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# Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2008 calendar year, or tax year beginning 2008, and ending October 1 . 20 09 C Name of organization Apples & Oranges Factory D Employer identification number B Check if applicable. Doing Business As Apples & Oranges Factory 0204732 Address change lahel or Number and street (or P O. box if mail is not delivered to street address) E Telephone number print or Room/suite ☐ Name change 9116 Nathan Dr (817) 367-0183 Initial return Specific City or town, state or country, and ZIP + 4 ☐ Termination Instruc-Fort Worth, TX 76108-350 Amended return G Gross receipts \$ 385,120,77 F Name and address of principal officer. Tungila Meyers 9116 Nathan Dr. Application pending H(a) Is this a group return for affiliates? Yes No Fort Worth, TX 76108-3550 H(b) Are all affiliates included? Yes No Tax-exempt status. If "No," attach a list. (see instructions) Website: ► www.apples7oranges.com H(c) Group exemption number K Type of organization. ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶ 2007 M State of legal domicile: TX Part I Summary 1 Briefly describe the organization's mission or most significant activities: Nutrition Sponsors that disburse reimbursem ents via grants to organized Child Care Programs, After School Programs to help assist in providing children with Governance healthy foods and snacks. Also through donations help, aide, and assist children from infants to 18 years of age that are homeless, at-risk, and or living in poverty strickened areas with school supplies, diapers, books and clothe 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). 4 0 Number of independent voting members of the governing body (Part VI, line 1b) 5 2 6 3 Total number of volunteers (estimate if necessary) 7a 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). b Net unrelated business taxable income from Form 990-T, line 34. **Current Year** 165,998 385,120.77 8 Contributions and grants (Part VIII, line 1h) . 0 Program service revenue (Part VIII, line 2g) . O 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 165,998 385,120.77 Grants and stimular amounts paid (Part IX, column (A), lines 1-3) . . . . 141,141 325,894.77 14 Benefits paid to or for members (Part IX, column (A), line 4)

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

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 19.020 51,110 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ Other teldenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . 5,834 8,116 385,120.77 Total expenses: Add lines 13-17 (must equal Part IX, column (A), line 25). 165,998 Revenue less expenses. Subtract line 18 from line 12 Beginning of Year End of Year 20 Total assets (Part X, line 16) . 0 0 0 21 Total liabilities (Part X. line 26) 0 Net assets or fund balances. Subtract line 21 from line 20 0 0 Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete Declaration of preparer (other than							
	Ulypses Megen							
	Signature of officer			Dat	te			
	Wysses Meyers Vice President	May 05, 2010						
	Type or print name and title				0			
D-:-I	Preparer's signature	Date	Check if self- employe		Preparer's identifying number (see instructions)			
<b>Paid</b>			J	· -	1			
Preparer's	Firm's name (or yours	<del></del>		501	L			
Use Only	if self-employed),			EIN				
	address, and ZIP + 4	Phone no ► (			io ▶ ( )			
May the I	RS discuss this return with the preparer shown above? (see	nstructions)			Yes No			

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2008)

Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: Nutrition sponsors that disburse reimbursements via grants to organized child care programs and after school prgms. to help assist in providing children with healthy food and snacks. Also through donations help aide and assist children up to the age of 18 years of age that are homeless, at-risk, and or living in poverty strickened areas with school supplies, diapers, books and clothing.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 193,469.56 including grants of \$ 193,469.56 ) (Revenue \$ 0. ) UNITED COMMUNITY CENTERS 114,446.70 CREATIVE MINDS 44,682.30
	UPBRINGING IN A BETTER WAY 34,340.56
4b	(Code:) (Expenses \$ 74,965.04 including grants of \$ 74,965.04 ) (Revenue \$ 0. )  HEAVENLY JOY DAYCARE 30,354.11
	ABC AFTER SCHOOL PROGRAM 14,894.70
4c	(Code: ) (Expenses \$ 57,460.17 including grants of \$ 57,460.17 ) (Revenue \$ ) ODYSSEY CONNECTIONS 10,328.86 NEW BIRTH OUTREACH 8,781.70
	GUIDING LIGHT LEARNING CENTER 8,634.39 CCF ACADEMY 8,139.35
	ENGLISH SUMMIT INTERNATIONAL 7,505.97 EDGEWOOD DAYCARE 7,405.27
	AOF AFTER SCHOOL PROGRAM 5,254.26 ARLINGTON SHELTER 1,410.37
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses > \$ 225.994.77 (Must equal Part IV. Line 25. column (P))

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
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? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
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? If "Yes," complete Schedule D, Part IV	9		4
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		1
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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	:	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		√
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.? If "Yes," complete Schedule F, Part I	14b		1
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? If "Yes," complete Schedule F, Part II	15		1
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? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		4
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 19		1
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	-	1
20 21	Did the organization report more than \$5,000 on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	1	
<u> 22</u>	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	:	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		,	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
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? If "Yes," complete Schedule L, Part III	27		1

Pa	t 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:			
а	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)? If "Yes," complete Schedule L, Part IV	28a		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
С	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? If "Yes," complete Schedule L, Part IV.	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		·	
20	Statements, filed for the calendar year ending with or within the year covered by this return 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>/</b>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		-	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		✓_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		4
	, , , , , , , , , , , , , , , , , , , ,	5b		✓_
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓_
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		4
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			,
	required?	7h	-	<b>√</b>
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	i	1
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		✓_
	Did the organization make a distribution to a donor, donor advisor, or related person?.	9b		1
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	į		
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders.	İ		
	Gross mostric from members of statistications.			
	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b   0			

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

Sec	tion A. Governing Body and Management			ſ
			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			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		4
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?	3		√
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			Ė
O	the year by the following:			
_	• • •	8a		1
a	The governing body?	8b	-	<b>√</b>
b	Each committee with authority to act on behalf of the governing body?	9a		1
9a	Does the organization have local chapters, branches, or affiliates?	34		<u> </u>
D	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?	9b		✓
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	10		✓
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	11		- ✓
Sec	tion B. Policies			Г
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	4	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	4	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	1	
14	Does the organization have a written document retention and destruction policy?	14	4	
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:			
а	The organization's CEO, Executive Director, or top management official?	15a	1	
b	Other officers or key employees of the organization?	15b	1	
_	Describe the process in Schedule O. (see instructions)			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
100	with a taxable entity during the year?	16a		1
<b>L</b>	• • •			i i
Đ	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?	16b		
Sec	tion C. Disclosure	יטטי		
	<u> </u>			
17 40	List the states with which a copy of this Form 990 is required to be filed ▶Texas			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or 1024 if applicable)), 990, 990, 990, 990, 990, 990, 990, 9	:)(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 into	erest	
	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 recoorganization: Tungila Weyers 9116 Nathan Dr. Fort Worth TX 76108 817.367.0183	rds o	f the	

# 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 co	ompensate	any c	offic	er,	dire	ctor,	trus	tee, or key en	nployee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Por director	nstitutional trustee	Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Tungila Meyers President	40		ð	1		ated		0	0	38,112
Ulusses Meyers Vice President	25			1				0	0	12,998
					_	_				
							_			

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)						ontinued)				
(A) Name and trtle		(B) Average	· · · .						(D)	(E)	(F)
	Name and tide		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
•											
		·									
										,	
						;		_			
						i					
1b	Total			•				<b></b>	0	0	51,110
2	Total number of individuals (including thosorganization ► 0	e in 1a) wh	no rec	eive	ed n	nore	e thar	ո \$1	00,000 in repo	ortable compens	sation from the
3	Did the organization list any <b>former</b> office employee on line 1a? If "Yes," complete S	r, director	or tru for su	uste ich :	e, k indi	cey vidu	emplo al	oye	e, or highest o	compensated	3 4
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp plete	oens S <i>ch</i>	satio edu	on 1 le J	from s	any uch	unrelated org	anization for	5 1
Se	ction B. Independent Contractors								_		
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	contra	cto	rs that receive	d more than \$1	00,000 of
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
								-			
2	Total number of independent contractors compensation from the organization ▶	(including t	those	in '	1) w	ho	recen	ved	more than \$10	00,000 in	

Par			<del></del>				-	Tage 0
L al		Statement of Nevenue			(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	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions  All other contributions, gifts, grants, and similar amounts not included above the second of the	1b 1c 1d 1e	385,120.77			-	
ರ್ಷ ನಿ		Total. Add lines 1a-1f		>	385,120.77			
Program Service Revenue	2a b c d e f		nue .					
	3 4 5	Investment income (including other similar amounts) Income from investment of tax-ex Royalties	empt bo	•				
	b d	Gross Rents		1 .				
		assets other than inventory Less: cost or other basis	unties	(ii) Other				
		and sales expenses		•				
r Revenue	8a	Gross income from fundrevents (not including \$ of contributions reported on lin See Part IV, line 18	e 1c).					
Other		Less: direct expenses Net income or (loss) from fund						
		Gross income from gaming act See Part IV, line 19	а	1				
		Less: direct expenses Net income or (loss) from gam					1	
	10a b	Gross sales of inventory, returns and allowances . Less: cost of goods sold . Net income or (loss) from sales	less					
	<u> </u>	Miscellaneous Revenue		Business Code				
	11a	***************************************						<u> </u>
	b			-				
	d	All other revenue			0	0	0	0
	e	Total. Add lines 11a-11d .			0			
	12	Total Revenue. Add lines 1h, 9c, 10c, and 11e	2g, 3, 4	1, 5, 6d, 7d, 8c, ▶	385,120.77	0	0	0

#### Part IX Statement of Functional Expenses

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

	All other organizations must complete co	lumn (A) but are no	t required to com	olete columns (B),	(C), and (D).
Do 7b	o not include amounts reported on lines 6b, , 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	325,894.77	325,894.77		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 4 5	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	51,100	0	51,110	. 0
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).  Other salaries and wages	0	0	0	0
8 9 10	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).  Other employee benefits  Payroll taxes				
11	Fees for services (non-employees):  Management				
d e f g					
12 13 14	Advertising and promotion	8,116	0	8,116	0
15 16 17	Royalties				
19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings.				
20 21 22 23	Interest				
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 b c d					
e f 25 26	All other expenses  Total functional expenses. Add lines 1 through 24f  Joint Costs. Check here ▶ ☐ if following	385,120.77	325,894.77	59,226	0
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	ırt X	Balance Sheet							
			(A) Beginning of year		End (	B) of year			
	1	Cash—non-interest-bearing	0	1			0		
	2	Savings and temporary cash investments	0	2			0		
	3	Pledges and grants receivable, net	0	<u> </u>			0		
	4	Accounts receivable, net	0	4			0		
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.	0	5			0		
	6	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete							
<b>,</b> 0	_	Part II of Schedule L	0	7			0		
Assets	7	Notes and loans receivable, net					0		
ASS	8	Inventories for sale or use	- 0				0		
_	9	Prepaid expenses and deferred charges	•	-					
	10a	Land, buildings, and equipment: cost basis 10a							
	ם	Less: accumulated depreciation. Complete Part VI of Schedule D	n	10c			0		
	, ,	Investments—publicly traded securities		11			0		
	11 12	Investments—other securities. See Part IV, line 11					0		
	13	Investments—program-related. See Part IV, line 11	_	13			0		
	14	Intangible assets		14			0		
	15			15			0		
	16	Other assets. See Part IV, line 11	0	_			0		
Liabilíties	17	Accounts payable and accrued expenses	0	17			0		
	18	Grants payable	0	18			0		
	19	Deferred revenue	0	19			0		
	20	Tax-exempt bond liabilities	_	20			0		
	21	Escrow account liability. Complete Part IV of Schedule D	0	21			. 0		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22			0		
	23	Secured mortgages and notes payable to unrelated third parties	0	23			0		
	24	Unsecured notes and loans payable	0	24			0		
	25	Other liabilities. Complete Part X of Schedule D	0	25			0		
	26	Total liabilities. Add lines 17 through 25	0	26			0		
alances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.							
ā	27	Unrestricted net assets		27					
8	28	Temporanly restricted net assets		28	•				
힡	29	Permanently restricted net assets		29					
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.							
Net Assets	30	Capital stock or trust principal, or current funds	0	30			0		
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31			0		
ž	32	Retained earnings, endowment, accumulated income, or other funds	0	32			0		
ž	33	Total net assets or fund balances	0	33			0		
Do	34  rt XI	Total liabilities and net assets/fund balances	0	34			0		
Pa	irt Ai	Financial Statements and Reporting				1			
1		counting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual				Yes	No		
		re the organization's financial statements compiled or reviewed by an ind	•	t?	II.	<del>  </del>	4		
		re the organization's financial statements audited by an independent acc			2b		4		
C		'es" to lines 2a or 2b, does the organization have a committee that assumes		_	1 -		ĺ		
_		audit, review, or compilation of its financial statements and selection of an in				<del>  </del>			
<b>3</b> a		a result of a federal award, was the organization required to undergo an Single Audit Act and OMR Circular A 1333					ı		
b		Single Audit Act and OMB Circular A-133?			3a 3b	4			

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

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

Open to Public Inspection

Employer identification number Name of the organization 0204732 **Apples & Oranges Factory** 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives; (1) more than 33\% % 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 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g() and (iii) below, the governing body of the supported organization? 11g(ii) (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? 11g(iii) Provide the following information about the organizations the organization supports. h (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the organization in col organization (described on lines 1-9 in col. (i) listed in your the organization in support above or IRC section col (i) of your (i) organized in the governing document? (see instructions)) support? Yes No Yes No Yes No

Total

Pa	Support Schedule for Org (Complete only if you chec					and 1	70(b)(1	)(A)(vi)
Sec	tion A. Public Support							
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	–						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1-3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support							
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2	2008	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	· ·						
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10 .					<del> </del>		
12	Gross receipts from related activities, etc	. (see instruction	ons)			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	ге	· · · · · ·					
Sec	tion C. Computation of Public Su	pport Perce	ntage					
14	Public support percentage for 2008 (line	6, column (f) d	ivided by line 1	1, column (f))		14		<u></u> %_
15	Public support percentage from 2007 Sci	nedule A, Part	IV-A, line 26f			15		<u>%</u>
16a	33% % support test-2008. If the organi				line 14 is 33%	% or mo	ore, che	ck this box
	and stop here. The organization qualifies	as a publicly	supported orga	nization				▶ 🗆
b	33% % support test—2007. If the organi							
	box and stop here. The organization qua							
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here	Explain	ın Part	iV how the
b	10%-facts-and-circumstances test – 2007 more, and if the organization meets the "forganization meets the "facts-and-circumsta	. If the organiza acts-and-circun	ntion did not che	ck a box on line check this box	13, 16a, 16b, o and <b>stop here</b> .	r 17a, ar Explain	nd line 1	5 is 10% or IV how the
18	Private foundation. If the organization did	not check a bo	ox on line 13, 16	a, 16b, 17a, or 1	17b, check this	box and	see ins	tructions 🕨 🗌

غصت	tule A (Form 990 or 990-EZ) 2008	nizations D	osoribod in G	Section E00/a	-\(\alpha\)		Page 3
LEL	(Complete only if you checke				1)(2)		
Sec	tion A. Public Support			<u> </u>			
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</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 7a	Total. Add lines 1-5						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Ca	ılendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b  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 torganization, check this box and stop	here		nd, third, fourth	-	year as a se	
	tion C. Computation of Public Sup	·				1 1	
15 16	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2007 Schedule A, Part IV-A, line 27g					15 16	<u>%</u>
Sec	tion D. Computation of Investmen	t Income P	ercentage			, ,	
17 18		tment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . 17 % tment income percentage from 2007 Schedule A, Part IV-A, line 27h					
19a	33½ % support tests—2008. If the organization is not more than 33½ %, check this b	anization did r	ot check the b	ox on line 14, a			

Schedule A (Fo	rm 990 or 990-EZ) 2008					Page 4
Part IV	Supplemental Ir	<b>nformation.</b> Com or 17b; or Part III,	plete this part t line 12. Provide	o provide the exe any other addit	planation required by ional information. (see	Part II, line 10; e instructions)
				***		
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						*****
			•			
				***************************************		
						•••••
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047	2008
_	W

Open to Public

² □ (h) Purpose of grant or assistance 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 **Employer identification number** 0204732 Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 32 (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization or government Apples & Oranges Factory Name of the organization 2 Desc

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

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

Cat. No. 50055P

• . Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Pt I line 2 Financial Statement given to goverment entity (c) Amount of cash grant Part I line 2 Once the money is received they have 5 days to distribute the funds. (b) Number of recipients (a) Type of grant or assistance Part III

Schedule I (Form 990) 2008