

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 private foundations)

OMB No. 1545-0047

2015

Open to Public  
Inspection

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

B Check if applicable		C Name of organization <b>NEBRASKA STATEWIDE ARBORETUM, INC.</b>		D Employer identification number <b>47-0600702</b>	
<input type="checkbox"/> Address change		Doing business as <b>P.O. BOX 830964</b>		E Telephone number <b>402-472-2971</b>	
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address) <b>P.O. BOX 830964</b>		F Gross receipts \$ <b>680,068</b>	
<input type="checkbox"/> Initial return		City or town, state or province, country, and ZIP or foreign postal code <b>LINCOLN NE 68583-0964</b>		G Gross receipts \$ <b>680,068</b>	
<input type="checkbox"/> Final return/terminated					
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending					
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		F Name and address of principal officer <b>CHRISTINA HOYT P.O. BOX 830964 LINCOLN NE 68583-0964</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website. ► <b>HTTP://ARBORETUM.UNL.EDU</b>				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				H(c) Group exemption number ►	
L Year of formation <b>1978</b>		M State of legal domicile <b>NE</b>			

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

**SUSTAINABLE LANDSCAPES FOR HEALTHY HOMES AND COMMUNITIES THROUGH  
INITIATIVES IN EDUCATION, COMMUNITY LANDSCAPES AND THE ENVIRONMENT.**2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

**3 12**

4 Number of independent voting members of the governing body (Part VI, line 1b)

**4 12**

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)

**5 0**

6 Total number of volunteers (estimate if necessary)

**6 174**

7a Total unrelated business revenue from Part VIII, column (C), line 12

**7a 8,584**

b Net unrelated business taxable income from Form 990-T, line 34

**7b 0**

8 Contributions and grants (Part VIII, line 1h)

**Prior Year Current Year****507,513 409,435**

9 Program service revenue (Part VIII, line 2g)

**237,828 237,208**

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

**12,491 13,981**

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

**16,064 19,444**

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

**773,896 680,068**

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

**393,668 283,123**

14 Benefits paid to or for members (Part IX, column (A), line 4)

**0**

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

**263,994 358,628**

16a Professional fundraising fees (Part IX, column (A), line 11e)

**0**

b Total fundraising expenses (Part IX, column (D), line 25) ►

**66,484****345,315 300,337**

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

**1,002,977 942,088**

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

**-229,081 -262,020**

19 Revenue less expenses Subtract line 18 from line 12

**Beginning of Current Year End of Year**

20 Total assets (Part X, line 16)

**839,559 587,948**

21 Total liabilities (Part X, line 26)

**81,405 66,262**

22 Net assets or fund balances. Subtract line 21 from line 20

**758,154 521,686**

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

SCANNED JAN 10 2017

Sign  
Here

Signature of officer

Date **12-19-2016**Type or print name and title  
**Christina Hoyt****Executive Director**Paid  
Preparer  
Use Only

Print/Type preparer's name

**THOMAS E. GRAFTON**

Preparer's signature

Date

12/09/16

Check  if  
self-employed

P 00282660

Firm's name ►

**GRAFTON & ASSOCIATES, P.C.**

Firm's EIN ►

**47-0760951**

Firm's address

5935 S. 56TH ST., SUITE A

Phone no

**402-486-3600**May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  NoFor Paperwork Reduction Act Notice, see the separate instructions.  
DAA

Form 990 (2015)

g24 10

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission**SUSTAINABLE LANDSCAPES FOR HEALTHY HOMES AND COMMUNITIES THROUGH INITIATIVES IN EDUCATION, COMMUNITY LANDSCAPES AND THE ENVIRONMENT.**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 485,750 including grants of \$ 283,123 ) (Revenue \$ )

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

4b (Code ) (Expenses \$ 134,475 including grants of \$ ) (Revenue \$ )

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

4c (Code ) (Expenses \$ 199,956 including grants of \$ ) (Revenue \$ )

**MEMBERSHIP AND AFFILIATE SITE PROGRAMS:** PROVIDED PUBLICATIONS, EDUCATIONAL PROGRAMS AND SPECIAL EVENTS TO MEMBERS. PROVIDED AFFILIATED ARBORETA SITES WITH SUPPORT AND RECOGNITION.

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 820,181

**Part IV Checklist of Required Schedules**

	Yes	No
1		
2	X	
3	X	
4	X	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b 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

c 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

d 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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f 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 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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	X	
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 25a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0

1b 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 reportable 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 0

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b X

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X

b If "Yes," enter the name of the foreign country ►  
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a X

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b X

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a X

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X

7 **Organizations that may receive deductible contributions under section 170(c).**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b

b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c X

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d

d If "Yes," indicate the number of Forms 8282 filed during the year 7e X

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g X

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h X

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8

8 **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9a

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the sponsoring organization make any taxable distributions under section 4966? 9b

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10a

10 **Section 501(c) organizations.** Enter

a Initiation fees and capital contributions included on Part VIII, line 12 10b

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a

11 **Section 501(c)(12) organizations.** Enter

a Gross income from members or shareholders 11b

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? 12b

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13a

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O 13b

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c

c Enter the amount of reserves on hand 14a X

14a Did the organization receive any payments for indoor tanning services during the tax year? 14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O DAA

**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. Check if Schedule O contains a response or note to any line in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	1a	1b	Yes	No
1a		12		
1b		12		
2			X	
3			X	
4			X	
5			X	
6			X	
7a			X	
7b			X	
8a		X		
8b		X		
9			X	

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a		X
12a		X
12b		
12c		
13		X
14	X	
15a		X
15b		X
16a		X
16b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **None**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website  Another's website  Upon request  Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records. ►

CHRISTINA HOYT  
LINCOLN

102 KEIM HALL - UNL

NE 68583

402-472-2971

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
 Check if Schedule O contains a response or note to any line in this Part VII

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

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

- 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, if any. 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.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) WANDA KELLY PRESIDENT	1.00 0.00	X		X			0	0	0
(2) JO SEILER SECRETARY	1.00 0.00	X		X			0	0	0
(3) BOB BRANDT TREASURER	1.00 0.00	X		X			0	0	0
(4) JAMES F. NISSEN MEMBER	1.00 0.00	X					0	0	0
(5) ALAN WEISS MEMBER	1.00 0.00	X					0	0	0
(6) M. J. HART MEMBER	1.00 0.00	X					0	0	0
(7) MARDY REDMAN MEMBER	1.00 0.00	X					0	0	0
(8) ANNIE FOLCK MEMBER	1.00 0.00	X					0	0	0
(9) JEFF SHIMEK MEMBER	1.00 0.00	X					0	0	0
(10) BRYAN LUBECK MEMBER	1.00 0.00	X					0	0	0
(11) NANCE HARRIS MEMBER	1.00 0.00	X					0	0	0

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

Contributions, Gifts, and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns	1a				
b Membership dues	1b	56,218			
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	241,350			
f All other contributions, gifts, grants, and similar amounts not included above	1f	111,867			
g Noncash contributions included in lines 1a-1f		\$			
h Total. Add lines 1a-1f		►	409,435		
Program Service Revenue					
2a PLANT SALES					
b SPECIAL EVENT					
c AFFILIATE SITE PROGRAM FEES					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		►	237,208		
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		►	13,981	13,981	
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►	4,388	4,388	
6a Gross rents	(i) Real	(ii) Personal			
b Less rental exps					
c Rental inc or (loss)					
d Net rental income or (loss)		►			
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis & sales exps					
c Gain or (loss)					
d Net gain or (loss)		►			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
See Part IV, line 18	a				
b Less. direct expenses	b				
c Net income or (loss) from fundraising events		►			
9a Gross income from gaming activities					
See Part IV, line 19	a				
b Less. direct expenses	b				
c Net income or (loss) from gaming activities		►			
10a Gross sales of inventory, less returns and allowances					
a					
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory		►			
Miscellaneous Revenue					
11a ADVERTISING INCOME	511120	8,584		8,584	
b OTHER INCOME	111000	6,472	6,472		
c					
d All other revenue					
e Total. Add lines 11a-11d		►	15,056		
12 Total revenue. See instructions.		►	680,068	262,049	8,584
					0

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX 

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	<b>283,123</b>	<b>283,123</b>		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	<b>69,432</b>	<b>69,432</b>		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	<b>220,551</b>	<b>165,427</b>	<b>11,836</b>	<b>43,288</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>14,242</b>	<b>10,678</b>	<b>765</b>	<b>2,799</b>
9 Other employee benefits	<b>33,586</b>	<b>26,275</b>	<b>1,570</b>	<b>5,741</b>
10 Payroll taxes	<b>20,817</b>	<b>16,750</b>	<b>873</b>	<b>3,194</b>
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	<b>6,074</b>	<b>5,672</b>	<b>402</b>	
13 Office expenses	<b>29,198</b>	<b>19,116</b>	<b>8,318</b>	<b>1,764</b>
14 Information technology	<b>2,797</b>	<b>340</b>	<b>1,291</b>	<b>1,166</b>
15 Royalties				
16 Occupancy	<b>57,640</b>	<b>50,984</b>	<b>1,429</b>	<b>5,227</b>
17 Travel	<b>11,772</b>	<b>11,076</b>	<b>595</b>	<b>101</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>2,402</b>		<b>2,402</b>	
23 Insurance	<b>4,710</b>		<b>4,710</b>	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM SUPPLIES	<b>113,365</b>	<b>113,365</b>		
b RENTAL SPACE AND EQUIP	<b>13,906</b>	<b>13,906</b>		
c READERSHIP COSTS	<b>13,583</b>	<b>13,583</b>		
d MEAL EXPENSE	<b>11,245</b>	<b>10,742</b>	<b>483</b>	<b>20</b>
e All other expenses	<b>2,646</b>	<b>-5,173</b>	<b>7,385</b>	<b>434</b>
25 Total functional expenses. Add lines 1 through 24e	<b>942,088</b>	<b>820,181</b>	<b>55,423</b>	<b>66,484</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year		(B) End of year
	1 Cash—non-interest bearing	1		
	2 Savings and temporary cash investments	351,514	2	217,904
	3 Pledges and grants receivable, net	120,240	3	18,546
	4 Accounts receivable, net	5,976	4	17,438
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	15,967	8	18,439
	9 Prepaid expenses and deferred charges	2,335	9	5,034
Assets	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	40,356		
	b Less accumulated depreciation	33,834	8,924	10c 6,522
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	334,603	15	304,065
	16 Total assets. Add lines 1 through 15 (must equal line 34)	839,559	16	587,948
	17 Accounts payable and accrued expenses	81,405	17	66,262
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
Liabilities	26 Total liabilities. Add lines 17 through 25	81,405	26	66,262
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	58,735	27	79,003
	28 Temporarily restricted net assets	414,856	28	184,357
	29 Permanently restricted net assets	284,563	29	258,326
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	758,154	33	521,686
Net Assets or Fund Balances	34 Total liabilities and net assets/fund balances	839,559	34	587,948

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	680,068
2 Total expenses (must equal Part IX, column (A), line 25)	2	942,088
3 Revenue less expenses Subtract line 2 from line 1	3	-262,020
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	758,154
5 Net unrealized gains (losses) on investments	5	-32,088
6 Donated services and use of facilities	6	57,640
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	521,686

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990  Cash  Accrual  Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

 Separate basis  Consolidated basis  Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

 Separate basis  Consolidated basis  Both consolidated and separate basis

2c 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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 Act and OMB Circular A-133?

3b 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

Yes  No 2a  X2b  X2c  X3a 3b

**SCHEDULE A**  
**(Form 990 or 990-EZ)**
Department of the Treasury  
Internal Revenue Service
**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**

Name of the organization

**NEBRASKA STATEWIDE ARBORETUM, INC.**

Employer identification number

**47-0600702****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.
  - b  **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.
  - c  **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.
  - d  **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

Schedule A (Form 990 or 990-EZ) 2015 **NEBRASKA STATEWIDE ARBORETUM, INC.** 47-0600702**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b <b>33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  
 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  
 3 Gross receipts from activities that are not an unrelated trade or business under section 513  
 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  
 5 The value of services or facilities furnished by a governmental unit to the organization without charge  
 6 **Total.** Add lines 1 through 5  
 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  
 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$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 )

	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	356,930	594,552	731,597	507,513	409,435	2,600,027
2	245,546	252,122	261,579	255,293	262,049	1,276,589
3						
4						
5						
6	602,476	846,674	993,176	762,806	671,484	3,876,616
7a						
b						
c						
8						3,876,616

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

9 Amounts from line 6  
 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  
 c Add lines 10a and 10b  
 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  
 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )  
 13 **Total support.** (Add lines 9, 10c, 11, and 12 )  
 14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	602,476	846,674	993,176	762,806	671,484	3,876,616
10a	13,588	12,615	11,866			38,069
b						
c	13,588	12,615	11,866			38,069
11						
12						
13	616,064	859,289	1,005,042	762,806	671,484	3,914,685
14						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))  
 16 Public support percentage from 2014 Schedule A, Part III, line 15

15	99.03 %
16	98.75 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  
 18 Investment income percentage from 2014 Schedule A, Part III, line 17  
 19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►   
 b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►   
 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.► Attach to Form 990.  
► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**Open to Public  
Inspection

Name of the organization

Employer identification number

**NEBRASKA STATEWIDE ARBORETUM, INC.****47-0600702****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a)  
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

 Yes  No6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
►7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

 Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance 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) Revenue included on Form 990, Part VIII, line 1 ► \$  
(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$  
b Assets included in Form 990, Part X ► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)		
3a(ii)		
3b		

(i) unrelated organizations  
 (ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		40,356	33,834	6,522
e Other				

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

► 6,522

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>PERMANENT ENDOWMENT FUNDS HELD</b>	<b>304,065</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►

**304,065****Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	705,620
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-32,088
b	Donated services and use of facilities	2b	57,640
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	
e	Add lines 2a through 2d	2e	25,552
3	Subtract line 2e from line 1	3	680,068
4	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	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	680,068

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	942,088
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII )	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	942,088
4	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 XIII )	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	942,088

**Part XIII Supplemental Information.**

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

**SCHEDULE I**  
**(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

**NEBRASKA STATEWIDE ARBORETUM, INC.****Part I General Information on Grants and Assistance**

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 criteria used to award the grants or assistance?  
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part I can be duplicated if additional space is needed**

1	1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	1	LEXINGTON HIGH SCHOOL PO BOX 890 LEXINGTON	NE 68850	47-6002382		7,628			
(2)	2	MORLEY ELEMENTARY 6800 MONTEREY DRIVE LINCOLN	NE 68506	47-6003955		9,677			
(3)	3	MILLARD NORTH MIDDLE SCHOOL 2828 S 139TH ST OMAHA	NE 68137	47-6002642		9,102			
(4)	4	SCHUYLER CENTRAL HIGH SCHOOL 401 ADAM ST SCHUYLER	NE 68661	47-0535355		6,124			
(5)	5	SAINT ANDREW CATHOLIC SCHOOL PO BOX 386 TECUMSEH	NE 68450	47-6028130		6,445			
(6)	6	LINCOLN CHRISTIAN SCHOOL 5801 SOUTH 84TH STREET LINCOLN	NE 68516	47-0460903		20,000			
(7)	7	BEATTIE ELEMENTARY SCHOOL 1901 CALVERT STREET LINCOLN	NE 68502	47-0720039		20,000			
(8)	8	SARATOGA ELEMENTARY SCHOOL 2215 SOUTH 13TH STREET LINCOLN	NE 68510	47-6003955		11,119			
(9)	9	NORTH BEND CENTRAL PUBLIC 1320 WALNUT STREET NORTH BEND	NE 68649	47-0523271		10,000			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

▶ 17

▼ 0

**SCHEDULE I**  
**(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
 ▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**NEBRASKA STATEWIDE ARBORETUM, INC.**
**Part I General Information on Grants and Assistance**

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 criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

1	1 (a) Name and address of organization or government	2 (b) EIN	3 (c) IRC section, if applicable	4 (d) Amount of cash grant	5 (e) Amount of non-cash assistance	6 (f) Method of valuation (book, FMV, appraisal, other)	7 (g) Description of non-cash assistance	8 (h) Purpose of grant or assistance
(1) HOLDREGE ELEMENTARY SCHOOL 1700 BROADWAY HOLDREDEGE NE 68949	47-6004719			10,663				
(2) BAYARD PUBLIC SCHOOLS PO BOX 607 BAYARD NE 69334	47-6004318			12,000				
(3) NORTHFIELD ELEMENTARY SCHOOL 1900 FLATEN AVE GERING NE 69341	20-5953196			20,000				
(4) BENSON WEST ELEMENTARY SCHOOL 3215 CUMING STREET OMAHA NE 68131	36-3301526			16,198				
(5) OMAHA NORTHWEST 3215 CUMING STREET OMAHA NE 68131	36-3301526			15,832				
(6) LINCOLN PARKS & REC 2740 A STREET LINCOLN NE 68502	47-6006256			20,000				
(7) CITY OF SOUTH SIOUX CITY 1615 1ST AVE SIOUX CITY NE 68776	47-6006363			20,000				
(8) CITY OF WAVERLY PO BOX 427 WAVERLY NE 68462	47-0492180			15,750				
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

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**Schedule I (Form 990) (2015)**

**2015**

**Open to Public  
Inspection**

OMB No 1545-0047

Employer identification number  
**47-0600702**

**Schedule I (Form 990) (2015) NEBRASKA STATEWIDE ARBORETUM, INC. 47-0600702**

Page 2

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**Part IV - Additional Information****PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS.**

COMMUNITY LANDSCAPE GRANT PROPOSALS ARE EVALUATED AND AWARDED BY THE ORGANIZATION. PROJECTS ARE MONITORED BY SITE VISITS AND DOCUMENTATION OF EXPENDITURES AND MATCHING FUNDS WHICH ARE REQUIRED TO BE SUBMITTED BY THE GRANTEE BEFORE GRANT FUNDS ARE DISBURSED.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

**2015****Open to Public  
Inspection**

Name of the organization

**NEBRASKA STATEWIDE ARBORETUM, INC.**

Employer identification number

**47-0600702****Form 990, Part V - Additional Information****LINE 2A - FORMS W-2 AND W-3****Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS' FINANCE COMMITTEE AND IS  
AVAILABLE UPON REQUEST TO ALL MEMBERS OF THE BOARD OF DIRECTORS.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**  
**GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.**