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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) ► The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	For the	e 2009 calendar year,	or tax year beginning	, 2009, and endin	g	,	
В	Check if	applicable	C		D Emplo	yer Identifica	tion Number
	Add	ress change   Please use   IRS label	Applied Research Center		94-	-275987	'9
	Nan	ne change or type.	E Telepi	hone number			
	$\vdash$	specific	510	0-653-3	415		
	<del>  </del>	Instruc- mination tions.					
	$\vdash$	ended return	]		G Cross	receipts \$	2,831,141.
	$\vdash$	<u>-</u> -	and address of principal officer Rinku Sen		H(a) Is this a group reti		
			As C Above		H(b) Are all affiliates in		Yes No
$\overline{}$	Tay	exempt status X 50		7(a)(1) or 527	If 'No,' attach a lis	t (see instruc	tions)
<u>'</u>		site: Www.arc.		<del></del>			
_		of organization X Corpor		L Year of Format	H(c) Group exemption		I domicile CA
K	ert I	Summary	ration Trust Association Other	L Year of Format	ion 1301   III	State of lega	I domicile CA
			gapization's mission or most significant as	structure. The Ampli	ind Paganer	h Conta	n is a home
	' '	for receive the or	ganization's mission or most significant ac	cuvities Tide Abbi	red Kesearc	u cente	er is a nome
ဦ			media and activism on race		"ts" ro edifo	are ru	e brotic ro
Activities & Governance	-	bobararres-ra	cial_justice_solutions				
NO.	2 7	Check this box	if the organization discontinued its operat	tions or disposed of mo	re than 25% of its		
ŏ			nbers of the governing body (Part VI, line		10 (nam 25% of 10	3	11
ණ න		•	nt voting members of the governing body (	-		4	<u></u>
₽			oyees (Part V, line 2a)			5	32
₹			teers (estimate if necessary)			6	13
۴		-	bùsiness revenue from Part VIII, column (	* *		7a	0.
+			Aaxable income from Form 990-T, line 34	1		7b	0.
ı	<b>.</b> .	ICT 2 0 2010	<del>y</del>		Prior Yea	r	Current Year
	10	Contributions and gra	(Part VIII, line 1h)		2,195,		2,227,097.
ğ	<u>_</u> 9	lodiau zelvice texer	n <del>ue</del> (Part VIII, line 2g)		379,		217,125.
Revenue			art VIII, column (A), lines 3, 4, and 7d)		-19,		53,564.
ш			III, column (A), lines 5, 6d, 8c, 9c, 10c, ar	•		520.	5,695.
	-		nes 8 through 11 (must equal Part VIII, co		2,555,	600.	2,503,481.
			ounts paid (Part IX, column (A), lines 1-3)	)			
	l .		members (Part IX, column (A), line 4)			205	1 415 000
0		•	nsation, employee benefits (Part IX, colun	nn (A), lines 5-10)	1,442,	035.	1,415,889.
Expénses	16a F	Professional fundraisin	ng fees (Part IX, column (A), line 11e)				
3	ьт	Total fundraising expe	nses (Part IX, column (D), line 25) ▶	208,936.			
ш	17 C	Other expenses (Part	IX, column (A), lines 11a-11d, 11f-24f)		1,213,	753.	902,975.
	18 T	otal expenses Add In	nes 13-17 (must equal Part IX, column (A	), line 25)	2,655,	788.	2,318,864.
	19 F	Revenue less expense	s Subtract line 18 from line 12		-100,	188.	184,617.
b §					Beginning of		End of Year
įį	<b>20</b> T	otal assets (Part X, II	ne 16)		2,954,		3,214,733.
A B	21 T	otal liabilities (Part X	•		359,		220,933.
Net Assets or Fund Balances	22 N	·	ances Subtract line 21 from line 20		2,595,		2,993,800.
	rt II	Signature Bloc			1 2/030/	330.1	2,333,000.
			<del></del>	omnanying schedules and state	ments and to the hest	of my knowle	dne and belief it is
		true, correct, and complete	I declare that I have examined this return, including according and preparer (other than officer) is based on	all information of which prepai	er has any knowledge	t in Knowic	age and belief, it is
Sig	ın	► 000 1 1	all Qu		1 10/13	Macli	`
Here		Signature of officer	24		Date	7001	
		> Sonia	Pena ASSOCIATE	DAVOOTON	/ (CFO)		
		Type or print name and	d title	111 00 101	1010		
		<del></del>		Date	Check if	Prepar	er's identifying number istructions)
Pai	d	į	1	2.1	self-	see in	istructions)
Pre		Preparer's signature	Croshy & Kaneda	- 19/17/10	employed •	□ N/A	
	er's		sby & Kaneda, CPAs		<del></del>	IM/ A	<del></del>
Us	е	voure if calf	1 Telegraph Ave Ste 318			A/A	
On	ly		land, CA 94612-2151			(510)	025_2727
14-	Abr (D)			unations)	Phone no		835-2727 Yes No
way	ine iK	o aiscuss inis return v	with the preparer shown above? (see instr	uctions)		12	<│Yes │ No

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		х
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		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	15.45.4004		
ı	<ul> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX</li> </ul>			
•	Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X			7.
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			12.50° 12.50°
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12	A Was the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	SALE O	X
14:	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u> </u>
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		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? If 'Yes,' complete Schedule F, Part III	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009) Applied Research Center

Rantiva: Checklist of Required Schedules (continued)

			_	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2 <sup>7</sup> If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000	23	<del>  ^-</del>	
	as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25	a 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		х
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х_
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u> </u>
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	х	
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		Х
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		<u> </u>
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
AA		Form	990 (	2009)

В

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 32 1 a **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 10 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 32 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3 b 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 4: 'es,' 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 X d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7€ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7¢ h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h X Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11a

BAA

amounts due or received from them )

Form 990 (2009)

12a

**b** Gross income from other sources (Do not net amounts due or paid to other sources against

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

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

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management							
			Yes	No				
1:	a Enter the number of voting members of the governing body	11	78	7. P.				
1	b Enter the number of voting members that are independent 1b	9						
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	on 3		х				
4	Did the organization make any significant changes to its organizational documents	4		Х				
	since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X				
6	Does the organization have members or stockholders?	6	<u> </u>	X				
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		x				
1	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
	a The governing body?	8a		<u> </u>				
	Each committee with authority to act on behalf of the governing body?	86	X					
	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	9		х				
	tion B. Policies (This Section B requests information about policies not required by the Interi	าal						
Reve	enue Code )		1	г				
10.	Dans the account on have local sheaters branches as affiliates?	10-	Yes	No X				
	a Does the organization have local chapters, branches, or affiliates?	10a						
	of 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?	106						
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  *ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O	11	X					
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	<del>г`-</del> -				
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120	^	<b></b> -				
	to conflicts?	12b	Х	<u> </u>				
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  See Schedule O	12 c						
	Does the organization have a written whistleblower policy?	13	X	<u> </u>				
14		14	Х	- S				
	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?							
	The organization's CEO, Executive Director, or top management official See Schedule 0	15a	X	<u> </u>				
	Other officers of key employees of the organization See Schedule O	15 b	X	September 1				
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable participate in a joint venture or similar arrangement with a taxable participate.	ole 16a						
Ь	entity during the year?  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 exempts status with respect to such arrangements?	on	iš.	X				
Sec	tion C. Disclosures							
17	List the states with which a copy of this Form 990 is required to be filed CA NY IL							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply	avaılab	le for p	public				
	Own website  Another's website  X Upon request							
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest p statements available to the public See Schedule O	-		incial				
	State the name, physical address, and telephone number of the person who possesses the books and records of the o	rganızat	ion					
•	Sonia Pena 900 Alice Street, Ste. 400 Oakland CA 94607 510-653-3415							

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

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

(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours per week	or director		Officer	a Key employee	ap 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
Andrea Batista-Schlesinger Board Member	1	х						0.	0.	0.
Victor Goode Board Member	1	х						0.	0.	0.
Ellen Gurzinsky Co-Chair	2	Х		X				0.	0.	0.
Deanna Zandt Board Member	1	X						0.	0.	0.
Christopher Rabb Board Member	1	Х						0.	0.	0.
Dorian Warren Co-Chair	2	Х		Х				0.	0.	_ 0.
Rinku Sen Executive Dir.	40	Х		х				77,826.	0.	9,141.
Susan Colson Board Member	1	Х						0.	0.	0.
LeeAnn Hall Treasurer/Secty	2	Х		х		l		0.	0.	0.
Sonia Pena Assoc. Director	40			х				71,917.	0.	7,929.
Gary Delgado Former Director	40						х	60,000.	0.	9,264.
			1				1			
							1			

Part VII   Section A. Officers, Directors, Trus	tees, k	⟨ey	En	ıplo	ye	es,	an	d Highest Con	pensated Emp	loyees (cont.)
(A)	(B)							(D)	Œ)	(F)
Name and Title	Average hours per week		_		_			compensation from	Reportable compensation from	Estimated amount of other
	per week	dividu	institutional trustee	Officer	ey em	Highest compensated	Former	the organization (W 2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the organization
		al tru	onal		етрюуее	com	`			and related organizations
		stee	truste		l iš	pensa				
			е			ited				
	<del>                                     </del>									
	-	Н							<del></del> -	
		$\vdash$		_						
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		Н					_			
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	!									
					-					
		$\dashv$	$\dashv$	_			$\dashv$			
		$\dashv$	$\dashv$			_				
1 b Total							▶	209,743.	0.	26,334.
2 Total number of individuals (including but not limited	d to thos	se lis	sted	abo	ve)	who				
from the organization   0								,		
3 Did the organization list any former officer, director	a. tat.	ا مد			l			-hl	.4 1	Yes No
on line 1a7 If 'Yes,' compléte Schedule J for such in										3 X
4 For any individual listed on line 1a, is the sum of reg the organization and related organizations greater th individual	oortable nan \$150	com 0,000	per 02 /	isati f 'Ye	on .	and <i>:om</i> p	othe olete	er compensation f e <i>Schedule J for</i> s	rom uch	- - <u>-</u>
5 Did any person listed on line 1a receive or accrue co	mnens:	ation	fro	m a	nv i	ınre	lator	d organization for	conucac	4 X
rendered to the organization? If 'Yes,' complete Sch	edule J	for s	such	pe	rsor	7				5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed indep	end	ent	cont	rac	ors	that	received more th	an \$100,000 of	<del></del>
compensation from the organization.								· · · · · · · · · · · · · · · · · · ·		
(A) Name and business address	<u>.                                    </u>		_					(B) Description of	Services	(C) Compensation
							4			
			-				$\dashv$	<del>, _,</del>		
							$\Box$			
							$\dashv$	<del>_</del>	·   · -	<u></u>
2 Total number of independent contractors (including to	out not I	ımıte	ed to	tho	se	lıste	d at	oove) who receive	d more than	
\$100,000 in compensation from the organization >	0									

Pa	IT 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
PROGRAM SERVICE REVENUE AND OTHER SIMIL AD AMOLINTS	to Membership dues c Fundraising events. d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above  1 a b c Fundraising events. 1 c 1 d 1 e 1 c 1 d 2 , 227, 097.				
CON	g Noncash contribns included in lns 1a-1f. \$	2,227,097.	1		
- B	Business Code				
VICE REVEN	2a Fees and Contracts b Sales & Registration c	185,178. 31,947.	185,178. 31,947.		
BRAM SER	d e f All other program service revenue				
Š	g Total. Add lines 2a-2f	217,125.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	61,307.			61,307.
	5 Royalties	5,695.			5,695.
	(i) Real (ii) Personal  6a Gross Rents  b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory 319, 917.				
	b Less: cost or other basis and sales expenses 327, 660. c Gain or (loss) -7, 743.			1	'
	c Gain or (loss) -7,743.	-7,743.			-7,743.
ŧ0€	8a Gross income from fundraising events (not including. \$	7,743.			-1,143.
OTHER REVEN	of contributions reported on line 1c) See Part IV, line 18				
표	<b>b</b> Less direct expenses <b>b</b>				
	c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19				'
	b Less direct expenses b				
	c Net income or (loss) from gaming activities			**************************************	
	10 a Gross sales of inventory, less returns and allowances				
	<b>b</b> Less. cost of goods sold <b>b</b>				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	2 502 401	217 105		50.050
	12 Total revenue. See instructions	2,503,481.	217,125.	0.	59,259.

### Part IX | Statement of Functional Expenses

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

_	All other organizations must comp	(A)	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		-		,
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	166,813.	58,930.	55,273.	52,610.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	69,264.	69,264.	0.	0.
7	Other salaries and wages	880,135.	720,440.	74,950.	84,745.
8	Pension plan contributions (include section	000,133.	720,440.	74,550.	04, 143.
•	401(k) and section 403(b) employer contributions)	26,283.	23,525.	1,122.	1,636.
9	Other employee benefits	180,522.	134,493.	37,836.	8,193.
10	Payroll taxes	92,872.	71,649.	9,487.	11,736.
11	Fees for services (non-employees)		,		
	a Management	-			
	b Legal				
	c Accounting	20,398.		20,398.	
	d Lobbying	20,330.		20,330.	<del></del>
	Prof fundraising svcs See Part IV, In 17				<del>_</del>
	Investment management fees		·············		
	Other	263,562.	239,550.	23,134.	878.
	Advertising and promotion	12,771.	11,210.	145.	
13	Office expenses	149,744.			1,416.
	Information technology	145, 744.	130,667.	5,293.	13,784.
14	Royalties				<del></del>
15	_ ·	100 712	04 247	0 604	14 761
16 17	Occupancy Travel	108,712. 142,324.	84,347.	9,604.	14,761.
18		142,324.	129,338.	6,275.	6,711.
19	Conferences, conventions, and meetings	77,032.	72,175.	3,706.	1,151.
20	Interest	2,058.		2,058.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	48,245.	23,035.	21,179.	4,031.
23	Insurance	11,887.	6,818.	3,876.	1,193.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below).				
а	Dues and Memberships	29,308.	11,438.	16,733.	1,137.
	Postage and Shipping	24,837.	19,793.	360.	4,684.
	Bad Debt	8,337.		8,337.	
	Staff Development	3,760.	3,117.	373.	270.
e			-,		
f	All other expenses				
	Total functional expenses Add lines 1 through 24f	2,318,864.	1,809,789.	300,139.	208,936.
	Joint costs. Check here ► X 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		!		
BAA	Carrier and the following conditions				Form <b>990</b> (2009)

F	in X	Balance Sheet			<del></del>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	250,218.	2	140,058.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	652,692.	4	740,784.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	
ŝ	7	Notes and loans receivable, net	108,337.	7	100,000.
A S E T	8	Inventories for sale or use		8	
Ś	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis 10a 1,548,883.			
		Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b 225, 648.	1,371,480.	10 c	1,323,235.
	11	Investments – publicly-traded securities	541,087.	11	879,483.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	31,173.	15	31,173.
	16	Total assets Add lines 1 through 15 (must equal line 34)	2,954,987.	16	3,214,733.
	17	Accounts payable and accrued expenses	313,642.	17	188,223.
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
AB	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			,
- 1		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties	45,795.	23	32,710.
		Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities Complete Part X of Schedule D		25	
-	26	Total liabilities. Add lines 17 through 25.	359,437.	26	220,933.
N E T		Organizations that follow SFAS 117, check here $\blacktriangleright$ $\boxed{X}$ and complete lines 27 through 29 and lines 33 and 34.			,
ASS	27	Unrestricted net assets	1,440,967.	27	1,445,304.
	28	Temporarily restricted net assets	1,154,583.	28	1,548,496.
Š	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
E		lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds		30	
1		Paid-in or capital surplus, or land, building, and equipment fund		31	
ا يُ		Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES		Total net assets or fund balances	2,595,550.	33	2,993,800.
Š		Total liabilities and net assets/fund balances	2,954,987.	34	3,214,733.
BAA					Form <b>990</b> (2009)

Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990.  Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b		

BAA

Form **990** (2009)

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

### **Public Charity Status and Public Support**

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

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization

Applied Research Center 94-2759879 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bx1xAxvi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 9 June 30, 1975. See **section 509(a)(2).** (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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 С Type III — Functionally integrated d | Type III - Other 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No 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? 11 g (i) a family member of a person described in (i) above? <u>11 g (ii)</u> (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col (v) Did you notify the organization in col (i) of (vi) Is the organization in col (ii) EIN (vii) Amount of Support (i) organized in the governing document? your support? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Applied Research Center 94-2759879

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										
Color towns (or final loss)										
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total		
•	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	1,118,191.	1,750,379.	1,282,751.	2,195,535.	2,227,0	97.	8,573,953.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf			_				0.		
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							0.		
4	Total. Add lines 1-through 3	1,118,191.	1,750,379.	1,282,751.	2,195,535.	2,227,0	97.	8,573,953.		
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)							2,922,910.		
6	Public support. Subtract line 5 from line 4							5,651,043.		
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total		
7	Amounts from line 4	1,118,191.	1,750,379.	1,282,751.	2,195,535.	2,227,0	97.	8,573,953.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	2,669.	151,461.	133,911.	65,040.	61,3	107.	414,388.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV		991.	1,911.	520.			3,422.		
11	Total support. Add lines 7 through 10							8,991,763.		
12	Gross receipts from related activ	ities, etc (see ins	structions)			T	12	1,431,574.		
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth,	or fifth tax year as	s a section 5	601(c)	(3)		
Sec	tion C. Computation of Pul	blic Support P	ercentage							
	Public support percentage for 20			ne 11, column (f)		1	14	62.9%		
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			Ĺ	15	59.3%		
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo licly supported or	x on line 13, and rganization	the line 14 is 33	-1/3 % or mo	ore, cl	neck this box ► X		
t	b 33-1/3 support test — 2008. 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									
17 a	17a 10%-facts-and-circumstances test – 2009 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.									
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test The organia	s' test, check this ration qualifies as	box and <b>stop her</b> a publicly suppor	<b>e.</b> Explain in rted organiza	n Part ation.	IV how the ▶		
18 RAA	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a				structions >		

### 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 (d) 2008 Calendar year (or fiscal yr beginning in)▶ (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1 2, 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 amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) ► (a) 2005 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, rovalties and income form 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 inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule'	4 (Form 990 or	990-EZ) 2009	Applied	Research	Center		94-2759879	Page 4
Part IV	Supplemer Part II, line	ntal Informa 17a or 17b	ation. Complete, and Part II	ete this par I, line 12. F	t to provide Provide any	the explanations requother additional inform	ured by Part II, line nation. See instruct	10; ions.
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	·				
							- <b></b> -	
				<del>-</del>				
							·	
							. – – – – – – –	
						<b> </b>		

Schedule'A (Form 990 or 990-EZ) 2009 Applied Research Center

94-2759879

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

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

OMB No 1545 0047 2009

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations. complete Parts I-A and B Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B.

Section 527 organizations: complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered 'Ye	s,' to Form	990, Part IV,	line 5 (Prox	y Tax), then
----------------------------------	-------------	---------------	--------------	--------------

• :	Section 501(c)(4), (5), or (6) c	organizations Complete Part III			
Name	of organization	<del></del>		Employer identific	ation number
App	olied Research Cent	er		94-275987	9
		rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.
<u>_</u> ,1	Provide a description of the	organization's direct and indirect political	campaign activities in	Part IV.	
2	Political expenditures			<b>►</b> \$	}
3	Volunteer hours				
Pa	rt I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).		
		cise tax incurred by the organization under			
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	<b>►</b> \$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	r this year?		Yes No
4:	Was a correction made?				Yes No
1	If 'Yes,' describe in Part IV				
Pai	rt I-C Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3).	
1		pended by the filing organization for section			
2	Enter the amount of the filin	g organization's funds contributed to other	organizations for sec	tion 527 exempt	
2	function activities	g organization's funds contributed to other	organizations for sec	► \$	
3	Total of exempt function expline 17b	penditures Add lines 1 and 2 Enter here a	and on Form 1120-PC	L, ►\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	made For each organization contributions received that w	and employer identification number (EIN) n listed, enter the amount paid from the filivere promptly and directly delivered to a see ee (PAC). If additional space is needed, pr	ng organization's fund eparate political organ	ds Also enter the amounization, such as a sepa	int of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing	(e) Amount of political
	(4)	<b>(,</b>	(9/="	organization's funds if none, enter-0	contributions received and promptly and directly delivered to a separate
					political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009				94-2759	
Part II-A Complete if t section 501(h	he organization n)).	n is exempt under se	ction 501(c)(3) and	filed Form 5768 (el	ection under
A Check ► if the filing	g organization belo	ongs to an affiliated group			
B Check ► If the filing	g organization che	cked box A and 'limited co	ntrol' provisions apply		
(The term 'c		ng Expenditures — ins amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditur	res to influence pu	blic opinion (grass roots lo	obbying).	22,994.	
<b>b</b> Total lobbying expenditui	res to influence a l	egislative body (direct lobb	oying).	11,497.	
c Total lobbying expenditui	•	ind 1b)		34,491.	0.
<b>d</b> Other exempt purpose ex	•			2,284,373.	
e Total exempt purpose ex	penditures (add lir	nes 1c and 1d)		2,318,864.	0.
f Lobbying nontaxable ame both columns	ount Enter the am	nount from the following tal	ble in	265, 943.	
If the amount on line 1e, colu	mn (a) or (b) is:	The lobbying nontaxable a	mount is		***************************************
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,0		\$100,000 plus 15% of the excess	<del></del>		
Over \$1,000,000 but not over \$1		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$1		\$225,000 plus 5% of the excess of	over \$1,500,000.	]	
Over \$17,000,000	<u>-</u>	\$1,000,000.		66.406	
g Grassroots nontaxable ar h Subtract line 1g from line				66,486.	<u>0.</u> 0.
i Subtract line 1f from line			ŀ	0.	0.
j If there is an amount other	er than zero on eit		ı he organızatıon file Forr		
section 4911 tax for this		<del>-</del> ··			Yes No
(Some	organizations that	4-Year Averaging Period U t made a section 501(h) eld s below. See the instruction	ection do not have to co	omplete all of the five 1 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> Total
2a Lobbying non-taxable amount	246,52	4. 273,536.	282,789.	265,943.	1,068,792.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,603,188.
c Total lobbying expenditures	238,35	9. 32,469.	62,898.	34,491.	368,217.
d Grassroots nontaxable amount	61,63	1. 68,384.	70,697.	66,486.	267,198.
e Grassroots ceiling amount (150% of line 2d, column (e))					400,797.
f Grassroots lobbying expenditures	59,590	19,481.	36,247.	22,994.	138,312.
BAA				Schedule C (Form	990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 Applied Research Center	94	-275	59879	F	age
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	Fo	m 5768		
	(8	)		(b)	
	Yes	No	An	nount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?					
d Mailings to members, legislators, or the public?		-			
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	$\vdash$		<u> </u>		
i Other activities? If 'Yes,' describe in Part IV	$\vdash$				
i Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1 -1				
Part III-A   Complete if the organization is exempt under section 501(c)(4), section 501	(cY5)	Or s	ection <sup>F</sup>	01(c)	<del>(6</del> )
<u> </u>	(5)(5)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· (c)	(υ).
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	1.55	<del>                                     </del>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<del>                                     </del>	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	+	<u> </u>
Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501	(cY5)	or s		01(c)	<del>(6)</del>
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	3 is ar	iswe	ered 'Yes	j.'	(-)
1 Dues, assessments and similar amounts from members		1_			
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year	L	2a			
<b>b</b> Carryover from last year	L	2b			
c Total	L	2c			
2 A					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ss lical				
	ss lical				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policy.	ss lical	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poli expenditure next year?	is lical	3			
<ul> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable organization agree to carryover to the reasonable estimate of nondeductible lobbying and policexpenditure next year?</li> <li>Taxable amount of lobbying and political expenditures (see instructions)</li> </ul>	tical	4 5	line 1i.		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and police expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and	tical	4 5	line 1ı.		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and police expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and	tical	4 5	line 1ı.		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and police expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and	tical	4 5	line 1i.		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and police expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and	tical	4 5	line 1i.		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and police expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and	tical	4 5	line 1i.		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and police expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and	tical	4 5	line 1i.		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and police expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and	tical	4 5	line 1i.		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and police expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV   Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and	tical	4 5	line 1i.		

Schedule C (	Form 990 or 990-EZ) 2009 Applied Research Center  Supplemental Information (continued)	94-2759879	Page 4
Part IV	Supplemental Information (continued)		
			<del></del>
		·	
~ ~			
_ <b></b>			

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions OMB No 1545 0047

2009

Open to Rublic
Inspection

Name of the organization

Employer Identification number

Ap	plied Research Center			94-2759879	
Pa	rt I Organizations Maintaining Dono the organization answered 'Yes'	r Advised Funds or Other Similar Ful to Form 990, Part IV, line 6.	nds or Acc		e ıf
		(a) Donor advised funds	(b) F	unds and other ac	counts
1	Total number at end of year		1		
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the assets held in to the organization's exclusive legal control?	donor advised	Yes	No
6	Did the organization inform all grantees, done	ors, and donor advisors in writing that grant fur the benefit of the donor or donor advisor or fo	nds may be r any other	Yes	☐ No
Pa	rt II   Conservation Easements Compl	ete if the organization answered 'Yes'	to Form 99	90, Part IV, line	7.
	Purpose(s) of conservation easements held b				
	Preservation of land for public use (e.g.,	recreation or pleasure) Preservation	of an historic	ally important land	area
	Protection of natural habitat	Preservation	of certified hi	storic structure	
	Preservation of open space	_			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	the form of	a conservation eas	ement on the
			****	Held at the End o	f the Year
á	Total number of conservation easements		2a		
ŧ	Total acreage restricted by conservation ease	ments	2 b		
(	Number of conservation easements on a certi	fied historic structure included in (a)	2c		
c	Number of conservation easements included in	n (c) acquired after 8/17/06	2 d		
3	Number of conservation easements modified, year ►	transferred, released, extinguished, or termina	ated by the or	ganization during t	he tax
4	Number of states where property subject to co	onservation easement is located >	_		
5	Does the organization have a written policy re and enforcement of the conservation easemer Staff and volunteer hours devoted to monitoring			ations, Yes	☐ No
•	during the year	ng, inspecting, and enforcing conservation eas	ements		
7	Amount of expenses incurred in monitoring, in during the year ▶	nspecting, and enforcing conservation easeme	nts \$ _		<u> </u>
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of si	ection	Yes	☐ No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its revenue and expe to the organization's financial statements that	nse statement, describes the	and balance sheet, organization's acc	and ounting for
Par	Organizations Maintaining Colle Complete if the organization ansi	ctions of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, line	r <b>Other Sim</b> 8.	nilar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for pub- the text of the footnote to its financial stateme	lic exhibition, education, or research in further	nent and balar ance of public	nce sheet works of service, provide, i	art, historical n Part XIV,
b	olf the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revenue statement ic exhibition, education, or research in further	and balance : ance of public	sheet works of art, service, provide the	historical ne following
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>-</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets 116 relating to these items	for financial g	ain, provide the fol	llowing
а	Revenues included in Form 990, Part VIII, line	1		<b>&gt;</b> \$	
ь	Assets included in Form 990, Part X			<b>►</b> \$	

Schedule D (Form 990) 2009 Appl:						94-275			ge 2
Partilly Organizations Mainta	ining Coll	ection	s of Art, Hist	orical Treas	ures, or	Other Similar Ass	sets (con	linuea	<u>)                                    </u>
3 Using the organization's acquisit items (check all that apply)	ion accessioi	n and ot	her records, che	eck any of the	following th	nat are a significant us	se of its coll	ection	
a Public exhibition d Loan or exchange programs									
b Scholarly research e Other									
c Preservation for future gener	ations								
4 Provide a description of the orga Part XIV				-	_		se in		
5 During the year, did the organiza assets to be sold to raise funds in							Yes		No_
Parally Escrow and Custodia 9, or reported an amo	I Arranger unt on For	ments m 990	Complete if on Part X, line	organization 21.	answere	ed 'Yes' to Form 9	90, Part I	V, lın	e 
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodi	an, or of	her intermediar	y for contribution	ons or othe	er assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV	and con	nplete the follow	ing table:					
							Amount		
c Beginning balance						1c			
d Additions during the year						1 d			
<ul> <li>Distributions during the year</li> </ul>						1e			
f Ending balance						11			
2a Did the organization include an a	mount on Fo	orm 990,	Part X, line 21	7			Yes	<u></u>	No.
b If 'Yes,' explain the arrangement			<del></del>			<del></del>			
Part V Endowment Funds Co	mplete if c	organiz				<del>'</del>	<del></del>		
	(a) Curren	t year	(b) Prior yea	r (c) Tw	o years back	(d) Three years back	(e) Four	years ba	ıck
1a Beginning of year balance			<b></b>		<del></del>	_			
<b>b</b> Contributions							<u> </u>		
c Net Investment earnings, gains, and losses	-,-								
d Grants or scholarships									
<ul> <li>Other expenditures for facilities and programs</li> </ul>									
f Administrative expenses							3.5		X.
<b>g</b> End of year balance									
2 Provide the estimated percentage	e of the year	end bal	ance held as.						
a Board designated or quasi-endown	vment ►		<del></del> 8						
<b>b</b> Permanent endowment ►	———-					•			
c Term endowment	—_₹								
3a Are there endowment funds not a organization by	n the posses	sion of	the organization	that are held	and admini	stered for the	Ye	es I	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related of	_						3b		
4 Describe in Part XIV the intended									
Part VII Investments—Land, B	<u>uildings, a</u>			<u>e Form 990,</u>	Part X, I	line 10.			
Description of investment			t or other basis ivestment)	(b) Cost or basis (oth	other ner)	(c) Accumulated Depreciation	<b>(d)</b> Bool	k Value	;
1 a Land			<del></del>						
<b>b</b> Buildings		<u> </u>		1,360	,605.	64,855.	1,2	95,75	<u> 50.</u>
c Leasehold improvements							·		
<b>d</b> Equipment		<u> </u>		188	,278.	160,793.		27,48	<u> 35.</u>
e Other	<del></del>	<u> </u>							
Total. Add lines 1a through 1e (Column	n (d) must ed	qual For	m 990, Part X, o	column (B), line	e 10(c))	<u> </u>		23, 23	_
BAA						Sched	ule <b>D</b> (Form	1 990) 2	2009

Schedule D (Form 990) 2009 Applied Research (	Center	94-275	9879 Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, line	12. N/A	
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuat Cost or end-of-year mark	ion et value
Financial derivatives			
Closely-held equity interests			
Other			
		. <u></u>	
			<del></del>
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12)	<u> </u>		
Part VIII Investments-Program Related (See F		e 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuate	ion et value
	-	Cost or end-of-year mark	et value
			·
		<del></del>	<del> </del>
			<del></del>
			·
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)			
Part IX Other Assets (See Form 990, Part X,	ine 15) N/A		
<b>(a)</b> De:	scription		(b) Book value
			<del></del>
			<del>- ·· · · · · · · · · · · · · · · · · · </del>
Total (Column (h) must equal Form 200, Book V and (D) 1	15)		<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B), III  Part X Other Liabilities (See Form 990, Part X)		<u> </u>	
		T	<del></del>
(a) Description of Liability Federal Income Taxes	(b) Amount	-	
1 ederal income Taxes	<del></del>	-	
	<del>-  </del>	┨	
		-	
		1	-
		1	
		4	
	<del></del>	+	
		1	,
	·	†	
· · · · · · · · · · · · · · · · · · ·	+	†	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	<del></del>	₫	
2 FIN 49 Feetpate In Part VIV provide the text of the feet	ala ia iba araansatsaats	francial statements that consider the	

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

· Schedule D (Form 990) 2009 Applied Research Center		94-2759879	Page <b>4</b>
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)		2	2,503,481.
2 Total expenses (Form 990, Part IX, column (A), line 25)			2,318,864.
3 Excess or (deficit) for the year Subtract line 2 from line 1			184,617.
4 Net unrealized gains (losses) on investments			213,633.
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV)			
9 Total adjustments (net) Add lines 4 through 8			213,633.
10 Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9		398,250.
Part XII   Reconciliation of Revenue per Audited Financial Statemer		Return	
Total revenue, gains, and other support per audited financial statements			2,717,114.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2a 213,633	3.	
b Donated services and use of facilities	2b	7	
c Recoveries of prior year grants	2c	<b>⊣</b>	
d Other (Describe in Part XIV)	2d	┦	
e Add lines 2a through 2d		2e	213,633.
3 Subtract line 2e from line 1			2,503,481.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	<del></del>	1, 303, 401.
a Investments expenses not included on Form 990, Part VIII, line 7b	40		
<b>b</b> Other (Describe in Part XIV)	4a 4b	<b>-</b>	
c Add lines 4a and 4b	40		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		4c 5 2	2,503,481.
Part XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses no		., 303, 461.
1 Total expenses and losses per audited financial statements	citts With Expenses pe		2,318,864.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		<del> </del>	., 510, 004.
a Donated services and use of facilities	2a		
b Prior year adjustments	2b	- 1	
c Other losses	2c	$\dashv$ $\parallel$	
d Other (Describe in Part XIV)	2d	-	
e Add lines 2a through 2d.		<del>   </del>	
3 Subtract line 2e from line 1		2e 3 2	2,318,864.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		., 510, 504.
		1 1	
a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV)	4a	-	
·	4b		
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	<b>.</b>	4c 5 2	2,318,864.
Part XIV Supplemental Information	<u> </u>	131 2	, 310, 604.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d information	and 4b. Also complete this	part to provide a	iny additional
			·
	<b></b>		
	<b></b>		
BAA TEEA3304L 02/02/10		Schedule <b>D</b> (F	orm 990) 2009

Schedule D (Form 990) 2009 Applied Research Center	94-2759879	Page 5
Schedule D (Form 990) 2009 Applied Research Center  Part XIV   Supplemental Information (continued)		
	<b></b>	
		- <del></del> -
	- <b></b>	
,		

### SCHEDULE J (Form 990)

### **Compensation Information**

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

2009

2009

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

e 23. Open (o Rible Inspection )

Employer identification number

Applied Research Center
Part | Questions Regarding Compensation

94-2759879

8	art 1 Questions Regarding Compensation	<del></del>			
			١	es	No
1	I a Check the appropriate box(es) if the organization provided any of the foll VII, Section A, line 1a Complete Part III to provide any relevant inf	lowing to or for a person listed in Form 990, Part formation regarding these items			
	First-class or charter travel	ousing allowance or residence for personal use	Y		
	Travel for companions	ayments for business use of personal residence	1.1		
	Tax indemnification and gross-up payments	ealth or social club dues or initiation fees			
	Discretionary spending account	ersonal services (e g , maid, chauffeur, chef)			
	<b>b</b> If any of the boxes on line 1a are checked, did the organization follower reimbursement or provision of all of the expenses described above.	ow a written policy regarding payment or ? If 'No,' complete Part III to explain	1 b	^//	4
2	Did the organization require substantiation prior to reimbursing or a trustees, and the CEO/Executive Director, regarding the items chec	illowing expenses incurred by all officers, directors, ked in line 1a?	2	M	A
			10		
3	3 Indicate which, if any, of the following the organization uses to esta CEO/Executive Director Check all that apply	ablish the compensation of the organization's	. na 5	مد	
	Compensation committee W	ritten employment contract			
		ompensation survey or study		4	1
		pproval by the board or compensation committee	4		
	[ ] Total 330 of other organizations	pprovar by the board or compensation committee			
_	I. Downs the constitution of the day of the	- A has 1s - H sal 4s Haz (1			
4	During the year, did any person listed in Form 990, Part VII, Section or a related organization	n A, line Ta with respect to the filing organization		4	
	a Receive a severance payment or change-of-control payment?		4a		X
- 1	<b>b</b> Participate in, or receive payment from, a supplemental nonqualifie	ed retirement plan?	4b		X
(	c Participate in, or receive payment from, an equity-based compensa	ition arrangement?	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applica	able amounts for each item in Part III			7. 2.
			27		
	Only section 501(c)(3) and 501(c)(4) organizations must complete I	lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of	organization pay or accrue any compensation			
i	a The organization?		5a		X
ı	b Any related organization?		5 b		X
	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 contingent on the net earnings of	organization pay or accrue any compensation			
á	a The organization?		6a		X
ŧ	<b>b</b> Any related organization?		6b		X
	If 'Yes' to line 6a or 6b, describe in Part III	A.	(6.5) 27		ਲਾਵਾਜ਼ —a—ਮੈ
7	For person listed in Form 990, Part VII, Section A, line 1a, did the described in lines 5 and 6? If 'Yes,' describe in Part III	organization provide any non-fixed payments not	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued a contract exception described in Regs section 53 4958-4(a)(3)? If 'Yo	pursuant to a contract that was subject to the initial es ' describe in Part III	8		<u></u>
			一十	$\dashv$	<del></del>
9	If 'Yes' to line 8, did the organization also follow the rebuttable pressection 53.4958-6(c)?	uniplion procedure described in Regulations	9		X

Page 2

Schedule J (Form 990) 2009 Applied Research Center [Earwill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdowr	(B) Breakdown of W-2 and/or 1099-MIS	MISC compensation	ISC compensation (C) Retirement and (C)	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(f) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)·(D)	
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	(ii)						
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### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

esponses to specific questions on additional information.

Employer identification number

OMB No 1545 0047

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

Attach to Form 990.

Applied Research Center	94-2759879
Form 990, Part IX, Line 24 - Debt Forgiv	
In 2006, ARC incurred expenses for setting up an affiliate	ed 501(c)(4) social welfare
organization, Equity America ("EA"), and recorded those ex	kpenses as an
interest-bearing receivable from EA. EA remains active an	nd in good standing, but
has never raised nor spent any funds; it is in an ongoing	all-volunteer_planning
process, to determine if there are lobbying opportunities	and funding. EA has never
engaged in any electioneering and has no foreseeable plans	s to do so. With interest,
the balance due from EA as of 12/31/2008 was \$8,337. In 2	2009, ARC forgave the note
receivable from EA, and recorded the \$8,337 as a grassroot	ts_lobbying_expenditure
Form 990, Part III, Line 4d - Other Program Services Description	
Fiscal Sponsorship - In keeping with ARC's mission, the Fi	iscal Sponsorship program
provides assistance for new projects through infrastructure	re support and grants for
research or educational purposes. ARC is currently sponsor	oring two projects: the
Transnational Institute for Grassroots Research and Action	n (TIGRA) and BackStory
Narratives.	
Form 990, Part VI, Line 11 - Form 990 Review Process	
The audit committee and the Executive Director review the	initial draft of the 990
and makes changes/revisions. The final copy is distribute	ed to the board at least
one week before being filed.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement	of Conflicts
Board members fill out disclosure statements once a year.	The Executive Director
and Board Chair track potential conflicts. When conflicts	s arise they are disclosed
at board meetings and the board member is recused.	

Applied Research Center	94-2759879
Form 990, Part VI, Line 15a - Compensation Review & Approval Process	s for CEO, Exec. Dir., or Top Mgtment
Independent members of the Board, without the E.D.'s p	participation, do a
compensation review as part of the E.D.'s yearly evaluate	nation. The examine published
data on non-profit salaries to determine comparable co	ompensation levels. The results
of the review are then discussed with the Executive Di	rector and a final
compensation recommendation is approved by the Board.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process	s for Officers & Key Employees
The Executive Director sets the compensation for Offic	ers and Key Employees subject
to Board review as part of the yearly budget approval	process.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly	Available
ARC's form 990 and yearly audit are available upon rec	quest for free. Requests for
other documents are considered on a case by case basis	S
· · · · · · · · · · · · · · · · · · ·	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Applied Research Center

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

OMB No 1545-0047

Open to Public inspection

Employer identification number 94-2759879

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A N/A (E)
Public charity status (if section 501(c)(3)) **(E)** End-of-year assets 509(a) (3) Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (C) (D)

Legal domicile (state or foreign country) (**0)** Total income 501 (c) (3) 501 (c) (4) TEEA5001L 02/05/10 (C)
Legal domicile (state or foreign country) AA S public education economic justice BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Advocacy on Supporting (B) Primary activity Primary activity racial & issues Schott Foundation for Public Education (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity 678 Massachusetts Ave Cambridge, MA 02139 Equity\_Action\_\_\_\_\_900 Alice St. #400 Oakland, CA 94607 20-3745400 04 - 3457065Part II

Schedule R (Form 990) 2009 Applied Research Center

[Parill | Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

(W)	É				(A)			•		1
Name, address, and EIN of	(b) Primary Activity	Legal	Legal Direct	( <b>E.)</b> Predominant	(F) (G) Share of total income   Share of end-of-vear	( <b>G)</b> Share of end-of-year	Dispropo	(Oode V-UBI	( <b>5)</b> General or	ا ا
related organization		domicile	controlling entity	income (related,		assets	tionate	amount in box	manag	gui
		(state or		unrelated, excluded from tax under			allocations	20 of Schedule	partne	۶۲ ک
		country)		sections 512-514)			Yes No	(Form 1065)	es	Š
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Itanian Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer Inc. 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cole or a cole	poration or Tr treated as a c	<b>ust</b> (Complete or proportion or the	if the organiz	ation answered 'Yo	s a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV tations treated as a corporation or trust during the tax year.)	irt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	( <b>b)</b> Direct controlling entity	Type of entity (C corp, S corp, or trust)	(F) Share of total income	Legal domicile Direct Type of entity (C corp, S corp, country)  (C) (G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(H) Percentage ownership
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Schedule R (Form 990) (2009)

TEEA5002L 02/05/10

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94-2759879

Schedule R (Form 990) 2009 Applied Research Center

| Part | Part

0) (2009)	Schedule <b>R</b> (Form 990) (2009)	Schedule	<b>BAA</b> TEEAS003L 02/05/10	ò
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			(6)	$\neg$
			(4)	٦
			(3)	٦
			(2)	4
			(ι)	$\preceq$
olved	(C) Amount involved	(B) Transaction type (a-r)	( <b>A)</b> Name of other organization	
	olds.	s and transaction thresh	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	
<×			q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s)	
1 18 1 X				
×	↓_		p Reimbursement paid by other organization for expenses	
×	10		o Reimbursement paid to other organization for expenses	
×	- L		n Sharing of paid employees	
×	E		m Sharing of facilities, equipment, mailing lists, or other assets	
×	=		l Performance of services or membership or fundraising solicitations by other organization(s)	
×	<b>*</b>		k Performance of services or membership or fundraising solicitations for other organization(s)	
×	-		j Lease of facilities, equipment, or other assets from other organization(s)	
×	=		i Lease of facilities, equipment, or other assets to other organization(s)	
×	٦ ٢			
×	19		g Purchase of assets from other organization(s)	
×	1		f Sale of assets to other organization(s)	
×	1e		e Loans or loan guarantees by other organization(s)	
×	19		d Loans or loan guarantees to or for other organization(s)	
×	10		c Gift, grant, or capital contribution from other organization(s)	
: ×	- P		b Gift, grant, or capital contribution to other organization(s)	
<u> </u>	1	≥	1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV a Receipt of (i) interest (ii) annulus (iii) royalties (iiv) rept from a controlled entity.	
SS No	Yes		Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	

94-2759879

# Parkivin Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

Name, address, and EIN of entity  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	lers Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	ging ler?
			Yes	No	Yes No		Yes	No
					-			
				-				
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			·					
ВАА		TEEA5004L 02/05/10				Schedule <b>R</b> (Form 990) (2009)	(066 m	(5002)

2009	Schedi	ule	A, Pa	art	IV	- Supple	me	ental Inform	nation	Page
Client APL07						Research (				94-27598
9/17/10	<del></del>									09 50
Part II, Line 10 - Othe	er Income	•								
Nature and Source	e		2009			2008		2007	2006	2005
Miscellaneous	Total	\$		0.	\$	520. 520.	\$	1,911. 1,911.	991. 991. \$	0.
`										

Form 8868	(Rev 4-2009)		Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	y Part II and check	this box
Note. Only	complete Part II if you have already been granted an automatic 3-month extended	ension on a previou	ısly filed Form 8868
• If you a	are filing for an Automatic 3-Month Extension, complete only Part I (on page	1).	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original	(no copies needed).
	Name of Exempt Organization		Employer identification number
Type or print	Applied Research Center	The state of the s	94-2759879
<b>P.</b>	Number, street, and room or suite number. If a P.O. box, see instructions	Carry Salar	For IRS use only
File by the extended due date for	Crosby & Kaneda, CPAs		
filing the return See	1611 Telegraph Ave Ste 318 City, town or post office, state, and ZIP code. For a foreign address, see instructions	No.	
instructions		1、1986年1988	
Ob a all b are	Oakland, CA 94612-2151	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
X Form 9	e of return to be filed (File a separate application for each return)	□ En. m. 1041. A	□ Farm 6060
Form 9	——————————————————————————————————————	Form 1041-A	Form 6069 Form 8870
Form 9		Form 5227	☐ Form 8870
	not complete Part II if you were not already granted an automatic 3-month ex		oucly filed Form 8969
	oks are in care of Sonia Pena	Atension on a previ	ously lifed Form 6666.
	one No. ► 510-653-3415 FAX No ► 510-986-1	062	
•	rganization does not have an office or place of business in the United States,		· ▶□
	s for a Group Return, enter the organization's four digit Group Exemption Nur		لــا If this is for the
	p, check this box   If it is for part of the group, check this box	· · · · · · · · · · · · · · · · · · ·	<del></del>
_	he extension is for	and attach a hist wi	an the names and Ems of an
	uest an additional 3-month extension of time until 11/15 , 20 1	0	<del></del>
•		, and ending_	. 20
		Final return	Change in accounting period
	in detail why you need the extension		
	her information necessary to file a complete and		
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta fundable credits. See instructions	ative tax, less any	8a \$
payme	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cents made. Include any prior year overpayment allowed as a credit and any after 8868.	redits and estimate amount paid previou	d tax ssly 8b\$
c <b>Balan</b> with F	ce Due. Subtract line 8b from line 8a Include your payment with this form, of TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment)	r, if required, depos System). See instr	sit 8c \$_
	Signature and Verification	1	
Under penalties correct, and cor	s of perjury, I declare that I have examined this form, including accompanying schedules and statements implete, and that I am authorized to prepare this form  Title CP4.5	s, and to the best of my kr	Date > 8 10 10

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)

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### Form **8868** (Rev April 2009)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

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

If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box	<u> </u>
	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	
	plete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Form 8868
Partl	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation	n required to file Form 990-T and requesting an automatic 6-month extension — check this box and c	omplete Part I only
All other corp income tax re	porations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request eturns	an extension of time to file
returns noted the additiona Form 990-T	ling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more detit www irs gov/efile and click on e-file for Charities & Nonprofits	Belectronically if (1) you want composite or consolidated
	Name of Exempt Organization	Employer identification number
Type or print		
-	Applied Research Center	94-2759879
File by the due date for	Number, street, and room or suite number If a P O box, see instructions	
filing your return See instructions	900 Alice Street #400 City, town or post office, state, and ZIP code For a foreign address, see instructions	
man between		
Chack hims o	Oakland, CA 94607  If return to be filed (file a separate application for each return)	
X Form 990		0
Form 990		
Form 990		
Form 990		-
Telephone If the orga If this is for check this	FAX No   510-653-3415  FAX No   510-986-1062  anization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN)  5 box   1 If it is for part of the group, check this box  and attach a list with the names are sion will cover	- ·
	st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
	8/15, 20 <u>10</u> , to file the exempt organization return for the organization named above.	
_	ension is for the organization's return for	
[ A	calendar year 20_09_ or tax year beginning, 20, and ending, 20	
, L	tax year beginning, 20, and ending, 20	
2 If this ta	x year is for less than 12 months, check reason	nange in accounting period
3a If this ap nonreful	opplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any indable credits. See instructions	3a \$ 0.
<b>b</b> If this apmade In	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments include any prior year overpayment allowed as a credit	<b>3b</b> \$ 0.
c <b>Balance</b> deposit See inst	<b>Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) ructions	3c \$ 0.
Caution. If yo payment instr	u are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Forn uctions.	n 8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.