a        | *  | <del></del>  |
| •  | for charitable purposes and not for the benefit of the donor         |  | -  |
|    | impermissible private benefit?                                       | or dorlor advisor, or for any other purpose of | Yes No_  |
| Pa | Conservation Easements. Complete if the or                           | rappization answered "Vee" to Form 990. Br     |  |
|    |  |  | artiv, inte 7.   |
| 1  | Purpose(s) of conservation easements held by the organization        |  | samaalli, saaaantaat laad aaa  |
|    | Preservation of land for public use (e.g., recreation or             |  | torically important land area  |
|    | Protection of natural habitat  | Preservation of a certif                       | ned historic structure   |
| _  | Preservation of open space   |  | e a la contrata de la contrata del contrata de la contrata de la contrata del contrata de la contrata del cont |
| 2  | Complete lines 2a through 2d if the organization held a qual         | ified conservation contribution in the form of | of a conservation easement on the last   |
|    | day of the tax year.   |  | 10 11 10 F 1 10 T 2  |
|    |  |  | Held at the End of the Tax Year  |
| a  | Total number of conservation easements                               |  | 2a   |
| þ  | Total acreage restricted by conservation easements                   |  | 2b   |
| C  | Number of conservation easements on a certified historic st          | 2c   |  |
| d  | Number of conservation easements included in (c) acquired            | 2d   |  |
| 3  | Number of conservation easements modified, transferred, re           | eleased, extinguished, or terminated by the    | organization during the tax  |
|    | year ▶   | _  |  |
| 4  | Number of states where property subject to conservation ea           | asement is located >                           |  |
| 5  | Does the organization have a written policy regarding the pe         | eriodic monitoring, inspection, handling of    |  |
|    | violations, and enforcement of the conservation easements            | it holds?                                      | └── Yes  |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting          | , and enforcing conservation easements du      | uring the year ►   |
| 7  | Amount of expenses incurred in monitoring, inspecting, and           | enforcing conservation easements during t      | the year ► \$  |
| 8  | Does each conservation easement reported on line 2(d) abo            | ve satisfy the requirements of section 170(    | h)(4)(B)(I)  |
|    | and section 170(h)(4)(B)(ii)?  |  | Yes No   |
| 9  | In Part XIV, describe how the organization reports conservation      | tion easements in its revenue and expense      | statement, and balance sheet, and  |
|    | include, if applicable, the text of the footnote to the organization | ation's financial statements that describes t  | he organization's accounting for   |
|    | conservation easements.  |  |  |
| Pa | t III Organizations Maintaining Collections of                       | of Art, Historical Treasures, or Ot            | her Similar Assets.  |
|    | Complete if the organization answered "Yes" to Form                  | 990, Part IV, line 8.                          |  |
|    |  |  |  |
| 1a | If the organization elected, as permitted under SFAS 116, no         | ot to report in its revenue statement and ba   | lance sheet works of art, historical   |
|    | treasures, or other similar assets held for public exhibition, e     | ducation, or research in furtherance of pub    | olic service, provide, in Part XIV, the text of  |
|    | the footnote to its financial statements that describes these        | items.   |  |
| ь  | If the organization elected, as permitted under SFAS 116, to         | report in its revenue statement and balance    | ce sheet works of art, historical treasures,   |
|    | or other similar assets held for public exhibition, education,       | or research in furtherance of public service,  | , provide the following amounts relating to  |
|    | these items.   |  |  |
|    | (i) Revenues included in Form 990, Part VIII, line 1                 |  | <b>&gt;</b> \$   |
|    | (ii) Assets included in Form 990, Part X                             |  | ► \$<br>► \$   |
| 2  | If the organization received or held works of art, historical tre    | easures, or other similar assets for financial |  |
|    | the following amounts required to be reported under SFAS 1           | •  |  |
| а  | Revenues included in Form 990, Part VIII, line 1                     | ~  | <b>▶</b> \$  |
|    | Assets included in Form 990, Part X                                  |  | ► \$<br>► \$   |
| _  |  |  |  |
|    |  |  |  |

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

(d) Book value

12,258.

12,258.

1a Landb Buildings

d Equipment

(b) Cost or other

basis (other)

30,120.

(c) Accumulated

depreciation

17,862.

c Leasehold improvements

Describe in Part XIV the intended uses of the organization's endowment funds.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Description of investment

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

(a) Cost or other basis (investment)

| (a) Description   |          | (b) Book value |
|---|----------|----------------|
|   |          |                |
| 7.71.   |          |                |
|   |          |                |
|   |          |                |
|   |          |                |
|   |          |                |
| 1.340   |          |                |
|   |          |                |
|   |          |                |
|   |          |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | <b>•</b> |                |
| Part X Other Liabilities See Form 990 Part X line 25              |          |                |

1. (a) Description of liability (b) Amount

Federal income taxes

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 **FUND** 37-1018692 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 502,664. 'Total revenue (Form 990, Part VIII, column (A), line 12) 441,769. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 60,895. 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 128,815. 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV.) 8 128,815. 9 Total adjustments (net). Add lines 4 through 8 9 189,710. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 963,678. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 128,815. Net unrealized gains on investments 2a 96,779 b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 235,420. d Other (Describe in Part XIV.) 2d 461,014. e Add lines 2a through 2d 2e 502,664. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV.) 4b c Add lines 4a and 4b 4c 502,664. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part X脚 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 773,968. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 96,779. a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c 235,420. d Other (Describe in Part XIV.) 2d 332,199. e Add lines 2a through 2d 441,769. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: FUNDING OF ARBORICULTURE OR RELATED CURRICULA IN HIGH SCHOOL AND COLLEGE LEVEL PROGRAMS AS WELL AS POROMOTION OF THE ARBORICULTURE PROFESSION AT ALL EDUCATIONAL LEVELS. PART XII, LINE 2D - OTHER ADJUSTMENTS: DIRECT EXPENSES OF SPECIAL EVENTS: 235420. PART XIII, LINE 2D - OTHER ADJUSTMENTS: Schedule D (Form 990) 2009

932054 02-01-10

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|--------------|-------------------------------|------|--------------|--------------|----------|-------------|-------------|--------------|---------------|-------------------|--|-------|
| Part XIV     | Form 990) 2009<br>Supplementa | Info | rmation /con | tinued)      |          |             |             |              |               | J, -101001        | <u>-                                    </u> | aye 3 |
| •            |                               |      |              |              |          |             |             |              |               |                   |  |       |
| DIRECT       | EXPENSES                      | OF   | SPECIAL      | EVENTS       | : 235    | 5420.       |             |              |               |                   |  |       |
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932055 02-01-10 Schedule D (Form 990) 2009

#### SCHEDULE G (Form 990 or 990-EZ)

epartment of the Treasury

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

2009

Open To Public Inspection

Name of the organization TREE RESEARCH AND EDUCATION ENDOWMENT FUND

Employer identification number 37–1018692

| Part I Fundraising Activities required to complete this par | . Complete if the organization ansv   | wered "\   | es" to   | Form 990, Part IV, I  | ine 17. Form 990-EZ  | filers are not  |
|---|---|--|--|---|--|---|
| Indicate whether the organization rais                      | e Solicit f Solicit g Special or oral agreement with any individu art VII) or entity in connection with rviduals or entities (fundraisers) pure | ation of<br>ation of<br>al fundra<br>al (includ<br>profess | non-g<br>gover<br>using o<br>ding o<br>ional f | overnment grants<br>nment grants<br>events<br>fficers, directors, true<br>fundraising services? | stees or Yes   |   |
| (i) Name of individual or entity (fundraiser)               | (ii) Activity   | l have c   | Did<br>aiser<br>ustody<br>trol of<br>utions?   | (iv) Gross receipts from activity   | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|   |   | Yes  | No   |   |  |   |
|   |   |  |  |   |  |   |
|   |   |  |  |   |  |   |
|   |   |  |  |   |  |   |
|   |   |  |  |   |  |   |
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|   |   |  |  |   | -  |   |
|   |   |  |  |   | M-*-   |   |
|   |   |  |  | _   |  |   |
| Total  3 List all states in which the organization          | on is registered or licensed to solici  | t funds  | or has   | been notified it is ex  | empt from registrati   | on or licensing.  |
|   |   |  |  |   |  |   |
|   |   | •  |  |   |  |   |
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Schedule G (Form 990 or 990-EZ) 2009

**FUND** 37-1018692 Page 2 Schedule G (Form 990 or 990-EZ) 2009 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (c) Other events (b) Event #2 (d) Total events TOUR DES NONE (add col. (a) through GALA TREES col. (c)) (event type) (event type) (total number) 159,114. 577,335. 418,221. Gross receipts 282,028. 209,851. 72,177 2 Less: Charitable contributions 295,307. 208,370. 86,937. 3 Gross income (line 1 minus line 2) Cash prizes 72,177. 72,177. Noncash prizes Direct Expenses 11,165. 6,847. 4,318. Rent/facility costs Food and beverages Entertainment 189,554. 25,921 215,475. Other direct expenses 298,817, 10 Direct expense summary. Add lines 4 through 9 in column (d) -3,510.11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue Cash prizes Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes % Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

#### TREE RESEARCH AND EDUCATION ENDOWMENT

| Schedule G (Form 990 or 990-EZ) 2009 FUND   | 37-101       | <u> 1869</u> | 2 Pa | ige 3 |
|---|--------------|--------------|------|-------|
|   | 1            |              | Yes  | No    |
| 13 Indicate the percentage of gaming activity operated in:  |              |              |      |       |
|   | 3a %         | <b>⊣</b> 1   |      |       |
| ,   | 3b %         | 4            |      |       |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books an  | d records:   |              |      |       |
| Name ▶  |              |              |      |       |
| Address ▶   |              |              |      |       |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue   | ıe?          | 15a          |      |       |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the   | ne amount    |              |      |       |
| of gaming revenue retained by the third party ▶\$  c if "Yes," enter name and address of the third party.   |              |              |      |       |
| on res, enter hame and address of the time party.   |              |              |      |       |
| Name  |              |              |      |       |
|   |              |              |      |       |
| Address >   |              |              |      |       |
| 16 Gaming manager information:  |              |              |      |       |
| Name ▶  |              |              |      | ,     |
| Gaming manager compensation > \$  |              |              |      |       |
| Description of services provided ▶  |              |              |      |       |
|   |              |              |      |       |
| Director/officer Employee Independent contractor  |              |              |      |       |
| 17 Mandatory distributions  |              |              |      |       |
| a is the organization required under state law to make charitable distributions from the gaming proceeds to   |              |              |      |       |
| retain the state gaming license?  |              | 17a          |      |       |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax year. | spent in the |              |      |       |

Schedule G (Form 990 or 990-EZ) 2009

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

**ջ** 

**Employer identification number** Open to Public, Inspection 37-1018692 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection TREE RESEARCH AND EDUCATION ENDOWMENT FUND General Information on Grants and Assistance criteria used to award the grants or assistance? Part

| The In Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any | recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed | (d) Amount of non-cash grant assistance cash grant (e) Amount of non-cash grant assistance other) |  |  |  | <b>A</b>   |
|---|---|---|--|--|--|--|
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part If Grants and Other Assistance to Governments and Organizations in the United States. Complete   | recipient that received more than \$5,000. Check this box if no   | 1 (a) Name and address of organization or government or government                                |  |  |  | Enter total number of section 501(c)(3) and government organizations |

Schedule I (Form 990) 2009

37-1018692

FUND

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

| (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|---------------------------------------|--|--|
| HYLAND JOHNS GRANTS - SUPPORT MULTI-YEAR RESEARCH   |                          |                          |                                       |  |  |
| PROJECTS WITH SPECIAL EMPHASIS ON ROOT AND SOIL   |                          |                          |                                       |  |  |
| MANAGEMENT, PLANTING AND ESTABLISHMENT, PLANT   |                          |                          |                                       |  |  |
| HEALTH CARE AND WORKER SAFETY   | 1                        | 25,000.                  | 0.                                    |  |  |
| JOHN DULING GRANTS - PROVIDE SEED MONEY OR PARTIAL  |                          |                          |                                       |  |  |
| SUPPORT FOR RESEARCH AND TECHNOLOGY TRANSFER  |                          |                          |                                       |  |  |
| PROJECTS THAT BENEFIT THE EVERYDAY WORK OF  |                          |                          |                                       |  |  |
| ARBORISTS AND URBAN FORESTERS   | 3                        | 30,000.                  | 0.                                    |  |  |
| ROBERT FELIX MEMORIAL SCHOLARSHIPS - FOR COLLEGE  | ,                        |                          |                                       |  |  |
| STUDENTS STUDYING ARBORICULTURE, URBAN FORESTRY OR  |                          |                          |                                       |  |  |
| A RELATED FIELD WITH THE INTENTION OF ENTERING THE  |                          |                          |                                       |  |  |
| PROFESSION OF ARBORICULTURE   | 1                        | 3,000.                   | 0.                                    |  |  |
| TREE RESEARCH FELLOW GRANTS - DESIGNED TO ADDRESS   |                          |                          |                                       |  |  |
| A SPECIFIC TOPIC AS DEFINED BY THE TREE FUND  |                          |                          | ·                                     |  |  |
| TRUSTEES AND TO PROVIDE SUPPORT TO A YOUNG  |                          |                          |                                       |  |  |
| SCIENTIST WHO IS BEING MENTORED BY AN ESTABLISHED   | 1                        | 100,000.                 | 0.                                    |  |  |
| EDUCATION - SUPPORT NUMEROUS PUBLIC EDUCATION   |                          |                          | -                                     |  |  |
| ENDEAVORS AND PROVIDES EDUCATIONAL OPPORTUNITIES  | •                        |                          |                                       |  |  |
| THROUGH PRESENTATIONS AND MEDIA INTERVIEWS ON THE   |                          |                          |                                       |  |  |
| IMPORTANCE OF TREES AND THE ROLE OF TREE RESEARCH.  | 1                        | 5,000.                   | 0.                                    |  |  |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | de the information       | required in Part I, I    | ine 2, and any other                  | additional information.                                  |  |

LINE 2: GRANTEES ARE EXPECTED TO PROVIDE PROGRESS PART I, SCHEDULE

REPORTS AS REQUESTED BY TREE FUND AND STATED IN THE GRANT AGREEMENT

GRANTEES MUST REPORT USE OF FUNDS, WHETHER OBJECTIVES OF PROPOSAL WERE MET

AND THE IMPACT THE RESEARCH HAS HAD ON THE FIELD OF ARBORICULTURE OR URBAN

THE ORIGINAL FINANCIAL REPORT BASED UPON Ø FORESTRY. ALSO REQUIRED IS

BUDGET SUBMITTED

COLUMN (A): PART III, - DESIGNED GRANTS GRANT OR ASSISTANCE: TREE RESEARCH FELLOW OF (A) TYPE

932102 02-02-10

SEE PART IV FOR COLUMN (A) DESCRIPTIONS

| ENDOWMENT |      |
|-----------|------|
| EDUCATION |      |
| AND       |      |
| RESEARCH  |      |
| TREE      | FUND |

| 37-1018692 Page 2                 |  | (f) Description of non-cash assistance                |   |  |  |  |  | Schedule I-1 (Form 990) 2009 |
|-----------------------------------|--|---|---|--|--|--|--|------------------------------|
|                                   | (·   | (e) Method of valuation (book, FMV, appraisal, other) |   |  |  |  |  |                              |
| TEIN T                            | I (Form 990), Part III.  | (d) Amount of non-<br>cash assistance                 | 0   |  |  |  |  |                              |
| OCALION ENDOWNENT                 | d States (Schedule   | (c) Amount of cash grant                              | .000,000  |  |  |  |  | ļ                            |
| ND EDOCA                          | uals in the Unite  | (b) Number of recipients                              | 2.  |  |  |  |  |                              |
| Schedule 1-1 (Form 990) 2009 FUND | Part It Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.) | (a) Type of grant or assistance                       | DIRECTED GRANTS - FUNDED BY A SPONSOR OR DONOR FOR A SPECIFIC PROJECT OR TOPIC. |  |  |  |  |                              |

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

**FUND** 

Attach to Form 990. TREE RESEARCH AND EDUCATION ENDOWMENT

Inspection **Employer identification number** 

37-1018692

Part I **Types of Property** (d) (a) (b) (c) Check if Number of Revenues reported on Method of determining applicable contributions Form 990, Part VIII, line 1g revenues Art · Works of art 2 Art · Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property Securities · Publicly traded 10 Securities · Closely held stock 11 Securities · Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 16 Real estate · Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 185 72,177. FAIR MARKET VALUE ( AUCTION ITEMS) 25 Other -26 Other 27 Other Other > 28 29 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgment Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? **b** If "Yes," describe the arrangement in Part II. Х 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA

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

Schedule M (Form 990) 2009

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

TREE RESEARCH AND EDUCATION ENDOWMENT FUND

Employer identification number 37–1018692

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:          |
|---|
| RESEARCH AND EDUCATION. GRANTS ARE MADE TO UNIVERSITIES AND RESEARCHERS |
| THROUGH VARIOUS GRANT PROGRAMS AWARDING ANNUALLY AN AVERAGE OF          |
| \$250,000. GRANT PROGRAMS SUPPORT CUTTING EDGE RESEARCH IN THE STUDY OF |
| TREE PRESERVATION, CONSERVATION AND SOCIETAL IMPACT. SCHOLARSHIPS ARE   |
| PROVIDED TO STUDENTS WHO ARE ENTERING THE FIELD OF ARBORICULTURE. THE   |
| EDUCATIONAL PROGRAM SUPPORTS THE EDUCATION OF YOUNG CHILDREN ABOUT THE  |
| IMPORTANCE OF TREES IN THEIR ENVIRONMENT.                               |

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR RECEIVES A

COPY OF FORM 990 AND DISTRIBUTES ELECTRONICALLY TO THE TRUSTEES FOR THEIR
REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: THE EXECUTIVE DIRECTOR REMINDS

TRUSTEES ANNUALLY. CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY. IF

THERE IS ANY POTENTIAL OR PERCEPTION OF A CONFLICT OF INTEREST IT IS

IDENTIFIED BY THE TRUSTEE AND THE TRUSTEE LEAVES THE ROOM DURING DISCUSSION

AND VOTE.

FORM 990, PART VI, SECTION B, LINE 15A: EXECUTIVE COMMITTEE USES THE

ASSOCIATION OF SMALL FOUNDATIONS MANAGEMENT AND COMPENSATION SURVEY TO

COMPARE WITH. ALL TRUSTEES EVALUATE EXECUTIVE DIRECTOR BY STANDARD FORM.

THIS INFORMATION IS SUMMARIZED BY THE PRESIDENT AND PRESENTED TO THE

EXECUTIVE COMMITTEE FOR DISCUSSION AND BENCHMARKED AGAINST OTHER EXECUTIVE

DIRECTOR SALARIES IN THE REGION OF SIMILAR SIZE TO DETERMINE THE EXECUTIVE

DIRECTOR'S COMPENSATION.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Pepartment of the Treasury Internal Revenue Service

Attach to Form 990.

2009 Open to Public Inspection

| Name of the organization | FUND           | H AND EDUCATION | ENDOWMEN'T    | Employer identification number 37-1018692 |
|--------------------------|----------------|-----------------|---------------|---|
| FORM 990, PART           | VI, SECTION C  | , LINE 19: UPON | WRITTEN REQUE | ST  |
| FORM 990, PART           | XI, LINE 2C:   |                 |               |   |
| COMMITTEE ASSUM          | IES RESPONSIBI | LITY FOR OVERSI | GHT OF AUDIT. |   |
| THE PROCESS HAS          | NOT CHANGED    | FROM PREVIOUS Y | EAR.          |   |
|                          |                |                 |               |   |
|                          |                |                 |               |   |
|                          |                |                 |               |   |
|                          |                |                 |               |   |
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|                          | <del></del>    |                 |               |   |
|                          |                |                 |               |   |
|                          |                |                 |               |   |

| <u>Form</u>                     | 8868 (Rav. 4-2009)  |               |                                | Page 2               |  |  |
|---------------------------------|---|---------------|--------------------------------|----------------------|--|--|
| • If v                          | ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check thi                  | s box         |                                | ▶ 🗓                  |  |  |
|                                 | Only complete Part II if you have already been granted an automatic 3-month extension on a previously f                 |               |                                |                      |  |  |
|                                 | rou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).                                    |               |                                |                      |  |  |
|                                 |   | o copies      | needed).                       |                      |  |  |
|                                 | Name of Exempt Organization   | Emp           | Employer identification number |                      |  |  |
| Туре                            | or ITREE RESEARCH AND EDUCATION ENDOWMENT   |               | -                              |                      |  |  |
| print                           | FUND  | 3             | 7-101                          | 8692                 |  |  |
| File by<br>extends<br>due dat   | Number, street, and room or suite no. If a P.O. box, see instructions.  | For I         | RS use on                      | h                    |  |  |
| filing tr<br>return.<br>Instruc | See   City, town or post office, state, and ZIP code. For a foreign address, see instructions.                          |               |                                |                      |  |  |
| Chec                            | k type of return to be filed (File a separate application for each return):   |               |                                |                      |  |  |
| X                               | Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A   | F             | orm 5227                       | Form 8870            |  |  |
|                                 | Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720   | F             | orm 6069                       |                      |  |  |
| STO                             | Pl Do not complete Part II if you were not already granted an automatic 3-month extension on a prev                     | iously file   | ed Form 8                      | 868.                 |  |  |
|                                 | M. JANET BORNANCIN  |               | _                              |                      |  |  |
| • Th                            | e books are in the care of > 552 S WASHINGTON STREET - NAPERVILLE,  | TL 6          | 0540                           |                      |  |  |
|                                 | Rephone No. ► 630-369-8300 FAX No. ► 630-369-83   | 32            | <u> </u>                       |                      |  |  |
|                                 | the organization does not have an office or place of business in the United States, check this box                      |               |                                | ` ▶ □                |  |  |
|                                 | this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)                            |               |                                | e group, check this  |  |  |
| box                             |   |               |                                |                      |  |  |
| 4                               | request an additional 3-month extension of time until NOVEMBER 15, 2010.  | <u> </u>      | <u> </u>                       |                      |  |  |
| 6                               | For calendar year 2009, or other tax year beginning, and endin  | a             |                                |                      |  |  |
| 6                               | If this tax year is for less than 12 months, check reason: Initial return Final return                                  |               | Chance in                      | accounting period    |  |  |
| 7                               | State in detail why you need the extension  |               | Ψ,141.gσ                       |                      |  |  |
| •                               | ADDITIONAL TIME IS NECESSARY IN ORDER TO FILE A   |               |                                |                      |  |  |
|                                 | COMPLETE AND ACCURATE TAX RETURN.   |               |                                |                      |  |  |
| - 8a                            | 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.  | 8a            | \$                             |                      |  |  |
| ь                               | If this application is for Form 990-PF, 990-T, 4720, or 6089, enter any refundable credits and estimated                |               |                                |                      |  |  |
|                                 | tax payments made. Include any prior year overpayment allowed as a credit and any amount paid                           |               |                                |                      |  |  |
|                                 | previously with Form 8868.  | 8b            | \$                             |                      |  |  |
| ¢                               | Balance Due. Subtract line 8b from line 8a. 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 instruction                | ns. <b>8c</b> | \$                             | N/A                  |  |  |
| Signature and Verification      |   |               |                                |                      |  |  |
| Under                           | penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to | the best o    | f my knowl                     | edge and belief,     |  |  |
| it is tn                        | ue, correct, and complete, and that I am authorized to prepare this form.   |               |                                |                      |  |  |
| Signal                          | ture > daven M. Olean Title > CPA   | Date          | ► f-1                          | 070                  |  |  |
|                                 |   |               | For                            | m RRBB (Rev. 4-2009) |  |  |

W&I-FIELD ASSISTANCE DOWNERS OF JE, II. 60515

AUG 16 2010

RECEIVED 27508

#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

|   | are filing for an Automatic 3-Month Extension, complete only Part I and check this box   |   |
|---|--|---|
|   | are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this   |   |
| Do not c  | omplete Part II unless you have already been granted an automatic 3-month extension on a previously fi   | iled Form 8868.   |
| Part I  | Automatic 3-Month Extension of Time. Only submit original (no copies needed).  |   |
| A corpor  | ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and con   | nplete  |
| Part I on   | y  |   |
|   | corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar<br>ome tax returns.  | n extension of time   |
| noted be<br>(not auto<br>you mus!                         | ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consults the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file poviefile and click on e-file for Charities & Nonprofits. | Ically if (1) you want the additional modified from 990-T. Instead, |
| Туре от   | Name of Exempt Organization  | Employer identification number                                      |
| print   | TREE RESEARCH AND EDUCATION ENDOWMENT  |   |
|   | FUND   | 37-1018692  |
| File by the<br>due date for<br>filing your<br>return. See | Number, street, and room or suite no. If a P.O. box, see instructions.  552 S WASHINGTON STREET, NO. 109   |   |
| nstructions   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NAPERVILLE, IL 60540   |   |
| Check ty  | pe of return to be filed (file a separate application for each return):  |   |
| X For   | m 990 Form 990-T (corporation) Form 47   | 720   |
|   | m 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52  |   |
|   | m 990-EZ Form 990-T (trust other than above) Form 60   |   |
|   | m 990-PF   |   |
|   |  |   |
|   | M. JANET BORNANCIN   |   |
|   | poks are in the care of ► 552 S WASHINGTON STREET - NAPERVILLE, I  | L 60540   |
| •   | none No. ► 630-369-8300 FAX No. ► 630-369-8332   |   |
|   | 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)  | is is for the whole group, check this                               |
| oox ► I   | . 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                                    |
|   | quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a  |   |
| ıs f  | or the organization's return for:  | MAT   |
|   | X color devises 2009 as  |   |
| <b>&gt;</b>   | tax year beginning , and ending  | in tarrola. La  |
|   |  | <u>Jown</u> ere Greve, IL   |
| 2 if ti   | nis tax year is for less than 12 months, check reason: Initial return Final return   | Change in accounting period   |
| 3a Ifti   | nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any  |   |
|   | nrefundable credits. See instructions.   | 3a \$   |
|   | nis application is for Form 990-PF or 990-T, enter any refundable credits and estimated  |   |
|   | payments made. Include any pnor year overpayment allowed as a credit.  | 3b \$   |
|   | lance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,  |   |
|   | posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).   | 3c s N/A  |
|   | e instructions.  |   |
| aution.   | If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form  |   |
| .HA F   | or Privacy Act and Paperwork Reduction Act Notice, see Instructions.   | Form 8868 (Rev. 4-2009)   |