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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)

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

OMB No 1545-0047

2008Open to Public
Inspection**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization APPLESEED FOUNDATION, INC.		D Employer identification number 52-1835698
		Doing Business As		E Telephone number 202-347-7960
		Number and street (or P O box if mail is not delivered to street address) Room/suite 727 15TH STREET NW, 11TH FLOOR		
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005		G Gross receipts \$ 2,221,133.
F Name and address of principal officer: ELIZABETH CAVENDISH SAME AS C ABOVE		H(a) Is this a group return for affiliates? ☐ Yes ☒ No		
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)		
J Website: WWW.APPLESEEDNETWORK.ORG		H(c) Group exemption number ▶		
K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1993 M State of legal domicile DC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A NON-PROFIT NETWORK OF 16 PUBLIC INTEREST JUSTICE CENTERS IN THE U.S. AND MEXICO, APPLESEED IS		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	68
	4	Number of independent voting members of the governing body (Part VI, line 1b)	68
	5	Total number of employees (Part V, line 2a)	20
	6	Total number of volunteers (estimate if necessary)	300
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 2,080,355. Current Year: 1,772,928.
	9	Program service revenue (Part VIII, line 2g)	<100.>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,067. 18,934.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,078.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,177,400. 1,791,862.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	492,608. 272,564.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,055,339. 1,171,975.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (B), line 25) ▶ 401,555.	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	412,379. 327,620.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,960,326. 1,772,159.
	19	Revenue less expenses. Subtract line 18 from line 12	217,074. 19,703.
	20	Total assets (Part X, line 16)	Beginning of Year: 2,239,038. End of Year: 1,945,462.
	21	Total liabilities (Part X, line 26)	207,985. 97,480.
22	Net assets or fund balances. Subtract line 21 from line 20	2,031,053. 1,847,982.	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer: <i>Elizabeth Cavendish (Betty)</i> Date: <i>Jan 12, 2010</i> ELIZABETH CAVENDISH, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer's Use Only	Preparer's signature: <i>[Signature]</i>	Date: <i>1-5-10</i>	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4: RIBIS, JONES & MARESCA, P.A. 10500 LITTLE PATUXENT PARKWAY, SUITE 770 COLUMBIA, MD 21044	EIN ▶	Preparer's identifying number (see instructions): 410-884-0220

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED FEB 01 2010

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Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION
A NON-PROFIT NETWORK OF 16 PUBLIC INTEREST JUSTICE CENTERS IN THE U.S. AND MEXICO, APPLESEED IS DEDICATED TO BUILDING A SOCIETY WHERE OPPORTUNITIES ARE GENUINE, ACCESS TO THE LAW IS UNIVERSAL AND EQUAL, AND GOVERNMENT ADVANCES THE PUBLIC INTEREST.
- 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 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.

4a (Code) (Expenses \$ 710,127. including grants of \$ 256,752.) (Revenue \$)
COLLABORATIVE PROJECTS - APPLESEED ORGANIZES APPLESEED CENTERS AROUND A NUMBER OF NATIONAL COLLABORATIVE PROJECTS. MANY OF THESE PROJECTS BEGIN LOCALLY BUT HAVE NATIONAL IMPLICATIONS, OFTEN LEADING TO CHANGES IN FEDERAL LEGISLATION, LAWS AND INSTITUTIONAL POLICIES. APPLESEED'S CURRENT PROJECTS INCLUDE ISSUES RELATING TO EDUCATION, FINANCIAL ACCESS, IMMIGRANT RIGHTS AND HURRICANE KATRINA RESPONSE.

4b (Code) (Expenses \$ 285,978. including grants of \$ 15,812.) (Revenue \$)
FIELD NETWORK - APPLESEED PROVIDES SUPPORT TO LOCAL, INDEPENDENT APPLESEED CENTERS WHICH WORK TOWARDS IMPROVING THEIR LOCAL COMMUNITIES.

4c (Code) (Expenses \$ 107,995. including grants of \$) (Revenue \$)
COMMUNICATIONS - APPLESEED INFORMS VOLUNTEERS, COMMUNITY ORGANIZATIONS, GOVERNMENT OFFICIALS, AND THE GENERAL PUBLIC ABOUT OUR SOCIAL JUSTICE PROGRAMS AND ACCOMPLISHMENTS THROUGH MANY CHANNELS. OUR ONGOING ADVOCACY STEMS FROM THE PUBLICATION AND RELEASE OF COMPREHENSIVE REPORTS AND LEGAL TOOLKITS IN ALL PROGRAM AREAS, SUPPLEMENTED BY A FREE WEEKLY E-NEWSLETTER, REGULARLY UPDATED WEB CONTENT, AND TARGETED MEDIA OUTREACH. IN ADDITION, APPLESEED CONVENES BRIEFINGS WITH PROJECT STAKEHOLDERS, PRESENTS AT NATIONAL CONFERENCES, AND HOSTS OR ATTENDS OTHER GATHERINGS RELEVANT TO THE DISTRIBUTION OF OUR WORK AMONG RELEVANT CONSTITUENCIES.

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ► \$ 1,104,100. (Must equal Part IX, Line 25, column (B))

Part 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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 credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
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 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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Form 990 (2008)

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V 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	4	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	20	
2b	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 this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? N/A		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? N/A		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? N/A		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? N/A		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	68	
1b	Enter the number of voting members that are independent	68	
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
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?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **DC**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 202-347-7960**
727 15TH STREET NW, 11TH FLOOR, WASHINGTON, DC 20005

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

1a Complete this table for all persons required to be listed. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Former			
ROBERT MALLET MEMBER	1.00							0.	0.	0.
FRANK BAILEY MEMBER	1.00							0.	0.	0.
ALICIA BATTS MEMBER	1.00							0.	0.	0.
BROOKS BURDETTE MEMBER	1.00							0.	0.	0.
ROM CAMI MEMBER	1.00							0.	0.	0.
MARK JOELSON MEMBER	1.00							0.	0.	0.
ANN KAPPLER MEMBER	1.00							0.	0.	0.
DON KIDD MEMBER	1.00							0.	0.	0.
MARTIN STERN MEMBER	2.00							0.	0.	0.
KERRY SULKOWICZ MEMBER	1.00							0.	0.	0.
NEAL WOLIN MEMBER	1.00							0.	0.	0.
ERIC ZAHLER MEMBER	1.00							0.	0.	0.
KEVIN ARQUIT MEMBER	1.00	X						0.	0.	0.
ROBERT BACHNER MEMBER	1.00	X						0.	0.	0.
BRANNON J BUCK MEMBER	1.00	X						0.	0.	0.
A. JACK BARNES MEMBER	1.00	X						0.	0.	0.
EVELYN BECKER MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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	Former			
DAVID BRODERICK MEMBER	1.00	X						0.	0.	0.
A. STEVENS CLAY MEMBER	1.00	X						0.	0.	0.
MAUREEN DEL DUCA MEMBER	2.00	X						0.	0.	0.
RON LEWIS MEMBER	1.00	X						0.	0.	0.
STEVEN NEWBORN MEMBER	2.00	X						0.	0.	0.
JULIE CARPENTER MEMBER	2.00	X						0.	0.	0.
JAMES "JIM" PATTON MEMBER	1.00	X						0.	0.	0.
STEPHEN M CUTLER MEMBER	2.00	X						0.	0.	0.
NATALIA DELGADO MEMBER	2.00	X						0.	0.	0.
DAVID DOUGLASS MEMBER	2.00	X						0.	0.	0.
1b Total								384,940.	0.	25,738.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

3

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

- 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	465,570.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1307358.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1,772,928.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			35,744.			35,744.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		165,444.					
	b Less: cost or other basis and sales expenses						
		182,254.					
	c Gain or (loss)						
		<16,810.>					
	d Net gain or (loss)			<16,810.>	<16,810.>		
	8 a Gross income from fundraising events (not including \$ 465,570. of contributions reported on line 1c). See Part IV, line 18						
		a		247,017.			
	b Less: direct expenses	b		247,017.			
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a 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			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				1,791,862.	<16,810.>	0.	35,744.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	272,564.	272,564.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
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, trustees, and key employees	189,302.	66,256.	28,395.	94,651.
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	839,469.	515,643.	140,275.	183,551.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,594.	9,452.	2,725.	4,417.
9 Other employee benefits	54,838.	33,226.	12,346.	9,266.
10 Payroll taxes	71,772.	40,881.	11,786.	19,105.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,190.		8,190.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	3,567.	2,165.	439.	963.
12 Advertising and promotion	2,866.	1,461.	722.	683.
13 Office expenses	38,129.	14,662.	6,816.	16,651.
14 Information technology				
15 Royalties				
16 Occupancy	123,899.	64,082.	26,364.	33,453.
17 Travel	51,231.	29,181.	8,413.	13,637.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,115.	20,570.	5,932.	9,613.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,809.	3,309.	954.	1,546.
23 Insurance	5,563.	3,169.	913.	1,481.
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.)				
a SOFTWARE, SUPPORT AND E	19,565.	11,144.	3,213.	5,208.
b UTILITIES	15,129.	8,617.	2,485.	4,027.
c LICENSE AND FEES	7,469.	4,254.	1,227.	1,988.
d PRINTING AND PUBLICATIO	4,939.	2,814.	810.	1,315.
e BANK AND CREDIT CARD FE	3,902.		3,902.	
f All other expenses	1,247.	650.	597.	
25 Total functional expenses. Add lines 1 through 24f	1,772,159.	1,104,100.	266,504.	401,555.
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.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	636,724.	2	619,748.
	3 Pledges and grants receivable, net	476,884.	3	385,816.
	4 Accounts receivable, net		4	7,500.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,507.	9	25,928.
	10a Land, buildings, and equipment - cost basis	10a 72,325.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 54,029.	21,306.	10c 18,296.
	11 Investments - publicly traded securities	900,523.	11	722,890.
	12 Investments - other securities. See Part IV, line 11	182,094.	12	165,284.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,239,038.	16	1,945,462.	
Liabilities	17 Accounts payable and accrued expenses	29,432.	17	33,726.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 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		24	
	25 Other liabilities. Complete Part X of Schedule D	178,553.	25	63,754.
	26 Total liabilities. Add lines 17 through 25	207,985.	26	97,480.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		578,388.	27	455,231.
28 Temporarily restricted net assets		1,390,338.	28	1,342,600.
29 Permanently restricted net assets		62,327.	29	50,151.
Organizations that do not follow SFAS 117, check here ☐ 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		2,031,053.	33	1,847,982.
34 Total liabilities and net assets/fund balances		2,239,038.	34	1,945,462.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 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?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

APPLESEED FOUNDATION, INC.

Employer identification number

52-1835698

Part 1	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)
---------------	---

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

- 1 ☐ A church, convention, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the organizations the organization supports

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1717860.	2820741.	2148644.	2080355.	1772928.	10540528.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	1717860.	2820741.	2148644.	2080355.	1772928.	10540528.
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)						1361218.
6 Public Support. Subtract line 5 from line 4						9179310.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1717860.	2820741.	2148644.	2080355.	1772928.	10540528.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,569.	65,912.	159,814.	51,067.	35,744.	342,106.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						10882634.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	84.35	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	84.64	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐			

Schedule A (Form 990 or 990-EZ) 2008

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

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
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 IV.)						
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** ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2008

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

APPLESEED FOUNDATION, INC.

Employer identification number

52-1835698

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)	0.	
3 Aggregate grants from (during year)	0.	
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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a-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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in 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 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
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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	62,327.				
b Contributions					
c Investment earnings or losses	<12,176.>				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	50,151.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ _____ %
 b Permanent endowment ☒ 100.00 %
 c Term endowment ☐ _____ %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		2,761.	2,709.	52.
c Leasehold improvements				
d Equipment		65,465.	48,450.	17,015.
e Other		4,099.	2,870.	1,229.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				18,296.

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,791,862.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,772,159.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	19,703.
4	Net unrealized gains (losses) on investments	4	<202,774.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<202,774.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<183,071.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	9,906,989.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<202,774.>
b	Donated services and use of facilities	2b	8,070,884.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	7,868,110.
3	Subtract line 2e from line 1	3	2,038,879.
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 XIV)	4b	<247,017.>
c	Add lines 4a and 4b	4c	<247,017.>
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,791,862.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,090,060.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	8,070,884.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	247,017.
e	Add lines 2a through 2d	2e	8,317,901.
3	Subtract line 2e from line 1	3	1,772,159.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,772,159.

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; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

PART V, LINE 4: PERMANENT ENDOWMENT FUNDS CONSIST OF A CHARITABLE

REMAINDER UNIT TRUST. THESE FUNDS HAVE BEEN RESTRICTED BY THE DONOR TO PROVIDE INCOME TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE UPON THE DEATH OF THE DONOR. THESE FUNDS ARE ADMINISTERED BY AN UNRELATED PARTY AND PER THE TERMS OF THE DONOR AGREEMENT, NO PART OF THESE FUNDS MAY BE USED UNTIL THAT TIME.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

DIRECT FUNDRAISING EXPENSES: -247017.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES: 247017.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

52-1835698

1 **For grantmakers.** 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

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Totals					22,340.
---------------	--	--	--	--	---------

Schedule F (Form 990) 2008

832071
12-18-08

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: APPLESEED HAS PROCEDURES IN PLACE FOR
MONITORING THE USE OF GRANT FUNDS:

GRANTS RECEIVED BY APPLESEED MUST BE MANAGED BY THE PROJECT DIRECTOR, THE
GRANTS WRITER/MANAGER, OR BY SOMEONE APPOINTED BY THE OPERATIONS DIRECTOR
AND/OR THE EXECUTIVE DIRECTOR. IT IS IMPERATIVE THAT THE INDIVIDUAL IN
CHARGE OF MANAGING THE GRANTS BE FAMILIAR WITH THE DONOR IMPOSED
STIPULATIONS AND REPORTING REQUIREMENTS.

AFTER A GRANT IS APPROVED, A FINAL COPY OF THE APPROVED BUDGET AND
DELIVERABLES FOR THE GRANT IS PROVIDED TO THE CONTROLLER AND OPERATIONS
DIRECTOR BY THE GRANTS MANAGER OR PROJECT DIRECTOR. CENTERS NAMED IN A
GRANT COMPLETE A MEMORANDUM OF UNDERSTANDING (MOU II) WITH NATIONAL
APPLESEED THAT DETAILS CENTER-SPECIFIC COMMITMENTS, DELIVERABLES AND
FINANCIAL REPORTING GUIDELINES AND EXPECTATIONS.

AS EXPENSES ARE INCURRED, THE PROJECT DIRECTOR OR GRANTS MANAGER MUST
APPROVE AND CODE INVOICES THAT NEED TO BE PAID FROM A PARTICULAR GRANT
USING THE FINAL DONOR-APPROVED BUDGET. THE PROJECT DIRECTOR OR GRANTS
MANAGER MUST FOLLOW THE APPROPRIATE INTERNAL APPLESEED ACCOUNTING
PROCEDURES TO DISBURSE THE GRANT TO CENTERS AND APPLESEED. THE
CONTROLLER AND OPERATIONS DIRECTOR THEN REVIEW PAYMENT REQUESTS AND
INVOICES AND DECIDE TO EITHER APPROVE OR DECLINE TO PAY/ALLOCATE EXPENSES
BASED ON THEIR REVIEW OF THE FINAL DONOR-APPROVED GRANT BUDGET.

APPLESEED CENTERS RECEIVING COLLABORATIVE PROJECT GRANTS FROM NATIONAL
APPLESEED SUBMIT PROGRESS REPORTS ON GRANT EXPENSES IN FULFILLMENT OF
GRANT REPORTING REQUIREMENTS AND THEIR MOU II WITH APPLESEED. EXPENSE

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

REPORTS ARE SUBMITTED TO THE GRANTS MANAGER AND/OR PROJECT DIRECTOR (TYPICALLY AT THE 1/4; 1/2; 3/4 AND END OF THE GRANT-DEPENDING ON THE FUNDER'S REPORTING REQUIREMENTS). FURTHERMORE, ON A REGULAR BASIS, THE GRANTS MANAGER AND PROJECT DIRECTOR MEET WITH THE OPERATIONS DIRECTOR AND CONTROLLER TO REVIEW EXPENSES AND TO ENSURE PROPER DISBURSEMENT AND USAGE OF GRANTS.

PART I, LINE 3, COLUMN (E):

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: FINANCIAL EDUCATION FOR COMMUNITY DEVELOPMENT AND FINANCIAL EMPOWERMENT, AND FOR THE DEVELOPMENT OF A NEW INTERNAL FINANCIAL BUDGET.

PART II, COLUMN (D):

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: THE PURPOSE OF THE GRANT IS FOR THE FINANCIAL EDUCATION FOR COMMUNITY DEVELOPMENT AND FINANCIAL EMPOWERMENT, AND FOR THE DEVELOPMENT OF A NEW INTERNAL FINANCIAL BUDGET.

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

APPLESEED FOUNDATION, INC.

Employer identification number
52-1835698

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
---------------	--

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

[illegible]**Total**

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2008

Part II 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	(b) Event #2	(c) Other Events	(d) Total Events	
		CHICAGO EVENT (event type)	DC EVENT (event type)	3 (total number)	(Add col (a) through col (c))	
Revenue	1	Gross receipts	92,500.	333,200.	286,887.	712,587.
	2	Less: Charitable contributions	37,799.	246,986.	180,785.	465,570.
	3	Gross revenue (line 1 minus line 2)	54,701.	86,214.	106,102.	247,017.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs		5,000.		5,000.
	7	Other direct expenses	54,701.	81,214.	106,102.	242,017.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				247,017.
	9	Net income summary. Combine lines 3 and 8 in column (d)				0.

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
Revenue	1	Gross revenue				
	Direct Expenses	2	Cash prizes			
		3	Non-cash prizes			
		4	Rent/facility costs			
		5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

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?

b If "No," Explain _____

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?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address:

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No 1545-0047

2008

► **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
► **Attach to Form 990.**

**Open to Public
Inspection**

Name of the organization

APPLESEED FOUNDATION, INC.

Employer identification number
52-1835698

☒ **Yes** ☐ **No**

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. Complete if the organization answered "Yes" on 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. ☐

Part II **Grants and Other Assistance to Governments and Organizations in the United States.**

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
SOUTH CAROLINA APPLESEED PO BOX 7187 COLUMBIA, SC 29202	57-1035023	501(C)(3)	55,750.	0.			EDUCATION POLICY PROGRAM DEVELOPMENT AND CAPACITY BUILDING FOR CENTER IMMIGRANT POLICY ADVOCACY
ALABAMA APPLESEED PO BOX 4684 MONTGOMERY, AL 36103	06-1647467	501(C)(3)	42,250.	0.			CAPACITY BUILDING IN NEW GATEWAY STATES (IMMIGRANT POLICY), RESOURCE EQUITY RESEARCH AND GULF COAST
CHICAGO APPLESEED FUND FOR JUSTICE 750 N LAKE SHORE DRIVE, 4TH FLOOR CHICAGO, IL 60611	23-7059214	501(C)(3)	40,333.	0.			NO CHILD LEFT BEHIND POLICY DEVELOPMENT, PILOT TESTING OF MEASURING PARENT INVOLVEMENT
CONNECTICUT APPLESEED 25 DUDLEY DRIVE WILTON CT, CT 06897	06-1501061	501(C)(3)	33,913.	0.			NO CHILD LEFT BEHIND POLICY DEVELOPMENT AND PILOT TESTING OF MEASURING PARENT
GEORGIA APPLESEED CENTER FOR LAW AND JUSTICE - 1100 PEACHTREE STREET, SUITE 2800 - ATLANTA, GA 30309	20-4036923	501(C)(3)	44,583.	0.			CAPACITY BUILDING FOR CENTER IMMIGRANT POLICY ADVOCACY, AND NO CHILD LEFT BEHIND - PARENTAL
LOUISIANA APPLESEED 909 POUDRAS STREET, # 1550 NEW ORLEANS, LA 70112	72-1402876	501(C)(3)	4,000.	0.			GULF COAST RECOVERY POLICY DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations **8.**
3 Enter total number of other organizations **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2008**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Name of the organization

Employer identification number
52-1835698

[illegible]

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Part IV Supplemental Information

AFTER A GRANT IS APPROVED, A FINAL COPY OF THE APPROVED BUDGET AND DELIVERABLES FOR THE GRANT IS PROVIDED TO THE CONTROLLER AND OPERATIONS DIRECTOR BY THE GRANTS MANAGER OR PROJECT DIRECTOR. CENTERS NAMED IN A GRANT COMPLETE A MEMORANDUM OF UNDERSTANDING (MOU II) WITH NATIONAL APPLESEED THAT DETAILS CENTER-SPECIFIC COMMITMENTS, DELIVERABLES AND FINANCIAL REPORTING GUIDELINES AND EXPECTATIONS.

AS EXPENSES ARE INCURRED, THE PROJECT DIRECTOR OR GRANTS MANAGER MUST APPROVE AND CODE INVOICES THAT NEED TO BE PAID FROM A PARTICULAR GRANT USING THE FINAL DONOR-APPROVED BUDGET. THE PROJECT DIRECTOR OR GRANTS MANAGER MUST FOLLOW THE APPROPRIATE INTERNAL APPLESEED ACCOUNTING PROCEDURES TO DISBURSE THE GRANT TO CENTERS AND APPLESEED. THE CONTROLLER AND OPERATIONS DIRECTOR THEN REVIEW PAYMENT REQUESTS AND INVOICES AND DECIDE TO EITHER APPROVE OR DECLINE TO PAY/ALLOCATE EXPENSES BASED ON THEIR REVIEW OF THE FINAL DONOR-APPROVED GRANT BUDGET.

APPLESEED CENTERS RECEIVING COLLABORATIVE PROJECT GRANTS FROM NATIONAL APPLESEED SUBMIT PROGRESS REPORTS ON GRANT EXPENSES IN FULFILLMENT OF GRANT REPORTING REQUIREMENTS AND THEIR MOU II WITH APPLESEED. EXPENSE REPORTS ARE SUBMITTED TO THE GRANTS MANAGER AND/OR PROJECT DIRECTOR (TYPICALLY AT THE 1/4; 1/2; 3/4 AND END OF THE GRANT-DEPENDING ON THE FUNDER'S REPORTING REQUIREMENTS). FURTHERMORE, ON A REGULAR BASIS, THE GRANTS MANAGER AND PROJECT DIRECTOR MEET WITH THE OPERATIONS DIRECTOR AND CONTROLLER TO REVIEW EXPENSES AND TO ENSURE PROPER DISBURSEMENT AND USAGE OF GRANTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALABAMA APPLESEED

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPACITY BUILDING IN NEW GATEWAY

Part IV Supplemental Information

STATES (IMMIGRANT POLICY), RESOURCE EQUITY RESEARCH AND GULF COAST
RECOVERY POLICY DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO APPLESEED FUND FOR JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: NO CHILD LEFT BEHIND POLICY
DEVELOPMENT, PILOT TESTING OF MEASURING PARENT INVOLVEMENT EFFECTIVENESS
TOOL, AND RESOURCE EQUITY RESEARCH.

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTICUT APPLESEED

(H) PURPOSE OF GRANT OR ASSISTANCE: NO CHILD LEFT BEHIND POLICY
DEVELOPMENT AND PILOT TESTING OF MEASURING PARENT INVOLVEMENT
EFFECTIVENESS TOOL.

NAME OF ORGANIZATION OR GOVERNMENT:

GEORGIA APPLESEED CENTER FOR LAW AND JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPACITY BUILDING FOR CENTER
IMMIGRANT POLICY ADVOCACY, AND NO CHILD LEFT BEHIND - PARENTAL
INVOLVEMENT AND TECHNICAL ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS APPLESEED

(H) PURPOSE OF GRANT OR ASSISTANCE: NO CHILD LEFT BEHIND POLICY
DEVELOPMENT - PARENTAL INVOLVEMENT AND TECHNICAL ASSISTANCE AND GULF
COAST RECOVERY POLICY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

APPLESEED FOUNDATION, INC.

Employer identification number

52-1835698

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision
of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the Organization

APPLESEED FOUNDATION, INC.

Employer Identification number

52-1835698

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Former			
GARY EPSTEIN MEMBER	1.00	X						0.	0.	0.
GAIL ERICKSON MEMBER	1.00	X						0.	0.	0.
MARC FLEISCHAKER CO CHAIR	1.00	X						0.	0.	0.
JACK FOCHT MEMBER	1.00	X						0.	0.	0.
KARIN DEMASI MEMBER	1.00	X						0.	0.	0.
JACK DUNN MEMBER	1.00	X						0.	0.	0.
RICHARD MEDALIE MEMBER	1.00	X						0.	0.	0.
MICHAEL A COLLORA MEMBER	1.00	X						0.	0.	0.
RICHARD GODFREY MEMBER	1.00	X						0.	0.	0.
WILLIS GOLDSMITH MEMBER	1.00	X						0.	0.	0.
SUSAN HALLER MEMBER	1.00	X						0.	0.	0.
HARRY HARDIN MEMBER	1.00	X						0.	0.	0.
JOE GOLDBERG MEMBER	1.00	X						0.	0.	0.
BARBARA HARDING MEMBER	1.00	X						0.	0.	0.
EILEEN HERSHENOV MEMBER	2.00	X						0.	0.	0.
ROBERT HERZSTEIN MEMBER	1.00	X						0.	0.	0.
A. STEPHEN HUT MEMBER	1.00	X						0.	0.	0.
RICHARD KETCHUM MEMBER	2.00	X						0.	0.	0.
ANTONY KLAPPER MEMBER	1.00	X						0.	0.	0.
FORREST KRUTTER MEMBER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the Organization

APPLESEED FOUNDATION, INC.

Employer identification number

52-1835698

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Former			
ROBERT LOEFFLER MEMBER	1.00	X						0.	0.	0.
PAUL LOVEJOY MEMBER	1.00	X						0.	0.	0.
EDWARD LEVIN MEMBER	1.00	X						0.	0.	0.
PAULA LITTLEWOOD MEMBER	1.00	X						0.	0.	0.
WILLIAM LURYE MEMBER	2.00	X						0.	0.	0.
PETER MUNDHEIM MEMBER	1.00	X						0.	0.	0.
TIMOTHY J MAYOPOULOS MEMBER	2.00	X						0.	0.	0.
CARLOS ORTIZ MENA MEMBER	1.00	X						0.	0.	0.
MELANIE NUSSDORF MEMBER	1.00	X						0.	0.	0.
RALPH NADER MEMBER	1.00	X						0.	0.	0.
TAI PARK MEMBER	1.00	X						0.	0.	0.
MARIANELA PERALTA MEMBER	1.00	X						0.	0.	0.
RALPH I PETERSBERGER MEMBER	2.00	X						0.	0.	0.
BERTRAND B POGREBIN MEMBER	1.00	X						0.	0.	0.
ELIZABETH RECTOR MEMBER	1.00	X						0.	0.	0.
ALEXIS ROVZAR SECRETARY	2.00	X						0.	0.	0.
J. DOUGLAS RICHARDS MEMBER	1.00	X						0.	0.	0.
JAMES F ROGERS CO CHAIR	2.00	X						0.	0.	0.
MALCOLM RICH VICE PRESIDENT	2.00	X						0.	0.	0.
R. BRUCE RICH MEMBER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the Organization

APPLESEED FOUNDATION, INC.

Employer identification number
52-1835698

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Former			
THOMAS SAGER MEMBER	1.00	X						0.	0.	0.
PHILLIP SPECTOR MEMBER	1.00	X						0.	0.	0.
ELIZA SWANN MEMBER	1.00	X						0.	0.	0.
RONALD J TABAK MEMBER	1.00	X						0.	0.	0.
ANDREW E TOMBACK MEMBER	1.00	X						0.	0.	0.
ARTHUR WHITE MEMBER	1.00	X						0.	0.	0.
PHILIP F ZEIDMAN MEMBER	1.00	X						0.	0.	0.
ELIZABETH CAVENDISH EXECUTIVE DIRECTOR	40.00	X						159,443.	0.	18,705.
STEPHEN GATES CO CHAIR	2.00	X						0.	0.	0.
ERIC S KOENIG TREASURER	2.00	X						0.	0.	0.
ANNETTE LOVOI FIELD DIRECTOR	40.00			X	X			125,420.	0.	5,780.
EDWIN C DARDEN DIRECTOR OF EDUCATION PO	40.00			X	X			100,077.	0.	1,253.

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

Schedule J-2 (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

APPLESEED FOUNDATION, INC.

Employer identification number

52-1835698

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEDICATED TO BUILDING A SOCIETY WHERE OPPORTUNITIES ARE GENUINE, ACCESS
TO THE LAW IS UNIVERSAL AND EQUAL, AND GOVERNMENT ADVANCES THE PUBLIC
INTEREST.

APPLESEED UNCOVERS AND CORRECTS INJUSTICES AND BARRIERS TO OPPORTUNITY
THROUGH LEGAL, LEGISLATIVE AND MARKET-BASED STRUCTURAL REFORM. WORKING
WITH OUR HUGE PRO BONO NETWORK, WE IDENTIFY, RESEARCH AND ANALYZE
SOCIAL INJUSTICES, MAKE SPECIFIC RECOMMENDATIONS, AND ADVOCATE FOR
EFFECTIVE SOLUTIONS TO DEEP-SEATED STRUCTURAL PROBLEMS. TOGETHER,
APPLESEED AND APPLESEED CENTERS FORM A NETWORK FOR POSITIVE CHANGE,
BUILDING A SOCIETY THAT PROVIDES EACH INDIVIDUAL ACCESS TO JUSTICE AND
A GENUINE OPPORTUNITY TO LEAD A FULL AND PRODUCTIVE LIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

APPLESEED UNCOVERS AND CORRECTS INJUSTICES AND BARRIERS TO OPPORTUNITY
THROUGH LEGAL, LEGISLATIVE AND MARKET-BASED STRUCTURAL REFORM. WORKING
WITH OUR HUGE PRO BONO NETWORK, WE IDENTIFY, RESEARCH AND ANALYZE
SOCIAL INJUSTICES, MAKE SPECIFIC RECOMMENDATIONS, AND ADVOCATE FOR
EFFECTIVE SOLUTIONS TO DEEP-SEATED STRUCTURAL PROBLEMS. TOGETHER,
APPLESEED AND APPLESEED CENTERS FORM A NETWORK FOR POSITIVE CHANGE,
BUILDING A SOCIETY THAT PROVIDES EACH INDIVIDUAL ACCESS TO JUSTICE AND
A GENUINE OPPORTUNITY TO LEAD A FULL AND PRODUCTIVE LIFE.

FORM 990, PART VI, SECTION A, LINE 4: THE BYLAWS WERE AMENDED ON

2/20/2009. PLEASE SEE ATTACHMENT I FOR AMENDED BY-LAWS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

APPLESEED FOUNDATION, INC.

Employer identification number

52-1835698

FORM 990, PART VI, SECTION A, LINE 10: THE AUDIT COMMITTEE WILL REVIEW THE FORM 990 BEFORE IT IS FILED WITH THE IRS. THE CONTROLLER SHALL PROVIDE ALL MEMBERS OF THE COMMITTEE WITH THE FINAL DRAFT OF THE 990 BEFORE IT IS FINALIZED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS ASKED TO FILL OUT A QUESTIONNAIRE REGARDING CONFLICT OF INTEREST ANNUALLY AND TURN IN THE SIGNED FORM TO THE DIRECTOR OF OPERATIONS WHO MAINTAINS A FILE ON THESE DISCLOSURES. IF IT'S FOUND THAT A MEMBER HAS FAILED TO COMPLY WITH THIS POLICY IT MAY RESULT IN FURTHER INVESTIGATION AND THE BOARD MAY TAKE APPROPRIATE ACTION IN ACCORDANCE WITH THE ORGANIZATION'S BYLAWS, WHICH MAY INCLUDE REMOVAL FROM OFFICE.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD CO-CHAIRS BASE THE COMPENSATION OF THE EXECUTIVE DIRECTOR ON COMPENSATIONS OF DIRECTORS OF ORGANIZATIONS OF SIMILAR SIZES, COMPLEXITY, REGIONS AND SKILLS REQUIRED.

FORM 990, PART VI, SECTION C, LINE 19: ALL POLICIES ARE EITHER A PART OF THE GOVERNING DOCUMENTS OR PART OF THE EMPLOYEE HANDBOOK AND CAN BE OBTAINED BY A WRITTEN REQUEST TO THE ORGANIZATION.

FORM 990 PART XI, LINE 2C

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.

FORM 990 PART VI, LINE 4

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

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12-18-08

Schedule O (Form 990) 2008

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

APPLESEED FOUNDATION, INC.

Employer identification number

52-1835698

CHANGES TO BYLAWS

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

APPLESEED FOUNDATION, INC.

FORM 990 PAGE 10

52-1835698

Part I Election To Expense Certain Property Under Section 179 *Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II** Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,808.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27 5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	5,808.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2008 tax year:

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43 Amortization of costs that began before your 2008 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**

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

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

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

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	APPLESEED FOUNDATION, INC.	52-1835698
	Number, street, and room or suite no. If a P.O. box, see instructions. 727 15TH STREET NW, 11TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

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

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

THE ORGANIZATION

- The books are in the care of ▶ 727 15TH STREET NW, 11TH FLOOR - WASHINGTON, DC 20005
Telephone No ▶ 202-347-7960 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form **8868** (Rev. 4-2009)