

# PUBLIC INSPECTION COPY

Form **990**

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

<b>A For the 2008 calendar year, or tax year beginning and ending</b>		
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>TREE RESEARCH AND EDUCATION ENDOWMENT FUND</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>552 S WASHINGTON STREET 109</b> City or town, state or country, and ZIP + 4 <b>NAPERVILLE, IL 60540</b> <b>F Name and address of principal officer:</b>	<b>D Employer identification number</b> <b>37-1018692</b> <b>E Telephone number</b> <b>630-369-8300</b> <b>G Gross receipts \$</b> <b>1,385,916.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number ▶</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <b>WWW.TREEFUND.ORG</b>		
<b>K Type of organization:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> <b>1975</b>		
<b>M State of legal domicile:</b> <b>IL</b>		

Part I Summary			
	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ADVANCE KNOWLEDGE IN THE FIELDS OF ARBORICULTURE AND URBAN FORESTRY THROUGH FUNDING TREE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>6</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>311,834.</b>	<b>Current Year</b> <b>815,451.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>63,537.</b>	<b>-74,163.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>213,534.</b>	<b>-11,287.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>588,905.</b>	<b>730,001.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>234,252.</b>	<b>387,335.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>125,590.</b>	<b>160,991.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>142,632.</b>	<b>127,857.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>502,474.</b>	<b>676,183.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>86,431.</b>	<b>53,818.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b> <b>1,416,120.</b>	<b>End of Year</b> <b>1,418,216.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>197,249.</b>	<b>145,527.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,218,871.</b>	<b>1,272,689.</b>

<b>Part II Signature Block</b>			
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.			
Sign Here	Signature of officer	Date <b>9/22/09</b>	
	Executive Director Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶	Date <b>9-21-09</b>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>DUGAN &amp; LOPATKA, CPA'S PC</b> <b>104 E. ROOSEVELT ROAD SUITE 102</b> <b>WHEATON, ILLINOIS 60187-5267</b>	Preparer's identifying number (see instructions) <b>P00085441</b>	EIN ▶ <b>36-2886485</b> Phone no. ▶ <b>630-665-4440</b>