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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009Open to Public
Inspection**A** For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization APPLESEED FOUNDATION, INC.		D Employer identification number 52-1835698
		Doing Business As		E Telephone number 202-347-7960
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 727 15TH STREET NW, 11TH FLOOR		G Gross receipts \$ 1,950,832.
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer ELIZABETH CAVENDISH SAME AS C ABOVE				
I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.APPLESEEDNETWORK.ORG				
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶				
L Year of formation: 1993 M State of legal domicile: DC				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. A NON-PROFIT NETWORK OF 16 PUBLIC INTEREST JUSTICE CENTERS IN THE U.S. AND MEXICO, APPLESEED IS			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	69	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	69	
	5 Total number of employees (Part V, line 2a)	5	17	
	6 Total number of volunteers (estimate if necessary)	6	228	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	1,772,928.	1,745,018.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			3,690.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,934.	28,049.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,791,862.	1,776,757.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		272,564.	378,208.	
14 Benefits paid to or for members (Part IX, column (A), line 4)				
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,171,975.	1,177,012.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 357,881.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	327,620.	280,934.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,772,159.	1,836,154.	
	19 Revenue less expenses. Subtract line 18 from line 12	19,703.	<59,397.>	
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	1,945,462.	2,010,347.	
	22 Net assets or fund balances. Subtract line 21 from line 20	97,480.	124,795.	
		1,847,982.	1,885,552.	

Part II Signature Block

Sign Here Signature of officer ELIZABETH CAVENDISH, EXECUTIVE DIRECTOR Type or print name and title	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Date 9-31-2011		
Paid Preparer's Use Only Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4	Date 1/24/11	Check if self-employed ☐	Preparer's identifying number (see instructions)
	RIBIS, JONES & MARESCA, P.A. 10500 LITTLE PATUXENT PARKWAY, SUITE 770 COLUMBIA, MD 21044		EIN ▶ Phone no. ▶ 410-884-0220

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

☒ Yes ☐ No

SCANNED MAR 30 2011

 RECEIVED
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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
A NON-PROFIT NETWORK OF 16 PUBLIC INTEREST JUSTICE CENTERS IN THE U.S.
AND MEXICO, APPLESEED IS DEDICATED TO BUILDING A SOCIETY WHERE
OPPORTUNITIES ARE GENUINE, ACCESS TO THE LAW IS UNIVERSAL AND EQUAL,
AND GOVERNMENT ADVANCES THE PUBLIC INTEREST.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 748,950. including grants of \$ 374,234.) (Revenue \$ 3,690.)
COLLABORATIVE PROJECTS - APPLESEED ORGANIZES APPLESEED CENTERS AROUND A
NUMBER OF NATIONAL COLLABORATIVE PROJECTS. MANY OF THESE PROJECTS BEGIN
LOCALLY BUT HAVE NATIONAL IMPLICATIONS, OFTEN LEADING TO CHANGES IN
FEDERAL LEGISLATION, LAWS AND INSTITUTIONAL POLICIES. APPLESEED'S
CURRENT PROJECTS INCLUDE ISSUES RELATING TO EDUCATION, FINANCIAL
ACCESS, IMMIGRANT RIGHTS, LIFE LONG JUSTICE AND GULF COAST RECOVERY
RESPONSE.

APPLESEED ENGAGES A VAST NETWORK OF VOLUNTEERS WHO APPLY THEIR TALENTS
AND EXPERTISE TO THESE PROJECTS ATTACKING SOCIAL INJUSTICE AT ITS ROOT.

4b (Code:) (Expenses \$ 323,539. including grants of \$ 3,974.) (Revenue \$)
FIELD NETWORK - APPLESEED PROVIDES SUPPORT TO LOCAL, INDEPENDENT
APPLESEED CENTERS WHICH WORK TOWARDS IMPROVING THEIR LOCAL COMMUNITIES.
ON AN ONGOING BASIS, APPLESEED HELPS PROMOTE CENTER WORK, SERVES AS A
CLEARINGHOUSE, AND PROVIDES TRAINING AND TECHNICAL ASSISTANCE,
PARTICULARLY IN THE AREAS OF COMMUNICATIONS AND DEVELOPMENT. APPLESEED
OPERATES AN OFFICE IN NEW YORK CITY AND HELPS START NEW APPLESEED
CENTERS.

4c (Code:) (Expenses \$ 123,076. including grants of \$) (Revenue \$)
COMMUNICATIONS - APPLESEED INFORMS VOLUNTEERS, COMMUNITY ORGANIZATIONS,
GOVERNMENT OFFICIALS, AND THE GENERAL PUBLIC ABOUT OUR SOCIAL JUSTICE
PROGRAMS AND ACCOMPLISHMENTS THROUGH MANY CHANNELS. OUR ONGOING
ADVOCACY STEMS FROM THE PUBLICATION AND RELEASE OF COMPREHENSIVE
REPORTS AND LEGAL TOOLKITS IN ALL PROGRAM AREAS, SUPPLEMENTED BY A FREE
WEEKLY E-NEWSLETTER, REGULARLY UPDATED WEB CONTENT, AND TARGETED MEDIA
OUTREACH. IN ADDITION, APPLESEED CONVENES BRIEFINGS WITH PROJECT
STAKEHOLDERS, PRESENTS AT NATIONAL CONFERENCES, AND HOSTS OR ATTENDS
OTHER GATHERINGS RELEVANT TO THE DISTRIBUTION OF OUR WORK AMONG
RELEVANT CONSTITUENCIES.

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► \$ 1,195,565.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	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?		
9a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	69	
b Enter the number of voting members that are independent	69	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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 employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT BACHNER MEMBER	1.00	X						0.	0.	0.
BRANNON J BUCK MEMBER	1.00	X						0.	0.	0.
EVELYN BECKER MEMBER	1.00	X						0.	0.	0.
DAVID BRODERICK MEMBER	1.00	X						0.	0.	0.
A. STEVENS CLAY MEMBER	1.00	X						0.	0.	0.
MAUREEN DEL DUCA MEMBER	2.00	X						0.	0.	0.
RON LEWIS MEMBER	1.00	X						0.	0.	0.
STEVEN NEWBORN MEMBER	2.00	X						0.	0.	0.
JULIE CARPENTER MEMBER	1.00	X						0.	0.	0.
JAMES "JIM" PATTON MEMBER	1.00	X						0.	0.	0.
STEPHEN M CUTLER MEMBER	1.00	X						0.	0.	0.
NATALIA DELGADO MEMBER	2.00	X						0.	0.	0.
DAVID DOUGLASS MEMBER	2.00	X						0.	0.	0.
GARY EPSTEIN MEMBER	1.00	X						0.	0.	0.
GAIL ERICKSON MEMBER	1.00	X						0.	0.	0.
MARC FLEISCHAKER MEMBER	1.00	X						0.	0.	0.
JACK FOCHT MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KARIN DEMASI MEMBER	1.00	X						0.	0.	0.
JACK DUNN MEMBER	1.00	X						0.	0.	0.
RICHARD MEDALIE MEMBER	1.00	X						0.	0.	0.
MICHAEL A COLLORA MEMBER	1.00	X						0.	0.	0.
RICHARD GODFREY MEMBER	1.00	X						0.	0.	0.
WILLIS GOLDSMITH MEMBER	2.00	X						0.	0.	0.
SUSAN HALLER MEMBER	1.00	X						0.	0.	0.
HARRY HARDIN MEMBER	1.00	X						0.	0.	0.
JOE GOLDBERG MEMBER	1.00	X						0.	0.	0.
BARBARA HARDING MEMBER	1.00	X						0.	0.	0.
1b Total								397,097.	0.	28,758.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

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

Form 990 (2009)

Part VII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	4,018.			
	b	Membership dues	1b				
	c	Fundraising events	1c	547,443.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	27,475.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,166,082.			
	g	Noncash contributions included in lines 1a-1f \$		10,300.			
	h	Total. Add lines 1a-1f		1,745,018.			
	Program Service Revenue	2 a	STUDY FOR COLLABORATIV	Business Code 611430	3,690.	3,690.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		3,690.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		28,049.			28,049.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real 9,243.				
	b	Less: rental expenses	9,243.				
	c	Rental income or (loss)	0.				
	d	Net rental income or (loss)		0.			
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 547,443. of contributions reported on line 1c) See Part IV, line 18	a	164,832.			
	b	Less: direct expenses	b	164,832.			
	c	Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		1,776,757.	3,690.	0.	28,049.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 9b, 9c, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	361,234.	361,234.		
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	16,974.	16,974.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	190,396.	122,877.	48,202.	19,317.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	823,057.	496,181.	95,795.	231,081.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,076.	17,444.	4,812.	7,820.
9 Other employee benefits	57,828.	20,141.	19,454.	18,233.
10 Payroll taxes	75,655.	43,880.	12,105.	19,670.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,190.		8,190.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	12,749.	8,885.	3,756.	108.
12 Advertising and promotion	4,306.	3,703.		603.
13 Office expenses	18,760.	3,004.	9,163.	6,593.
14 Information technology	30,984.	4,423.	24,416.	2,145.
15 Royalties				
16 Occupancy	129,906.	75,346.	20,784.	33,776.
17 Travel	23,518.	17,305.	2,964.	3,249.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,883.	242.	4,458.	183.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,597.		6,597.	
23 Insurance	8,814.	486.	8,328.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>UNCOLLECTIBLE RECEIVABLES</u>	13,250.			13,250.
b <u>LICENSE AND FEES</u>	9,425.	698.	7,477.	1,250.
c <u>PRINTING AND PUBLICATIONS</u>	6,538.	2,142.	4,396.	
d <u>BANK AND CREDIT CARD FEES</u>	1,838.		1,345.	493.
e <u>PROFESSIONAL DEVELOPMENT</u>	1,176.	600.	466.	110.
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	1,836,154.	1,195,565.	282,708.	357,881.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	619,748.	2	625,768.
	3 Pledges and grants receivable, net	385,816.	3	271,286.
	4 Accounts receivable, net	7,500.	4	75,500.
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25,928.	9	38,163.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 68,700.		
	b Less: accumulated depreciation	10b 52,042.		
		18,296.	10c	16,658.
	11 Investments - publicly traded securities	722,890.	11	797,737.
	12 Investments - other securities. See Part IV, line 11	165,284.	12	185,235.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,945,462.	16	2,010,347.	
Liabilities	17 Accounts payable and accrued expenses	33,726.	17	49,479.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	63,754.	25	75,316.
	26 Total liabilities. Add lines 17 through 25	97,480.	26	124,795.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	455,231.	27	591,819.
	28 Temporarily restricted net assets	1,342,600.	28	1,241,473.
	29 Permanently restricted net assets	50,151.	29	52,260.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,847,982.	33	1,885,552.
	34 Total liabilities and net assets/fund balances	1,945,462.	34	2,010,347.

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

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

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

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?

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.

☒ 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?

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.

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

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization:

APPLESEED FOUNDATION, INC.

Employer identification number

52-1835698

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, congregation, or association of churches described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

h ☐ Provide the following information about the supported organization(s).

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

[illegible]

LHA 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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2820741.	2148644.	2080355.	1772928.	1745018.	10567686.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2820741.	2148644.	2080355.	1772928.	1745018.	10567686.
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)						1445930.
6 Public support. Subtract line 5 from line 4						9121756.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2820741.	2148644.	2080355.	1772928.	1745018.	10567686.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,912.	159,814.	51,067.	35,744.	28,049.	340,586.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					9,243.	9,243.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						10917515.
12 Gross receipts from related activities, etc. (see instructions)					12	3,690.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	83.55 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	84.35 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3% support test - 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 ► ☐		
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 ► ☐		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

Schedule A (Form 990 or 990-EZ) 2009

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 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 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

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 line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2009

Open to Public
Inspection

▶ **Complete if the organization is described below.**

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

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 "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations. Complete Part III.

Name of organization APPLESEED FOUNDATION, INC.	Employer identification number 52-1835698
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
☐ Yes ☐ No
- 4 Did the filing organization file **Form 1120-POL** for this year?
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(c) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		16,433.	
c Total lobbying expenditures (add lines 1a and 1b)		16,433.	
d Other exempt purpose expenditures		1,195,565.	
e Total exempt purpose expenditures (add lines 1c and 1d)		1,211,998.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns		196,200.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		49,050.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount				196,200.	196,200.
b Lobbying ceiling amount (150% of line 2a, column(e))					294,300.
c Total lobbying expenditures	0.	0.	0.	16,433.	16,433.
d Grassroots nontaxable amount				49,050.	49,050.
e Grassroots ceiling amount (150% of line 2d, column (e))					73,575.
f Grassroots lobbying expenditures	0.	0.	0.		

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 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?			
i Other activities? If "Yes," describe in Part IV			
j 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 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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 Part II-B, line 1i. Also, complete this part for any additional information.

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, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

APPLESEED FOUNDATION, INC.

Employer identification number

52-1835698

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" to Form 990, Part IV, line 6

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1	► \$	
(ii) Assets included in Form 990, Part X	► \$	

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

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

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

u ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

☐ Yes

☒ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,151.	62,327.			
b Contributions					
c Net investment earnings, gains, and losses	2,109.	<12,176.>			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	52,260.	50,151.			

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► 100.00 %

c Term endowment ► _____ %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,531.	1,531.	0.
c Leasehold improvements				
d Equipment		63,070.	46,821.	16,249.
e Other		4,099.	3,690.	409.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				16,658.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
BENEFICIAL INTEREST IN		
REMAINDER TRUST	185,235.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	185,235.	

Part VIII	Investments - Program Related. See Form 990, Part X, line 13.
------------------	--

Part VII Investments - Program Related See Form 990, Part X, line 10.		
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX	Other Assets. See Form 990, Part X, line 15.
----------------	---

Part IX Other Assets. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X	Other Liabilities. See Form 990, Part X, line 25.
---------------	--

1	(a) Description of liability	(b) Amount
	Federal income taxes	
	DUE TO CENTERS	75,316.
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	75,316.

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.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,776,757.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,836,154.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<59,397.>
4	Net unrealized gains (losses) on investments	4	96,967.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	96,967.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	37,570.

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

1	Total revenue, gains, and other support per audited financial statements	1	7,638,077.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	96,967.
b	Donated services and use of facilities	2b	5,590,278.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	5,687,245.
3	Subtract line 2e from line 1	3	1,950,832.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	<174,075.>
c	Add lines 4a and 4b	4c	<174,075.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,776,757.

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

1	Total expenses and losses per audited financial statements	1	7,600,507.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,590,278.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	174,075.
e	Add lines 2a through 2d	2e	5,764,353.
3	Subtract line 2e from line 1	3	1,836,154.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,836,154.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

DIRECT FUNDRAISING EXPENSES: -164832.

RENTAL EXPENSE: -9243.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES: 164832.

RENTAL EXPENSE: 9243.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number

APPLESEED FOUNDATION, INC.

52-1835698

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	GRANTS	FINANCIAL ASSISTANCE FOR EDUCATION FOR COMMUNITY DEVELOPMENT AND FINANCIAL EMPOWERMENT.	25,652.
Totals	0	0			25,652.

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

Schedule F (Form 990) 2009

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

Part IV Supplemental Information

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

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

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

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

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

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

Part IV Supplemental Information

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

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

PART I, LINE 3, COLUMN (E):

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: FINANCIAL ASSISTANCE FOR EDUCATION FOR COMMUNITY DEVELOPMENT AND FINANCIAL EMPOWERMENT, AND FOR PRESENTATION AND CO-SPONSORSHIP IN THE ABA FALL MEETING OF THE LATIN AMERICAN SECTION FOCUSED ON ORAL TRIALS, AND CREATING A PITCH PACKET.

PART II, COLUMN (D):

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: FINANCIAL ASSISTANCE FOR EDUCATION FOR COMMUNITY DEVELOPMENT AND FINANCIAL EMPOWERMENT, AND FOR PRESENTATION AND CO-SPONSORSHIP IN THE ABA FALL MEETING OF THE LATIN AMERICAN SECTION FOCUSED ON ORAL TRIALS, AND CREATING A PITCH PACKET.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization:

APPLESEED FOUNDATION, INC.

Employer identification number

52-1835698

Part I

Fundraising Activities.

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 NEW YORK EVENT	(b) Event #2 DC EVENT	(c) Other events 2	(d) Total events (add col (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	297,900.	265,990.	148,386.	712,276.
	2	Less Charitable contributions	260,526.	227,054.	59,660.	547,240.
	3	Gross income (line 1 minus line 2)	37,374.	38,936.	88,726.	165,036.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	7,000.	7,752.		14,752.
	7	Food and beverages	22,620.	23,440.	5,066.	51,126.
	8	Entertainment				
	9	Other direct expenses	7,550.	7,744.	83,660.	98,954.
	10	Direct expense summary Add lines 4 through 9 in column (d)				(164,832)
	11	Net income summary Combine line 3, column (d), and line 10				204.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain.

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**b** An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

_____☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

APPLESEED FOUNDATION, INC.

Employer identification number

52-1835698

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CAROLINA APPLESEED PO BOX 7187 COLUMBIA, SC 29202	57-1035023	501(C)(3)	11,664.	0.			GULF COAST RECOVERY
ALABAMA APPLESEED PO BOX 4684 MONTGOMERY, AL 36103	06-1647467	501(C)(3)	63,667.	0.			RESOURCE EQUITY AND RESEARCH AND GULF COAST RECOVERY.
CHICAGO APPLESEED FUND FOR JUSTICE 750 N LAKE SHORE DRIVE, 4TH FLOOR CHICAGO, IL 60611	23-7059214	501(C)(3)	24,000.	0.			NO CHILD LEFT BEHIND POLICY DEVELOPMENT, PILOT TESTING OF MEASURING PARENT INVOLVEMENT
CONNECTICUT APPLESEED 25 DUDLEY DRIVE WILTON CT, CT 06897	06-1501061	501(C)(3)	24,000.	0.			NO CHILD LEFT BEHIND POLICY DEVELOPMENT AND PILOT TESTING OF MEASURING PARENT
GEORGIA APPLESEED CENTER FOR LAW AND JUSTICE - 1100 PEACHTREE STREET, SUITE 2800 - ATLANTA, GA 30309	20-4036923	501(C)(3)	35,664.	0.			GULF COAST RECOVERY, AND NO CHILD LEFT BEHIND - PARENTAL INVOLVEMENT AND TECHNICAL ASSISTANCE.
LOUISIANA APPLESEED 909 POYDRAS STREET, # 1550 NEW ORLEANS, LA 70112	72-1402876	501(C)(3)	96,180.	0.			GULF COAST RECOVERY
2 Enter total number of section 501(c)(3) and government organizations							8.
3 Enter total number of other organizations							

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Employer identification number
52-1835698

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

Part IV Supplemental Information

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

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO APPLESEED FUND FOR JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: NO CHILD LEFT BEHIND POLICY

Part IV Supplemental Information

DEVELOPMENT, PILOT TESTING OF MEASURING PARENT INVOLVEMENT EFFECTIVENESS
TOOL, RESOURCE EQUITY RESEARCH AND IMMIGRATION POLICY.

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTICUT APPLESEED

(H) PURPOSE OF GRANT OR ASSISTANCE: NO CHILD LEFT BEHIND POLICY

DEVELOPMENT AND PILOT TESTING OF MEASURING PARENT INVOLVEMENT
EFFECTIVENESS TOOL.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS APPLESEED

(H) PURPOSE OF GRANT OR ASSISTANCE: NO CHILD LEFT BEHIND POLICY

DEVELOPMENT - PARENTAL INVOLVEMENT AND TECHNICAL ASSISTANCE AND GULF
COAST RECOVERY POLICY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

APPLESEED FOUNDATION, INC.

Employer identification number

52-1835698

Part I Questions Regarding Compensation

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☒ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

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

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

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

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2009

SCHEDULE J-2

(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

▶ See the Instructions for Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the Organization

APPLESEED FOUNDATION, INC.

Employer Identification number

52-1835698

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EILEEN HERSHENOV MEMBER	1.00	X						0.	0.	0.
ROBERT HERZSTEIN MEMBER	1.00	X						0.	0.	0.
A. STEPHEN HUT MEMBER	2.00	X						0.	0.	0.
RICHARD KETCHUM MEMBER	2.00	X						0.	0.	0.
ANTONY KLAPPER MEMBER	1.00	X						0.	0.	0.
FORREST KRUTTER MEMBER	1.00	X						0.	0.	0.
ROBERT LOEFFLER MEMBER	2.00	X						0.	0.	0.
PAUL LOVEJOY MEMBER	1.00	X						0.	0.	0.
EDWARD LEVIN MEMBER	1.00	X						0.	0.	0.
PAULA LITTLEWOOD MEMBER	1.00	X						0.	0.	0.
WILLIAM LURYE MEMBER	1.00	X						0.	0.	0.
PETER MUNDHEIM MEMBER	1.00	X						0.	0.	0.
TIMOTHY J MAYOPOULOS CO-CHAIR	2.00	X		X				0.	0.	0.
CARLOS ORTIZ MENA MEMBER	1.00	X						0.	0.	0.
MELANIE NUSSDORF MEMBER	1.00	X						0.	0.	0.
RALPH NADER MEMBER	1.00	X						0.	0.	0.
TAI PARK MEMBER	1.00	X						0.	0.	0.
MARIANELA PERALTA MEMBER	1.00	X						0.	0.	0.
RALPH I PETERSBERGER MEMBER	1.00	X						0.	0.	0.
BERTRAND B POGREBIN MEMBER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the Organization

APPLESEED FOUNDATION, INC.

Employer Identification number

52-1835698

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH RECTOR MEMBER	2.00	X						0.	0.	0.
ALEXIS ROVZAR SECRETARY	2.00	X		X				0.	0.	0.
J. DOUGLAS RICHARDS MEMBER	1.00	X						0.	0.	0.
JAMES F ROGERS CO CHAIR	2.00	X		X				0.	0.	0.
MALCOLM RICH VICE PRESIDENT	2.00	X		X				0.	0.	0.
R. BRUCE RICH MEMBER	1.00	X						0.	0.	0.
THOMAS SAGER MEMBER	1.00	X						0.	0.	0.
PHILLIP SPECTOR MEMBER	1.00	X						0.	0.	0.
ELIZA SWANN MEMBER	1.00	X						0.	0.	0.
RONALD J TABAK MEMBER	1.00	X						0.	0.	0.
ANDREW E TOMBACK MEMBER	1.00	X						0.	0.	0.
ARTHUR WHITE MEMBER	1.00	X						0.	0.	0.
PHILIP F ZEIDMAN MEMBER	1.00	X						0.	0.	0.
STEVEN SCHULMAN MEMBER	1.00	X						0.	0.	0.
STEPHEN GATES CO CHAIR	2.00	X		X				0.	0.	0.
ERIC S KOENIG TREASURER	2.00	X		X				0.	0.	0.
CHARLES SMITH MEMBER	1.00	X						0.	0.	0.
ROBERT MALLETT MEMBER	1.00	X						0.	0.	0.
KERRY SULKOWICZ MEMBER	1.00	X						0.	0.	0.
MARK JOELSON MEMBER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the Organization

APPLESEED FOUNDATION, INC.

Employer Identification number

52-1835698

[illegible]

Schedule J-2 (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

APPLESEED FOUNDATION, INC.

Employer identification number

52-1935698

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

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

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

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

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

FORM 990, PART VI, SECTION A, LINE 4: THE BYLAWS WERE AMENDED IN JUNE
2010. TERM LIMITS FOR DIRECTORS WERE CHANGED FROM TWO YEAR TERMS TO THREE
YEAR TERMS. THIS DID NOT APPLY TO SITTING OFFICERS OR FOUNDING MEMBERS.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

APPLESEED FOUNDATION, INC.

Employer identification number

52 1935699

AFFILIATE DIRECTORS MUST NOW BE NOMINATED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE WILL REVIEW THE FORM 990 BEFORE IT IS FILED WITH THE IRS. THE CONTROLLER SHALL PROVIDE ALL MEMBERS OF THE COMMITTEE WITH THE FINAL DRAFT OF THE 990 BEFORE IT IS FINALIZED FOR FILING.

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

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD BASES THE COMPENSATION OF THE EXECUTIVE DIRECTOR ON COMPENSATIONS OF DIRECTORS OF ORGANIZATIONS OF SIMILAR SIZES, COMPLEXITY, REGIONS AND SKILLS REQUIRED. WHEN CONSIDERING ANNUAL COMPENSATION LEVEL THE BOARD ALSO CONSIDERS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND THE AVERAGE SALARY INCREASE FOR STAFF MEMBERS. CHANGES IN COMPENSATION ARE FIRST DISCUSSED AT THE EXECUTIVE COMMITTEE LEVEL AND ARE THEN VOTED ON BY THE FULL BOARD IN AN EXECUTIVE SESSION OF THE BOARD MEETING.

FORM 990, PART VI, SECTION C, LINE 19: ALL POLICIES ARE EITHER A PART OF THE GOVERNING DOCUMENTS OR PART OF THE EMPLOYEE HANDBOOK AND CAN BE

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
InspectionEmployer identification number
52-1835698

APPLESEED FOUNDATION, INC.

OBTAINED BY A WRITTEN REQUEST TO THE ORGANIZATION.

FORM 990 PART XI LINE 2C

THE PROCESS FOR THE REVIEW OF THE AUDITED FINANCIAL STATEMENTS IS THE
SAME AS LAST YEAR AND THERE ARE NO CHANGES TO THE PROCEDURE.

FORM 990 PART I, LINE 6

VOLUNTEER SERVICES

APPLESEED DEPENDS ON A HUGE NETWORK OF VOLUNTEERS IN THE LEGAL,
BUSINESS AND ACADEMIC PROFESSIONS TO HELP IDENTIFY, RESEARCH, ANALYZE
AND ADVOCATE FOR EFFECTIVE SOLUTIONS TO SOCIAL INJUSTICES. IN FISCAL
YEAR 2010, APPLESEED'S VOLUNTEERS DONATED OVER 10,000 HOURS AND \$5.5
MILLION IN PRO BONO SERVICES. APPLESEED REQUESTS THAT EACH COMPANY
COMPILE AND SEND THE LIST OF VOLUNTEERS, NUMBERS OF HOURS AND BILLABLE
RATES FOR EACH PROJECT.

PART IV, LINE 9:

DEBT NEGOTIATION SERVICES PROVIDED BY THE APPLESEED FOUNDATION
APPLESEED'S NEW YORK OFFICE PROVIDES SERVICES TO THE NEW YORK STATE
COURTS ACCESS TO JUSTICE PROGRAM TO ADMINISTER A VOLUNTEER LAWYER FOR
THE DAY - CONSUMER CREDIT PROJECT IN THE QUEENS COUNTY CIVIL COURT, AND
PREVIOUSLY IN THE KINGS COUNTY CIVIL COURT. THE PROGRAM MATCHES A
VOLUNTEER ATTORNEY TRAINED IN CONSUMER LAW WITH AN UNREPRESENTED
DEFENDANT BEING SUED FOR OUTSTANDING BALANCES ON CREDIT CARDS, CELLULAR
PHONE ACCOUNTS OR SIMILAR REVOLVING CREDIT ACCOUNTS. THESE ARE

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

APPLESEED FOUNDATION, INC.

Employer identification number

52-1835698

VOLUNTEERS FOR THE NEW YORK STATE COURTS ACCESS TO JUSTICE PROGRAM AND
ARE NOT APPLESEED VOLUNTEERS. WHEN A VOLUNTEER LAWYER IS NOT
AVAILABLE, HOWEVER, APPLESEED'S COORDINATING ATTORNEY PROVIDES COUNSEL.
AS PART OF THE LEGAL REPRESENTATION OFFERED, BOTH COURT VOLUNTEERS AND
APPLESEED'S COORDINATING ATTORNEYS WILL NEGOTIATE SETTLEMENTS WITH
ATTORNEYS FOR THE CREDITORS. THESE SETTLEMENTS TYPICALLY INVOLVE A
REDUCTION IN THE DEBT OWED BY THE DEFENDANT.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

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

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ► **727 15TH STREET NW, 11TH FLOOR - WASHINGTON, DC 20005**
Telephone No ► **202-347-7960** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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

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

- 4 I request an additional 3-month extension of time until **MAY 15, 2011**
- 5 For calendar year , or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
THE ORGANIZATION REQUIRES ADDITIONAL TIME TO COMPILE ACCOUNTING RECORDS TO ENSURE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **EXECUTIVE DIRECTOR** Date

Form 8868 (Rev. 1-2011)