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Form 990 Department of the Treasus 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)

OMB No 1545-0047 2010

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

Open to Public Inspection

_	For the	2010 calendar year, or tax year beginning JUL 1, 2010 and e	naing U	UN 30, 2011	
В	Check if applicable	C Name of organization		D Employer identific	cation number
		ALLIANCE FOR POTATO RESEARCH AND		<u> </u>	
	Addre chang	S EDUCATION		ļ	
┌	Name	ADDE		80-0	670210
13	Initial		Room/suite		
붙	Termi	Number and street (or F.O. box it mains not delivered to street address) 2000 CORPORATE RIDGE	000	E Telephone number	
늗	ated Amen	404	.000	(703	
╘	retum	City or town, state or country, and ZIP + 4		G Gross receipts \$	910,690.
L	Application	MCDEAN, VA 22102		H(a) Is this a group re	eturn
	penda	F Name and address of principal officer: THOMAS J. KEARNEY		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
$\overline{}$	Tax-ex	empt status: 501(c)(3)X 501(c)(6) ◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)
		te: N/A		H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Voor		State of legal domicile: DC
	art I		L TGai	oriorniation, 2010 W	State of legal doffliche. DC
		Summary	OTTEN	T. F. A	
ě	1	Briefly describe the organization's mission or most significant activities: \underline{SEE}	CHEDU	TE O	
ä					
Ĕ	2	Check this box 🕨 📖 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
š	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
ŝ	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	-	5	0
욢	6	Total number of volunteers (estimate if necessary)	-	6	0
Activities & Governance	"	• • • • • • • • • • • • • • • • • • • •		 	0.
¥	/a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
	<u> Ь</u>	Net unrelated business taxable income from Form 990-T, line 34		7ь	0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (PartyVIII, line-1h)	. L		0.
	9	Program service revenue (Part VIII, Iline-2g)			910,000.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			690.
~	11	Other revenue (Part VIII, column/(A), lines 5/6d/8c, 9c, 10c, and 11e)			0.
		Total revenue - add Imesi8 through 11 (must equal Part-VIII, column (A), line 12)			910,690.
_					0.
		Grants and similar amounts:paid;(Part-IX-column-(A), lines 1-3)	⊢		0.
		Benefits paid to or for members (Part X Column (A), line 4)	<u> </u>		
es	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-		10,057.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_ _		0.
×	. ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			377,552.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			387,609.
	19	Revenue less expenses. Subtract line 18 from line 12			523,081.
20,0	3		Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	<u> </u>	<u> </u>	624,545.
Net Assets	21	Total liabilities (Part X, line 16)	\vdash		88,593.
<u>=</u>	2'		\vdash		535,952.
		Net assets or fund balances. Subtract line 21 from line 20 Signature Block			333,332.
	art II	, <u> </u>			
		lties of perjury, I declare that I have examined this return, including accompanying schedules a		-	knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than-officer) is based on all information of whic	ch preparer	has any knowledge.	
		I have laws		4129/1	
Sig	ın	Signature of officer		Date	
He		► THOMAS J. KEARNEY, ASSISTANT TREASURER			
		Type or print name and title			.
_			- 1	Date, Check	I PTIN
p.	i d	Print/Type preparer's name Preparer's annature		ا مادداند	-
Pai		FREDERICK LONGWOOD THE SUPERIOR			1
	parer	Firm's name TATE AND TRYON		Firm's EIN	
Use	e Only	Firm's address 2021 L STREET, NW SUITE 400			
_		WASHINGTON, DC 20036		Phone no. (202) 293-2200
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
_					

	1						
	ALLI	ANCE FOR POTA	ATO RESEARCH	H AND			
		ATION			80-06	<u>70210</u>	Page 2
Pa	tt III Statement of Progran	•					
	Check if Schedule O contain		stion in this Part III			<u> </u>	X
1	Briefly describe the organization's		eon mue nimi		MORTNO CHO	T 001040	\
	THE CORPORATION I						
	UNDER 501C6 WITH						1X
	RESEARCH AND ADVO				(2) ADVOCA		
						1 12	
2	Did the organization undertake any	significant program sen	vices during the year w	nich were not listed (on	☐ Yes [y N.
	the prior Form 990 or 990-EZ? If "Yes," describe these new service.			• • • • • •		Yes I	A NO
3	Did the organization cease conduc		changes in how it con-	ducto any program o	entinee?	☐ Yes [X No
3	If "Yes," describe these changes o	•	changes in now it cont	ducts, any program s	ervices :	1es (INU
4	Describe the exempt purpose achie		organization's three la	raet program een//	ree hy evnences		
•	Section 501(c)(3) and 501(c)(4) org		_				
	allocations to others, the total expe				nount of grants and		
4a			including grants of) (Revenue \$,
	THE ALLIANCE FOR					ITE THE	<u> </u>
	POTATO INDUSTRY II						
	AND FRENCH FRIES						
			•	•			
	THE ALLIANCE IS BU	UILDING A BOI	DY OF SCIENT	IFIC RESEA	RCH TO SUP	PORT	
	POTATO AND FRENCH	FRY NUTRITIO	ON, AND WILL	USE THIS	INFORMATIO	OT V	
	EDUCATE THE PUBLIC	C THAT, WHEN	CONSUMED IN	MODERATIO	N, FRENCH	FRIES C	CAN
	BE PART OF A HEAL'	THY, BALANCE	D DIET.				
4b	(Code:) (Expens	ses \$	including grants of	\$) (Revenue \$		
			- -				
				 			
4c	(Code:) (Expens	ses \$	including grants of	`\$) (Revenue \$)
							
							
			·				
			·				

Form **990** (2010)

(Expenses \$

4e Total program service expenses ▶

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

including grants of \$

) (Revenue \$

80-067<u>0210</u> Page 3

Form 990 (2010) EDUCATION
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)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	┢═┈		
-	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>	<u> </u>	$\overline{}$
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			,,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			_V
44	If "Yes," complete Schedule D, Part V	10	, ,	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	4 . 4		!
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	۰	·	} ` ;
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			.,
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
2 0a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		
		Form !	990 (2010)

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EDUCATION Part IV | Checklist of Required Schedules (continued)

				T : : -
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	<u> </u>		-
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person duning the year? If "Yes," complete Schedule L, Part I	25a	N/	A
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		l	
	Schedule L, Part I	25b	N/	A
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ľ		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	ŀ		
	Schedule L, Part III	27		Х
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):	ļ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	Ì	ĺ	l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱.,
_	contributions? If "Yes," complete Schedule M	30	_	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			٠,
	If "Yes," complete Schedule N, Part I	31	<u> </u>	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		}	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		l	_~
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity?		İ	х
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
26				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36	N/	L
27		30	147	- -
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37	<u> </u>	
30		38	Х]
	Note. All Form 990 filers are required to complete Schedule O	_ 30_	990	0046

Form **990** (2010)

	rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		age o
تــــــــــــــــــــــــــــــــــــــ	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	-	
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 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	_	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ĺ
	any contributions that were not tax deductible?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		v	
_	were not tax deductible? Organizations that may receive deductible contributions under section 170(c). N/A	6b	X	<u> </u>
7	•		-	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
C	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\bar{\mathbf{x}}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		i	
40-	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	12-		
đ	, in the part of t	13a		
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

ALLIANCE FOR POTATO RESEARCH AND **EDUCATION** 80-0670210 Form 990 (2010) 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 8 1a Enter the number of voting members of the governing body at the end of the tax year 8 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7**b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe ın Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a 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? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. ___ Another's website Upon request Own website 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.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

State the name, physical address, and telephone number of the person who possesses the books and records of the organization THOMAS J. KEARNEY, CPA - (703) 821-0770

2000 CORPORATE RIDGE #1000, MCLEAN, VA 22102

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. 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 neither the organiz (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average					1		Reportable	Reportable	Estimated
	hours per	(c	heck	all	that	арр	ly)		compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RON CLOW	1 00								•	
MEMBER-AT-LARGE	1.00	Х	_			<u> </u>	_	0.	0.	0
JOHN KEELING	1.00	x						0.	0.	_
MEMBER-AT-LARGE JIM MATHEWS	1.00	^	\vdash	\vdash		⊢	_	0.	0.	0
MEMBER-AT-LARGE	1.00	x						0.	0.	0
MARK HAYDEN	1.00			\vdash		╁	-		-	
FIRST VICE CHAIRMAN	1.00	x		x				0.	0.	0
TIM O'CONNOR									_	
TREASURER	1.00	X		х				0.	0.	0
STEVE PATTERSON									-	
SECRETARY	1.00	X		X				0.	0.	0
FRANK VAN SCHAAYK		l							_	
CHAIRMAN	1.00	X	_	X		<u> </u>		0.	0.	0
MAUREEN STOREY	5.00	x		x				0.	0.	0
PRESIDENT & CEO TOM KEARNEY	3.00	^		^	_	\vdash	_	0.	0.	
ASSISTANT TREASURER	5.00			х				0.	0.	0
 										

Form **990** (2010)

(A) Name and title Average hours per veck (electric port of the position of	Part VII Section A. Officers, Directors,	Trustees, Key E	mpl	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)			
Complete stands Complete Schedule Face		(B)										((F)
Sub-total	Name and title		· ·					L A	1				
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Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 Description of services 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. No in the organization is a proper of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization. No in the organization is a proper of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization. No in the organization is a proper of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization. No in the organization is a proper of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization is a proper of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization in the organization is a proper of independent contractors (including but not limited to those listed above) who received			ose	liste	ed at	bove	e) wh	no re	eceived more than \$100	,000 in reportable	•		^
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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. (A) (B) (B) (C) Compensation A) Name and business address Description of services 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	compensation from the organization	· ————								·			
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) Name and business address Description of services 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	2 Did the examination let any former office	or director or to	- +	. ادم،				I				- '	es 140
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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C) Compensation Compensation Compensation 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			stee	, ke	y em	ibio	yee,	OF I	nignest compensated er	npioyee on			
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 Description of services (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization. □ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization □ □			10 00	mn	ones	atıcı	Sanc	t atk	her compensation from	the organization	٠	3	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 Description of services 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. □ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization. □ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization. □ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization. □ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.										ine organization		4	- x
rendered to the organization? If "Yes," complete Schedule J for such person 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. (A) (B) (C) Compensation Description of services 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. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.										dual for services		7	1
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) (B) (C) Compensation Description of services 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								0.4.	ou organization of indivi	ada: 101 001 11000	- [5	$- \bar{\mathbf{x}} $
the organization. (A) Name and business address Description of services 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										-			
(A) Name and business address Description of services 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	1 Complete this table for your five highest	compensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	pens	ation fro	m
Name and business address Description of services 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	the organization. NONE												
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	, ,								(B)				_
\$100,000 in compensation from the organization 0	Name and busine	ss address						\perp	Description of s	ervices	С	ompens	ation
\$100,000 in compensation from the organization 0													
\$100,000 in compensation from the organization 0								4					
\$100,000 in compensation from the organization 0													
\$100,000 in compensation from the organization 0								_					
\$100,000 in compensation from the organization 0										1			
\$100,000 in compensation from the organization 0								+					
\$100,000 in compensation from the organization 0										l			
\$100,000 in compensation from the organization 0								+	·				
\$100,000 in compensation from the organization 0													
\$100,000 in compensation from the organization 0	2 Total number of independent contractor	(including but =	ot le	mit c	d to	the	oo lia	***	laboro) who received	oro than			_
		-	UL III	· III C	3 10	_	_	ieu	above, who received m	Ole Illall			
	# 100,000 in compensation from the orga	in neathorn								i		Form QC	0 (2010)

Pa	rt VI	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
ts st	1 a	Federated campaigns 1a				
흔들	b	Membership dues 1b	7			
9,E	c	Fundraising events 1c				
# H		Related organizations 1d		ŀ		
s, s	e	<u> </u>				
e is		All other contributions, gifts, grants, and				
le E	•	similar amounts not included above				
	_	· 	-			'
Contributions, gifts, grants and other similar amounts	9	Total. Add lines 1a-1f	-			İ
		Business Co	odo			
. 1	2 a	MEMBER GUITE BITTE		910,000.		·
Š			7 710,000.	510,000.		
E 8	b		-			
E	C					1
Ba	d					-
Program Service Revenue	е					
_	f		910,000.			
\dashv			910,000.			
İ	3	Investment income (including dividends, interest, and	690.			690.
	_	,	690.			030.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	<u> </u>			
		(i) Real (ii) Persona	<u>al</u>			
	6 a					
	b	· · · · · · · · · · · · · · · · · · ·				
	С	· · ·				
		Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				•
	b	Less: cost or other basis				
		and sales expenses				
		Gain or (loss)				ļ
	_		<u> </u>			
Jue	8 a	Gross income from fundraising events (not including \$ of				
		contributions reported on line 1c). See				j
<u>بة</u>		Part IV, line 18				
Other Reve	h	Less: direct expenses b				ļ
ō			,		^	
		Gross income from gaming activities. See				
ļ	•	Part IV, line 19				
	h	Less: direct expenses b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
		and allowances a	·	1		
	ь	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory	•			
İ		Miscellaneous Revenue Business Co	ode			
İ	11 a					
	b					
	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d	>			
	12	Total revenue. See instructions.	910,690.	910,000.	0.	690.
03200	9					Form 990 (2010)

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) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 10,057. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees): 27,000 a Management 29,765. **b** Legal 1,250. c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 109,969. Other g Advertising and promotion 12 75. 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 2,822. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,837. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,821. 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 193,440. PROGRAM EXPENSES BOARD/COMMITTEE EXPENSE 3,490. MISCELLANEOUS đ All other expenses 387,609. Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here I if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

032010 12-21-10

Part >	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	465,441.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	150,000
5	Receivables from current and former officers, directors, trustees, key			
ł	employees, and highest compensated employees. Complete Part II			
İ	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
- 1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>"</u>	employees' beneficiary organizations (see instructions)		6	
Assets	Notes and loans receivable, net		7	
AS	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10,925.			
	b Less accumulated depreciation 10b 1,821.	0.	10c	9,104.
11	Investments · publicly traded securities		11	
12	Investments · other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	· · · · · · · · · · · · · · · · · · ·	14	<u></u>
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	624,545
17	Accounts payable and accrued expenses		17	88,593.
18	Grants payable	,	18	
19	Deferred revenue		19	
20	·		20	
စ္မ 21	· ·		21	
Liabilities 52	Payables to current and former officers, directors, trustees, key employees,			
ië	highest compensated employees, and disqualified persons. Complete Part II	· 		
-	of Schedule L		22	
23	, , ,		23	
24	· · · · · · · · · · · · · · · · · · ·		24	
25	· •		25	00 503
26		0.	26	88,593.
	Organizations that follow SFAS 117, check here X and complete			
Se	lines 27 through 29, and lines 33 and 34.			F2F 0F2
ğ 27	Unrestricted net assets		27	535,952.
E 28			28	
[29	·		29	
<u>.</u>	Organizations that do not follow SFAS 117, check here			
ا ق	complete lines 30 through 34.			
# 30			30	
ğ 31	, , , , , , , , , , , , , , , , , , , ,		31	_
Net Assets or Fund Balances	• • • • • • • • • • • • • • • • • • • •	^	32	E3E 0E0
33		0.	33	535,952.
34	Total liabilities and net assets/fund balances	0.	34	624,545.

Form **990** (2010)

ALLIANCE FOR POTATO RESEARCH AND EDUCATION

Form	990 (2010) EDUCATION	80	-06702	210	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
	•					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				90.
2	Total expenses (must equal Part IX, column (A), line 25)	2		38	7,6	09.
3	Revenue less expenses. Subtract line 2 from line 1	3		52	3,0	81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				0.
5	Other changes in net assets or fund balances (explain in Schedule O)	5				71.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		53	5,9	52.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
ь	Were the organization's financial statements audited by an independent accountant?			2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	:,			
	review, or compilation of its financial statements and selection of an independent accountant?		. L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (o. [
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	Ţ			
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					į
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdıt			
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.			3ь		

Form **990** (2010)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ 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 V, 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), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza				
Nan		E FOR POTATO RES	SEARCH AND	Empl	oyer identification number
	EDUCATI				80-0670210
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organia Political expenditures Volunteer hours	zation's direct and indirect politi	ical campaign activities	ın Part IV. ▶\$	
Pa	art I-B Complete if the org	ganization is exempt un	der section 501(c))(3).	
1	Enter the amount of any excise tax	incurred by the organization un	nder section 4955	▶ \$	
2	Enter the amount of any excise tax	incurred by organization manage	gers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	O for this year?		Yes No
4 a	Was a correction made?		_		Yes No
t	If "Yes," describe in Part IV.				
Pε	art I-C Complete if the org	ganization is exempt un	der section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to d	other organizations for s	section 527	
	exempt function activities	-		▶\$	
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	- 1	
	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?			└─ Yes └─ No
5	Enter the names, addresses and er	' '	•	· ·	. .
	made payments. For each organiza	•			•
	contributions received that were pr				ite segregated fund or a
	political action committee (PAC). If				
	(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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

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ALLIANCE FOR POTATO RESEARCH AND

Schedule C (Form 990 or 990-EZ) 2010 ED	JCATION_		2577 (75)	80-0	0670210 Page 2
Part II-A Complete if the organization		mpt under section	on 501(c)(3) and fil	ed Form 5/68	
(election under section					
A Check if the filing organization be	longs to an aff	iliated group.			
B Check ► ☐ if the filing organization ch	ecked box A a	nd "limited control" pr	ovisions apply		,
Limits on t (The term "expenditures	obbying Expe		.)	(a) 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 bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1a	and 1b)				
d Other exempt purpose expenditures	••				
e Total exempt purpose expenditures (add	lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter the a	mount from th	e following table in bo	th columns.		<u></u>
If the amount on line 1e, column (a) or (b) is	The lot	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e			1
Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.		1
Over \$1,500,000 but not over \$17,000,00	00 \$225,00	00 plus 5% of the exc	ess over \$1,500,000.		· ·
Over \$17,000,000	\$1,000,	000			
g Grassroots nontaxable amount (enter 25	% of line 1f)		-		
h Subtract line 1g from line 1a. If zero or les	ss, enter -0-				
i Subtract line 1f from line 1c. If zero or les	s, enter -0-				<u> </u>
j If there is an amount other than zero on e	either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year?	-				Yes No
		eraging Period Under	• •		
, ,		• •	n do not have to comp es 2a through 2f on pa		
L	obbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount		1			
(150% of line 2a, column(e))					
c Total lobbying expenditures				<u> </u>	
d Grassroots nontaxable amount					
e Grassroots ceiling amount	· · · - · · · · · · · · · · · · · · · ·				
(150% of line 2d, column (e))					
					<u> </u>
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990 EZ) 2010 EDUCATION 80 – 067021

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)).

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?				-
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amo	ount
or referendum, through the use of:				
a Volunteers?				
	-	İ		
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		-	<u> </u>	
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	501/6	(5) or se	ection	
501(c)(6).	30 I (C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
30 1(c)(0).			Yes	No
		<u> </u>	163	X
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Х	17
	<u> </u>	3	l	X
				I
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I "Yes."		ne 3 is a		l
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I "Yes." 1 Dues, assessments and similar amounts from members	III-A, li			l
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	III-A, li	ne 3 is a		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I "Yes." 1 Dues, assessments and similar amounts from members 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).	III-A, li	ne 3 is a		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I "Yes." 1 Dues, assessments and similar amounts from members 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	III-A, li	1 2a		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I "Yes." 1 Dues, assessments and similar amounts from members 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 b Carryover from last year	III-A, li	1 2a 2b		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I "Yes." 1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total	III-A, li	1 2a 2b 2c		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I "Yes." 1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	III-A, li	1 2a 2b		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I "Yes." 1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		1 2a 2b 2c		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I "Yes." 1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		1 2a 2b 2c		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I "Yes." 1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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?		1 2a 2b 2c 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I "Yes." 1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 expensions.		1 2a 2b 2c 3		

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

ALLIANCE FOR POTATO RESEARCH AND **EDUCATION**

Employer identification number 80-0670210

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 advi	sed 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 a		e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?	-	Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	stoncally important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r	t holds?	Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and	-	-
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?	-	Yes L No
9	In Part XIV, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
<u> </u>	conservation easements.	f Art. Historical Transcripts or C	Ather Cimiler Assets
Pai	rt III Organizations Maintaining Collections o		other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic 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 tre		ai gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	. .
a	Revenues included in Form 990, Part VIII, line 1		S
ь	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2010

Cobo		E FOR POTA	10 K.	ESEARC	n AND			5	80-06	70210) 0.	200
	dule D (Form 990) 2010 EDUCATION † III Organizations Maintaining C		rt Hist	orical Tr	Pasiires (or Oth	er S					
3	Using the organization's acquisition, accessi					-						
3	(check all that apply):	on, and other record	13, CHECK	Carry Or title	TOHOWING WIE	ii aie a s	iigi iiii	Carre	23C OF 113	0011001101		3
а	Public exhibition	d		l oan or evol	hange progra	ame						
b	Scholarly research	e		Other	nange progra	an 13						
	_ ·	•	ш,	Ou lei								
C	Preservation for future generations Provide a description of the organization's co	alloctions and evalua	n how th	ou further t	no organizati	on's ove	mnt	D. (FD.	oo in Dar	+ VIV		
4 5	During the year, did the organization solicit o								15e 1 Fai	L AIV.		
3	to be sold to raise funds rather than to be ma					ei Siiiliia	1 033	CIS		Yes		No
Par	t IV Escrow and Custodial Arran					"Yes" to	For	n 990	Part IV			
	reported an amount on Form 990, Par		J.O 1.10	organizatio	11 413 11010	103 10		556	, , , ,			
1a	Is the organization an agent, trustee, custod		lary for	contribution	s or other as	sets not	tincli	ıded				
	on Form 990, Part X?		,							Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	table:				-			_	
_	Tros, explain the arrangement in rate Air	and complete the le	om.ig				ſ	- 1		Amount		
С	Beginning balance							1c				
	Additions during the year	•		••	-	-	- F	1d				
	Distributions during the year						-	1e		-		
	Ending balance	•						1f				
	Did the organization include an amount on Fe	orm 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) P	nor year	(c) Two year	rs back	(d) ^T	hree y	ears back	(e) Four	years	back
1a	Beginning of year balance											į
b	Contributions .											
С	Net investment earnings, gains, and losses											
d	d Grants or scholarships											
е	e Other expenditures for facilities									l		
	and programs											
f	Administrative expenses											
g												
2												
а	a Board designated or quasi-endowment %											
b												
C	Term endowment	%										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administe	ered for t	the o	rganız	ation	-		
	by:										Yes	No_
	(i) unrelated organizations								-	3a(i)		
	(ii) related organizations	•		-						_ 3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?						3b		
4	Describe in Part XIV the intended uses of the											
Par	t VI Land, Buildings, and Equipm	 -										
	Description of investment	(a) Cost or o			or other			nulate	d	(d) Book	value	е
		basis (investr	nent)	basis	(other)	de	prec	ation				
1a	Land _											
b	Buildings											
C	Leasehold improvements	<u> </u>										
d	Equipment			1	0 025			0.	, -	•	1 1	<u> </u>
	Other	1.5			0,925.			L , 8:	41.		$\frac{1}{1}$	04.
Total	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	X, colun	nn (B), line 1	υ(C))		_			D (Form		

Schedule D (Form 990) 2010

(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
0)		
1)		
al. (Column (b) must equal Form 990, Part X, col (B) line 25) Fin 48 (XSC 740) Footnote in Part XIV, provide the text of the footnote to the organization		

032053 12-20-10

Schedule D (Form 990) 2010

ALLIANCE FOR POTATO RESEARCH AND

Sche	dule D (Form 990) 2010 EDUCATION	_		0670210	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial S	Statemer	its	<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		910	,690.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		387	,609.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3			,081.
4	Net unrealized gains (losses) on investments	4			,
_		\vdash		12	,871.
5	Donated services and use of facilities	5			, 0 , 1 .
6	Investment expenses	6			
7	Pnor penod adjustments	7			
8	Other (Describe in Part XIV.)	8	· · · · · · · · · · · · · · · · · · ·		071
9	Total adjustments (net). Add lines 4 through 8	9			,871.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10			,952.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue p	er Retur		
1	Total revenue, gains, and other support per audited financial statements		1	923	,561.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1		
а	Net unrealized gains on investments 2a				
b	Donated services and use of facilities 2b 2b	2,8	71.	1	
С	Recovenes of prior year grants . 2c			1	
d	Other (Describe in Part XIV.)	_			
е	Add lines 2a through 2d		2e	12	,871.
3	Subtract line 2e from line 1		3	910	<u>,871.</u> ,690.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			}	
b	Other (Describe in Part XIV)			1	
c	Add lines 4a and 4b		4c]	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	910	,690.
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses			, , , , ,
1	Total expenses and losses per audited financial statements		1		,609.
_			<u> </u>	 	, 0031
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities 2a				
D	Pnor year adjustments				
С	Other losses				
đ	Other (Describe in Part XIV.)			ł	^
е	Add lines 2a through 2d		2e	207	600
3	Subtract line 2e from line 1	-	3	367	,609.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			1	
b	Other (Describe in Part XIV.)				_
С	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	387	<u>,609.</u>
Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	ırt IV, lı	nes 1b and	2b; Part V, line	4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro	vide ai	ny additiona	ıl ınformatıon.	
					
					
	<u>,</u>				

SCHEDULE J (Form 990)

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.

ees L"Yes" to Form 990, Open to Put

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

ALLIANCE FOR POTATO RESEARCH AND

EDUCATION

Employer identification number 80-0670210

Ц			_	
_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	1		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	ŀ		
	X First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1		1
	Discretionary spending account 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	1b	$\overline{\mathbf{x}}$	
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?	2	X	
2				
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's	1		
	CEO/Executive Director. Check all that apply.	1		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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)(2) and 501(c)(4) organizations must complete lines 5.9			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
3	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:			
а	The organization?	5a		'
	Any related organization?	5b		
-	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:			
а	The organization?	6a		
	Any related organization?	6b	-	
_	If "Yes" to line 6a or 6b, describe in Part III.	35		—
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	7		1
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		
5		8		1
9	initial contract exception described in Regulations 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)?	9		
	negurations section 33.4936-b(c)?	1 9	1	1

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

Schedule J (Form 990) 2010

80-0670210

Schedule J (Form 990) 2010

Part 1 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

	l							
		(B) Breakdown of W	W-2 and/or 1099-MI	·2 and/or 1099·MISC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
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Schedule J (Form 990) 2010

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

032211 01-24-11

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

ALLIANCE FOR POTATO RESEARCH AND EDUCATION

Employer identification number 80-0670210

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

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF PROMOTING SUCH COMMON

INTERESTS OF ITS MEMBERS AS MAY QUALIFY IT AS EXEMPT FROM FEDERAL TAX

UNDER 501C6 WITH SUCH LIMITS TO (1) ENGAGE IN PUBLIC EDUCATION,

RESEARCH AND ADVOCACY TO WITH RESPECT TO POTATOES; (2) ADVOCATE

POSITIVE LEGISLATION WITH RESPECT TO POTATOES AND (3) MONITOR ISSUES

CONCERNING POTATOES; AND, TO TAKE ALL OTHER APPROPRIATE ACTIONS TO

FURHTER SUCH PROPOSED.

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

POSITIVE LEGISLATION WITH RESPECT TO POTATOES AND (3) MONITOR ISSUES

CONCERNING POTATOES; AND, TO TAKE ALL OTHER APPROPRIATE ACTIONS TO TO

FURTHER SUCH PROPOSED.

FORM 990, PART VI, SECTION A, LINE 6: THE CORPORATION HAS THREE CLASSES
OF MEMBERSHIP:

- 1. GOVERNING MEMBERS SHALL BE COMPRISED OF POTATO INDUSTRY SUPPLIERS,

 PROCESSORS, WHOLESALERS, RETAILERS AND RELATED INDUSTRY-WIDE ORGANIZATIONS

 THAT HAVE MET THE MEMBERSHIP CRITERIA, AND PAID DUES AND ASSESSMENTS,

 SPECIFIED BY THE BOARD OF DIRECTORS AND THAT HAVE BEEN APPROVED FOR

 ADMISSION BY THE BOARD OF DIRECTORS.
- 2. ALLIANCE MEMBERS SHALL CONSIST OF THOSE ORGANIZATIONS THAT OTHERWISE

 COULD QUALIFY AS GOVERNING MEMBERS BUT WHO ELECT TO BECOME MEMBERS OF THE

 CORPORATION BY PAYING DUES AND/OR ASSESSMENTS AT A LOWER LEVEL THAN SUCH

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

22

ORGANIZATIONS WOULD BE REQUIRED TO PAY IF THEY JOINED AS GOVERNING MEMBERS OF THE CORPORATION. WHILE ALLIANCE MEMBERS HAVE NO VOTING RIGHTS WHATSOEVER AND MAY NOT BE REPRESENTED ON THE BOARD OF DIRECTORS, AUTHORIZED REPRESENTATIVES OF ALLIANCE MEMBERS MAY BE APPOINTED TO SERVE ON COMMITTEES AND TASK FORCES ESTABLISHED BY THE BOARD OF DIRECTORS.

3. SUPPORTERS SHALL BE COMPRISED OF ANY OTHER ORGANIZATIONS OR INDIVIDUALS THAT OTHERWISE DO NOT QUALIFY AS GOVERNING MEMBERS OR AS ALLIANCE MEMBERS, BUT WHO SUPPORT THE PURPOSES OF THE CORPORATION. HAVE PAID DUES AND ASSESSMENTS (IF ANY) SPECIFIED BY THE BOARD OF DIRECTORS, AND HAVE BEEN APPROVED FOR ADMISSION BY THE BOARD OF DIRECTORS. THE ORGANIZATIONS REPRESENTED BY THE INITIAL BOARD OF DIRECTORS NAMED IN THE ARTICLES OF INCORPORATION, ALONG WITH ANY OTHER ORGANIZATIONS ADMITTED AS GOVERNING MEMBERS WITH ONE-HUNDRED EIGHTY (180) DAYS OF THE INCORPORATION OF THE CORPORATION SHALL SOMETIMES HERINAFTER BE REFERRED TO AS "FOUNDING MEMBERS" WITHIN SUCH CLASS OF GOVERNING MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: EACH GOVERNING MEMBER THAT IS IN GOOD STANDING SHALL BE ENTITLED TO APPOINT A MEMBER TO THE BOARD OF DIRECTORS, OR TO OTHERWISE VOTE FOR THE ELECTION OF MEMBERS OF THE BOARD OF DIRECTORS, AS SET FORTH IN SECTION 2 OF ARTICLE III OF THE BYLAWS. EXCEPT AS EXPRESSLY MAY BE REQUIRED BY STATUTE, THE ARTICLES OF INCORPORATION OF THE CORPORATION, OR THESE BYLAWS, GOVERNING MEMBERS SHALL HAVE NO OTHER VOTING RIGHTS. EACH GOVERNING MEMBER HAVING VOTING RIGHTS AND IN GOOD STANDING SHALL HAVE THE RIGHT TO ONE (1) VOTE AT ALL MEETINGS OF THE MEMBERS. EXCEPT AS MAY BE REQUIRED BY STATUTE, THE ARTICLES OF INCORPORATION OF THE CORPORATION, OR THESE BYLAWS, NO CLASS OF MEMBERS OTHER THAN THE GOVERNING MEMBERS SHALL HAVE ANY VOTING RIGHTS WHATSOEVER. 032212 01-24-11 Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010) Name of the organization ALLIANCE FOR POTATO RESEARCH AND EDUCATION	Page 2 Employer identification number 80 - 0670210
ALL OR ANY PART OF THE MEMBERS OF THE CORPORATION NOT HAV	
MAY BE REFERRED TO AS ALLIANCE MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORM 990 WITH THE AUDITORS.	TORS REVIEWS THE
FORM 990, PART VI, SECTION B, LINE 12C: ALL NEW EMPLOYEES SIGN THE CONFLICT OF INTEREST STATEMENT. ALL STAFF ARE R	
THE TIME OF THEIR ANNUAL REVIEW. THE CONFLICT OF INTERES	
SIGNATURE PAGE ARE PRESENTED TO ALL OFFICERS AND MEMBERS	OF THE BOARD OF
DIRECTORS AT THE APRIL BOARD MEETING. ALL SIGNATURE PAGE	S ARE MAINTAINED
IN AFFI'S FILES.	
FORM 990, PART VI, SECTION C, LINE 19: THE ALLIANCE DOES PUBLIC.	NOT MAKE THESE
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
DONATED SERVICES AND USE OF FACILITIES:	12,871.

Form **8868**

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		▶	X	
-	are filing for an Additional (Not Automatic) 3-Month Ex						
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868		
Electron	nic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time t	o file (6 months for a corp	oration	
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an e	extension	
of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	sfers	Associated With Ce	ertain	
Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he ele	ctronic filing of this	form,	
visit ww	wirs gov/efile and click on e-file for Charities & Nonprofits	ì.					
Part I	Automatic 3-Month Extension of Time	∋. Only su	bmit original (no copies needed).		·		
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	nplete			
Part I on	ly					• <u> </u>	
	corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and t	rusts must use Form 7004 to request ar	exter	nsion of time		
Type or	Name of exempt organization	-		Emp	loyer identification	n number	
print ALLIANCE FOR POTATO RESEARCH AND							
EDUCATION 80-0670210							
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 2000 CORPORATE RIDGE, NO.		tions.			_	
return See			Iress see instructions				
	MCLEAN, VA 22102						
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			01	
Applica	tion	Return				Return	
<u>is For</u>		Code	Is For			Code	
Form 99		01	Form 990-T (corporation)			07	
Form 990-BL 02 Form 1041-A 0							
Form 990-EZ 01 Form 4720 09							
Form 99		04	Form 5227			10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above) THOMAS J. KEARI	06 NEV (Form 8870			12	
• The h	books are in the care of > 2000 CORPORATE			22	102		
	thone No. ► (703) 821-0770		FAX No. ▶				
	organization does not have an office or place of business	s in the Lir	·			•	
	is for a Group Return, enter the organization's four digit			ıs ıs fo	r the whole group,	check this	
box 🕨	. If it is for part of the group, check this box	7					
	equest an automatic 3-month (6 months for a corporation						
	FEBRUARY 15, 2012 , to file the exemp				The extension		
 IS	for the organization's return for:	•	-				
>	calendar year or						
•	X tax year beginning JUL 1, 2010	, an	d ending <u>JUN 30, 2011</u>		·		
2 If	the tax year entered in line 1 is for less than 12 months, o	book roas	on: Initial return Fina	al retur			
2 "	Change in accounting period	ileck leas	On. L. Italianetum L. Fina	ıı retui	11		
	Change in accounting period						
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		_		
no	nrefundable credits. See instructions.			3a	\$	0.	
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			_	
es	timated tax payments made. Include any prior year overp	oayment a	llowed as a credit	3b	\$	0.	
	alance due. Subtract line 3b from line 3a Include your pa	-				^	
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
Caution	. If you are going to make an electronic fund withdrawal v	with this Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment ins	tructions.	

023841 01-16-12

LHA For Paperwork Reduction Act Notice, see Instructions.