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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)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Applebee's Foundation, Inc.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
8140 Ward Parkway
 City or town, state or country, and ZIP + 4
Kansas City, MO 64114

D Employer identification number
20-0112865

E Telephone number
913-890-0337

G Gross receipts \$ 212,566

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 ▶ n/a

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ n/a

K Form of organization Corporation Trust Association Other ▶ **L Year of formation** 2003 **M State of legal domicile** KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The Applebee's Foundation provides financial assistance to Applebee's Services, Inc. associates and members of their families our households who demonstrate dire need in case of a catastrophic life event such as medical emergency, house fire, or natural disaster and also makes grants to other 501(c)(3) charitable organizations.

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	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	9
7a Total 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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	365,554	242,545
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15	
11 Other revenue (Part VIII, column (A), lines 5, 6, 8, 9, 10, and 11e)	0	21
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	365,569	242,566
13 Grants and similar amounts paid (Part IX, column (A), lines 13a-13d)	301,792	250,027
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11a)	0	0
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	628	703
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	302,420	250,730
19 Revenue less expenses. Subtract line 18 from line 12	63,149	(8,164)

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	155,875	147,711
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	155,875	147,711

Part II Signature Block

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

Sign Here Signature of officer: Stephanie Elkins Date: 11/14/2012
 Type or print name and title: Stephanie Elkins

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED DEC 07 2012

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
The Applebee's Foundation provides financial assistance to Applebee's Services, Inc. associates and members of their families or households who demonstrate dire need in case of a catastrophic life event such as medical emergency, house fire, or natural disaster and provides grants to other 501(c)(3) charitable organizations.

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 240,392 including grants of \$ 240,392) (Revenue \$ 220,368)
In 2011, The Applebee's Foundation made 298 gifts of financial assistance to Applebee's Services, Inc. associates and members of their families or households who demonstrated dire need as a result of medical emergency, fire, flood, other emergency, or natural disaster.

4b (Code: _____) (Expenses \$ 9,635 including grants of \$ 9,635) (Revenue \$ 22,177)
In 2011, Applebee's Foundation made 18 gifts to other 501(c)(3) charitable organizations.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 250,027

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.		
a 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
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 III</i>	✓	
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>	✓	
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>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
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>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>		✓
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>	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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>		✓
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>		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	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	0	
b	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 (see instructions)	N/A	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	N/A	
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)?		✓
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?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	N/A	
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?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	N/A	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	0	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
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?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	N/A	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		N/A
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	N/A	
c	Enter the amount of reserves on hand	N/A	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		N/A

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		N/A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		N/A
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		N/A
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
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 <i>NO compensation</i>		N/A
b	Other officers or key employees of the organization		N/A
	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?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		N/A

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► n/a
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Kate Bellan, 8140 Ward Parkway, Kansas City, MO 64114, 913-890-0675

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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Kate Bellan Board Member/Administrator	2/wk	✓						0	35,333	9,000
(2) Kim Bolinger President	1/wk	✓		✓				0	104,518	20,000
(3) Ron Scott Board Member	1/wk	✓						0	98,332	20,000
(4) Denise Robinson Board Member	1/wk	✓						0	51,098	9,000
(5) Mo Yageneh Board Member	1/wk	✓						0	97,054	20,000
(6) Aimee Wilson Board Member	1/wk	✓						0	47,926	9,000
(7) Scott Weber Board Member	1/wk	✓						0	64,438	9,000
(8) Stephanie Elkins Secretary	1/wk	✓		✓				0	46,701	9,000
(9) Jen Augustine Board Member	1/wk	✓						0	124,445	20,000
(10) Bob Harrington Board Member	n/a					✓		0	138,438	20,000
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b Sub-total	0	808,283	145,000
c Total from continuation sheets to Part VII, Section A	0	0	0
d Total (add lines 1b and 1c)	0	808,283	145,000

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ none**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	✓
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? <i>If "Yes," complete Schedule J for such individual</i>	4	✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	✓

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
None		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ none**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	16,288				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	226,257				
	g Noncash contributions included in lines 1a-1f: \$		0				
	h Total. Add lines 1a-1f			242,545			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue .						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		21			21	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
	10a 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					
11a _____							
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			242,566			21	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	9,635	9,635		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	240,392	240,392		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Bank fees/KS Annual report	703		703	
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	250,730		703	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing	5,000	1	5,000	
	2 Savings and temporary cash investments	150,875	2	142,711	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation	10b		10c	
	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		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	155,875	16	147,711		
Liabilities	17 Accounts payable and accrued expenses		17		
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	0	26	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	155,875	32	147,711	
33 Total net assets or fund balances	155,875	33	147,711		
34 Total liabilities and net assets/fund balances	155,875	34	147,711		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	242,566
2	Total expenses (must equal Part IX, column (A), line 25)	2	250,730
3	Revenue less expenses. Subtract line 2 from line 1	3	(8,164)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	155,875
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	147,711

Part XII Financial Statements and Reporting

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

- 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 separate basis, consolidated 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		✓
2b		✓
2c	N/A	
3a		✓
3b	N/A	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

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

Name of the organization

Employer identification number

Applebee's Foundation, Inc.

20-0112865

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or 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?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	693,375	493,463	316,570	365,554	242,545	2,111,507
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	693,375	493,463	316,570	365,554	242,545	2,111,507
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)						
6 Public support. Subtract line 5 from line 4.						2,111,507

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		221	37	15	21	294
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						2,111,801
12 Gross receipts from related activities, etc. (see instructions)					12	0
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.9861 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.9882 %
16a 33 1/3% support test—2011. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2010. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2011. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2010. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

N/A

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2010. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

Employer identification number

Applebee's Foundation, Inc.

20-0112865

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. Yes No

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.

Part II can be duplicated if additional space is needed

(1) Name and address of organization or government	(2) EIN	(3) IRC section if applicable	(4) Amount of cash grant	(5) Amount of non-cash assistance	(6) Method of valuation (book, FMV, appraisal, other)	(7) Description of non-cash assistance	(8) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Cat No. 50055P

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 See attached stmt-2011 Grants to individuals	298	240,392	0	n/a	n/a
2					
3					
4					
5					
6					
7					

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

Applications for gifts from the Applebee's Foundation must be submitted on behalf of the person/family in need. The application is reviewed thoroughly by all members of the

Applebee's Foundation Board of Directors. The majority of the Board must approve the grant in order for it to be made. The recipient must have experienced a catastrophic life event

such as a medical emergency, house fire, death, or natural disaster to themselves or a member of their household. The maximum gift is \$5,000.

**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.
 ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2011
**Open to Public
 Inspection**

Department of the Treasury
 Internal Revenue Service

Name of the organization Applebee's Foundation, Inc.	Employer identification number 20-0112865
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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.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

None provided

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?

NO reimbursements / expenses paid

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

No compensation was paid to any member

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 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)?

	Yes	No
1b		<i>N/A</i>
2		<i>N/A</i>
4a		✓
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		✓

Part II 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Bob Harrington	0	0	0	0	0	0	0
		133,038	0	5,400	18,195	0	156,633	16,500
2								
3								
4								
5								
6								
7								
8								
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10								
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16								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

All of the Board Members of the Applebee's Foundation, Inc. are employees of Applebee's Services, Inc. (48-1142588) or DineEquity, Inc. (95-3038279). None of them received any

compensation or benefits of any kind for their work with the Applebee's Foundation, Inc. no members of the Applebee's Foundation, Inc. were officers or board members of Applebee's

Services, Inc. or DineEquity, Inc. Roles at the Applebee's Foundation, Inc. are completely voluntary, unpaid, and independent of the employee roles at Applebee's Services, Inc. or

DineEquity, Inc.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

Applebee's Foundation, Inc.

20-0112865

Part VI, Section A, #2 - Members of the Applebee's Foundation Board are all employees of Applebee's Services, Inc. (48-1142588) or

DineEquity, Inc. (95-3038270).

Part VI, Section A, #6 - Applebee's Foundation has 9 Board Members, but no other members or shareholders.

Part VI, Section A, #7a - Members of the Board may recommend other board members who must be approved by the majority of current

board members. The articles of association limits the number of board members to 11.

Part VI, Section B, #10b - Applebee's Foundation has one location in Kansas City, MO. There are no other local chapters or branches.

Part VI, Section B, #11 - The Applebee's Foundation tax return is prepared by a CPA, tax department manager of DineEquity, Inc. It

is available for review by the Applebee's Foundation board members and signed by a Board Member before mailing.

Applebee's Services, Inc. (48-1142588) is not in a parent/sub or brother/sister relationship with the Applebee's Foundation, Inc. nor is

DineEquity, Inc. (95-3038270). However, since all members of the Applebee's Foundation board are employees of Applebee's Services

Inc., or DineEquity, Inc., Schedule R was completed for disclosure purposes although it may not be required.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Applebee's Foundation, Inc.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

20-0112865

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) N/A					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) N/A							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(e) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) N/A												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) Applebee's Services, Inc. (48-1142588) 8140 Ward Parkway, Kansas City, MO 64114	Mgmt Services	KS	N/A	C Corp	None	None	None
(2) DineEquity, Inc. (95-3038279) 450 North Brand Blvd, Glendale, CA 91203	Mgmt Services	DE	N/A	C Corp	None	None	None
(3)							
(4)							
(5)							
(6)							
(7)							

Part IV Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	✓
b	Gift, grant, or capital contribution to related organization(s)	1b	✓
c	Gift, grant, or capital contribution from related organization(s)	1c	✓
d	Loans or loan guarantees to or for related organization(s)	1d	✓
e	Loans or loan guarantees by related organization(s)	1e	✓
f	Sale of assets to related organization(s)	1f	✓
g	Purchase of assets from related organization(s)	1g	✓
h	Exchange of assets with related organization(s)	1h	✓
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	✓
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	✓
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	✓
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	✓
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	✓
n	Sharing of paid employees with related organization(s)	1n	✓
o	Reimbursement paid to related organization(s) for expenses	1o	✓
p	Reimbursement paid by related organization(s) for expenses	1p	✓
q	Other transfer of cash or property to related organization(s)	1q	✓
r	Other transfer of cash or property from related organization(s)	1r	✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	Applebee's Services, Inc. made cash contributions of \$16,288 in 2011.	c	16,288	Cash
(2)	Conference rooms, phone and copy machines of Applebee's Services are available for Applebee's Foundation board meetings.	m	much < \$50k	Cash
(3)	Employees of Applebee's Services, Inc. and DineEquity, Inc. are officers/board members of the Applebee's Foundation, Inc.	n	See 990, Part VII	
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) N/A													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
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(13)													
(14)													
(15)													
(16)													

Applebee's Foundation
 20-0112865
 2011 Grants to Individuals

15680	1/3/11	Colleen	Dufresne	5859	ER, no insurance, off work, not WC	\$1,000
15681	1/4/11	Corey	Gardiner	6746	Medically indicated dental	\$375
15682	1/4/11	Devona	Hutchins	5246	Ovarian cyst surgery	\$750
15683	1/4/11	Emily	Cramer	5826	Emergency C section, off work 8 weeks, off work 2 months	\$250
15684	1/4/11	Gerardo	Lopez	5832	Cancer, no insurance, off work	\$1,500
15685	1/4/11	Jeneau	Paul	5851	Homeless	\$375
15685	1/4/11	Laurie	Boggess	5859	Father passed	\$750
15694	1/12/11	Courtney	Fowler	6759	Broken arm, not WC, medical bills, off work 4-6 weeks	\$750
15693	1/12/11	Kristine	Williams	5822	Leaving abusive spouse	\$375
15691	1/12/11	Linsey	Lewis	6293	Son hospitalized, off work	\$1,500
15693	1/14/11	Kristine	Williams	5822	Leaving abusive spouse	\$375
15704	1/25/11	Anthony	Fairconnetue	5225	Time off work	\$375
15705	1/25/11	Brittany	Roberts	5848	Brother passed, off work	\$750
15706	1/25/11	Chance	Ritchie	5228	ER, medical bills, off work 2 weeks	\$1,000
15707	1/25/11	Jason	Sands	5286	Surgery, off work	\$250
15708	1/25/11	Joshua	Stark	6270	Father passed	\$750
15709	1/25/11	Mitchell	Lassiter	6268	Mother-in-law passed	\$1,500
15710	1/25/11	Sean	Wolber	6225	Dental procedure, off work 2 months	\$1,500
	1/25/11	Nicole	Wooten	5246	Medically, indicated dental	\$375
15732	2/1/11	Aubrey	Westmoreland	5277	House hold items stolen	\$375
	2/1/11	Camille	Butler	5836	Son had open hear surgery, missed 1 month off work	\$1,125
	2/1/11	Cynthia	Guenther	5116	Surgery, med bills, time off work 4-6 weeks ft	\$750
	2/1/11	Denova	Hutchins	5246	Surgery, off 1 week pt	\$125
	2/1/11	Joni	Broyles	SC	Medical bills, off work	\$1,125
	2/1/11	Lisa	Campbell	6727	Fire, ER, hospital, off work 1 month, medical bills	\$1,125
	2/1/11	Nicole	Tripplett	6738	Car accident, ER, off work	\$750
	2/1/11	Amy-Lynn	Boutelle	6731	Surgery, medical bills, off work	\$1,125
	2/3/11	Melissa	Desmarais	6709	Leaving abusive situation	\$375
	2/7/11	Richard Paul	Bell	5860	Wife off work, medical bills	\$875
	2/7/11	Dwayne	Curry	6285	Grandmother passed	\$750
	2/7/11	Luis	Salvatierra	6255	Live cancer, surgery, medical bills, off work	\$1,500
15743	2/14/11	Void	Moore	5852	Mother passed	\$750
15744	2/14/11	Void	Gray	6211	Father ill	\$225
15745	2/14/11	Void	Demery	6228	Father passed	\$750
15746	2/14/11	Void	Ingerson	6801	Broken back, medical bills, off work 4 months	\$1,500
15747	2/14/11	Void	Tann	5823	Broken knee, medical bills, pt off work	\$750
15749	2/17/11	David	Moore	5852	Mother passed	\$750
15750	2/17/11	Dwayne	Gray	6211	Father ill	\$225
15751	2/17/11	Marcus	Demery	6228	Father passed	\$750
15752	2/17/11	Nicholas	Ingerson	6801	Broken back, medical bills, off work 4 months	\$1,500
15753	2/17/11	Roxanne	Tann	5823	Broken knee, medical bills, pt off work	\$750
15754	2/22/11	Jennifer	Pierson	5810	Medical bills, time-off	\$750
12995	2/22/11	Victoria	Traylor	5810	House Fire	\$750
12994	2/22/11	Kenneth	Tanner	5212	House Fire	\$750
15755	3/1/11	Krista	Ragsdale	5247	Child has brain tumor, off work, full-time	\$475
15756	3/1/11	Mary	Mullane	5863	Mother passed	\$750
15757	3/1/11	Tina	Farqunar	5815	Hospitalized, 2x's, off work 2 weeks full-time	\$750
15758	3/1/11	Tianne	Raymond	6761	Fiance broke back, medical bills, off work 1 week	\$875
15760	3/1/11	Timothy	Hensley	5269	Mother passed	\$750
15761	3/8/11	Pam	Danner	4203	Back problems, broken foot, off work, medical bills	\$750
15762	3/8/11	Jenna	Dykehouse	5829	Father passed	\$750
15764	3/14/11	Anthony	Rhodes	5837	Surgery, medical bills, off work	\$750
15765	3/14/11	Jenny	Sullivan	SC	Surgery, full-time, off 1 month	\$1,250
15766	3/14/11	Tina	Farquhar	5815	Bring back, head injury, ft off almost 2 weeks	\$250
15763	3/18/11	Micaela	Thomas	6732	Abusive relationship,	\$750
15767	3/22/11	Bertha	Veney	6271	Brother passed	\$750
15768	3/22/11	Malcolm	Jordon	6225	Homeless	\$375
15769	3/22/11	Randy	Emmet	5112	Shoulder surgery, time off, medical bills	\$875
15770	3/29/11	Douglas	Weller	SC	Medical bills, medication	\$750
15795	3/29/11	Kenneth	Powers, III	6801	Medical bills, time off	\$750
15772	4/1/11	Christopher	Gingras	5248	Medical bills	\$1,125

Applebee's Foundation

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2011 Grants to Individuals

15783	4/7/11	Catrina	Ferguson	4201	Pregnancy complications, medical bills, time off	\$1,500
15784	4/7/11	Floyd	Robinson	6227	Medical bills, off work 1 5 weeks	\$750
15785	4/7/11	Heather	Furness	6277	Homeless	\$375
15786	4/7/11	Kim	Hanna	6222	Son, bone marrow transplant, medical bills	\$1,500
15787	4/7/11	Kyle	Stover	5263	Father passed	\$750
15788	4/7/11	Robert	Hanna	6222	Son, bone marrow transplant, medical bills	\$975
15789	4/7/11	Lorraine	Putnam	5866	Travel, father ill	\$375
15790	4/11/11	Dalyn	Hutchinson	5291	Fire total loss	\$750
15791	4/18/11	Andrea	Turner	4202	Mother passed	\$750
15796	4/18/11	Shala	Clark	4202	Father passed	\$750
15793	4/18/11	Emily	Cramer	5826	Medical bills, off work	\$375
15794	4/18/11	Jennifer	Caspers	5836	Hospitalized 1-7 weeks, off work full-time	\$1,500
15795	4/18/11	Kenneth	Powers, III	6801	Off work, full-time	\$375
15792	4/18/11	Bianca	Castilla	5808	Foot surgery, off work 2 weeks, part-time	\$1,000
15773	4/25/11	Andrea	Swan	5254	Medical bills, time off, full-time	\$750
15774	4/26/11	Julie	Fayz	5801	Husband hospitalized, full-time off work 3 months	\$1,500
15775	4/26/11	Lauren	Anderson	6136	Medical bills, off work 3 weeks, part-time	\$1,125
15776	4/26/11	Rachel	Swanson	5867	Hospitalized, off work 1 week, full-time	\$1,000
15777	4/26/11	Ronnie	Robertson	6201	Sister passed	\$750
15778	4/26/11	Terry	Labay	6723	Husband has cancer, medical bills	\$750
12996	4/28/11	Robert	Hurd	5804	Death in family	\$750
15779	5/2/11	Dana	Brake	5801	Death, immediate family	\$750
15781	5/2/11	Heather	Everett	5262	Poplar Bluffs/ flooding	\$800
15780	5/2/11	Allen	Iler	5262	Poplar Bluffs/ flooding	\$400
15806	5/13/2011	Ashley	Farmer	5853	Death of infant	\$750
15798	5/9/2011	Crystal	Flanigan	5823	Sick family, off work, full-time	\$225
15799	5/9/2011	Joanne	LaFleur	6748	Husband in hospice, full-time, off work, medical bills	\$1,500
15800	5/9/2011	Joseph	Barnes	5246	Death, immediate family	\$750
15801	5/9/2011	Josiah	Mead	5233	Brain tumors, medical bills, time off	\$1,125
15802	5/9/2011	Karen	Saulnier	6720	Blood clot, off work, full-time medical bills	\$750
15803	5/9/2011	Melinda	Berry	5810	Medically indicated dental, full-time off work	\$375
15804	5/9/2011	Michelle	Lewicki	5817	Death immediate family	\$750
15805	5/9/2011	Ronald	Link	5269	Death immediate family	\$750
15811	5/16/2011	Sherrie	Joslin	5856	Father passed	\$750
15809	5/16/2011	Alice	Santos	6731	Travel to ill family, 2 month off work	\$975
15810	5/16/2011	Joshua	Knowlton	6783	Knee surgery, full-time off work 1-3 months	\$750
15812	5/16/2011	Yolanda	Armstead	5851	Death, immediate family	\$750
15815	5/23/2011	Jacqueline	Davidson	5246	Surgery, medical bills, off work 2 weeks, full-time	\$750
15816	5/23/2011	Matthew John	Cakes	5268	Medical bills	\$750
15817	5/23/2011	Michael	Lawton, Jr.	6712	Father & grandmother passed	\$1,500
15818	5/23/11	Stephanie	Banks	5850	Hospitalized, medical bills, off work 2 months	\$1,500
13000	5/24/11	Samantha	Sack	5285	Tornado destroyed home	\$1,500
12997	5/24/11	Eva	Carranza	5285	Tornado destroyed home	\$1,500
12998	5/24/11	Jenny	Hill	5285	Tornado destroyed home	\$1,500
12999	5/24/11	Morgan	McDaniel	5285	Tornado destroyed home	\$1,500
13001	5/25/11	Jordan	Koch	5285	Tornado destroyed home	\$1,500
13002	5/25/11	Daniel	Dickinson	5285	Tornado	\$600
13005	5/26/11	Lisa	Murphy	5851	Medical bills, husband off work	\$750
13004	5/26/11	Rochelle	Noel	6201	Abuse, homeless	\$750
13006	5/27/11	Cortney	Acker	5211	Tornado	\$1,000
13013	6/2/11	Brianna	Raigans	5285	Tornado	\$700
13014	6/2/11	Autumn	Mavller	5285	Tornado	\$700
13014	6/2/11	Serenity	Warden	5285	Tornado	\$700
13008	6/2/11	Mary	Burke	5285	Tornado	\$750
13007	6/2/11	Elli	Vandermolen	5865	Brother passed	\$750
13012	6/2/11	Tamara	Fields	5863	Medical test	\$750
13011	6/2/11	Shannon	Farmer	5829	Daughter having surgery, off work 2 weeks	\$1,000
13010	6/2/11	Rhonda	McMahan	5246	Granddaughter in a car accident, ICU, off work 1 week	\$750
13009	6/2/11	Matt	Urban	5291	Broken arm, medical bills, off work 6 weeks full-time	\$1,500
13016	6/6/11	Jamie Marie	Moore	6748	Tornado	\$1,000
13017	6/8/11	James	Carrie	6782	Tornado	\$1,000
13019	6/8/11	Antwain	Bridges	6779	Tornado	\$750

Applebee's Foundation

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2011 Grants to Individuals

13018	6/8/11	Amanda	McDonald	6779	Tornado	\$750
13020	6/8/11	Patricia	Brathwaite	6779	Tornado	\$500
15802	6/9/11	Karen	Saulnier	6720	Medical bills, storm damage	\$750
13022	6/14/11	Allyson	Harmon	6214	Medical bills, storm damage	\$1,125
13021	6/14/11	Karen	Saulnier	6720	Medical bills, off work, blood clots	\$750
13023	6/14/11	Floyd	Robinson	6227	Hospitalized, off work	\$750
13024	6/14/11	Lisa	Hargan	5248	Mother passed	\$750
13025	6/14/11	Mike	Fort	5287	Funds to support daughter	\$375
13026	6/14/11	Sarah	Dutil	6746	Medically indicated dental	\$375
13034	6/20/11	Mike	Bertrand	5108	Fire loss of home	\$750
13029	6/20/11	Brandi	Down	5264	Death of infant, medical bills, off work	\$1,500
13030	6/20/11	Britnee	Raleigh	5814	Grandmother passed	\$750
13031	6/20/11	Francesca	Cordova	6216	Husband leaving, she is 8 months pregnant	\$375
13032	6/20/11	Jeremy	Pidgeon	6801	Living arrangements, transportation to work	\$375
13033	6/20/11	Josh	Dixon	5828	Custody of children	\$620
13036	6/20/11	Zearl	Kinchelow	4201	Travel sick family, time off work	\$225
13038	6/20/11	Ashley	Naraucı	5826	Maternity leave, grandparents passed, mom mentally ill	\$750
13039	6/21/11	Laura	Douglas	6762	Death of infant	\$750
13037	6/21/11	Amanda	Hoon	5244	Lost power, replace food	\$60
13046	6/27/11	Julie	Gannon	5205	Mother passed	\$750
13041	6/27/11	Matt	Morrow	5116	Homeless, unexpected event	\$375
13044	6/27/11	Raven	Godsey	6210	Homeless, unexpected event	\$375
13040	6/27/11	Tanya	Jones	6216	Unexpected event	\$600
13043	6/27/11	Steven	Green	6227	Uncle passed, lived with Steven	\$750
13049	6/29/11	Jessica	Kuzdek	5851	Mental health, homeless	\$375
15824	7/5/11	Joe	Harrison	5810	Wife hospitalized, new baby, off work, father ill	\$1,500
15825	7/5/11	Mike	Green	5804	Mother passed	\$750
15828	7/11/11	Jessica	Kuzdek	5851	Homeless	\$500
15829	7/11/11	Johnathon	Burns	5855	Shattered pelvis, medical bills, ft off work 6 months	\$1,500
15827	7/11/11	Kari	Brown	5837	Death of multiple family members	\$750
15830	7/11/11	Lesley	Ross	5844	Kithen fire	\$750
15831	7/11/11	Linda	Plummer	6726	Knee surgery, full-time off work	\$1,500
15832	7/11/11	Tabatha	Johnson	6211	Fractured spine	\$675
15837	7/18/11	Antonio	Chan	5863	Beaten, hospitalized, pt off work 2 weeks	\$750
15836	7/18/11	Book	Stanbaugh	6746	Transportation stolen	\$250
15847	7/18/11	Felicia	Rodgers	5203	Medical bills, ft, off work 1 month	\$1,500
15848	7/18/11	Jennifer	Gray	5246	Air out, son has asthma	\$375
15850	7/18/11	Maleea	Fisher	5271	Surgery, off work 4 weeks, ft	\$1,225
15851	7/18/11	Melissa	Pena	5803	Hospitalized Melissa & Olivia, off work 6 months	\$1,500
15845	7/18/11	Miranda	Hope	6783	Cancer, medical bills, off work 8 days	\$1,000
15849	7/18/11	Salena	Broyles	5820	Divorce/custody, homeless	\$750
15854	7/25/11	Jonathan	Shaub	5104	House fire, total loss	\$750
15857	8/1/11	Alan	Davis	6271	Kidney stones, off work	\$750
15861	8/1/11	Dessiree	Dansby	5828	Home flooded	\$750
15852	8/1/11	Bobbie	McTeran	5815	Domestic violence	\$750
15859	8/1/11	Brenda	Taylor	6704	Car accident, medical bills, off work 2 months	\$1,145
15860	8/1/11	Richard	Bell	5860	Wife passed	\$1,500
15862	8/3/11	Ralph	Reynolds	5254	Wife, ER, hospitalized, medical bills, homeless	\$1,125
15863	8/8/11	Brittany	Todaro	6228	Unexpected event, mother lost her job, homeless	\$750
15866	8/8/11	Katrina	Scott	5817	Daughter, waiting for transplant, medical bills, off work	\$1,500
15867	8/8/11	Pauline	Miner	6712	Stroke, hospitalized, medical bills, off work 1 plus month	\$1,500
15868	8/8/11	Valerie	Siembab	6778	Broke collar bone, medical bills, off work, full-time 6 wks	\$1,500
15864	8/8/11	Israel	Galan	6264	Medical bills, off work 1 week	\$450
15865	8/8/11	Jeane	O'Quinn	6271	Shoulder surgery, off work 6-8 weeks	\$1,135
15869	8/16/11	Heather	Ingram	6760	Husband off work, WC house hold bills	\$375
15870	8/16/11	Joseph	Carney	5840	Mental health	\$750
15874	8/16/11	Nicole	Ehlers	5855	Punctured lung, medical bills, off work 3 weeks full-time	\$750
15872	8/16/11	Scott	Hartgrave	5155	Knee surgery, medical bills, off work 1 month	\$1,500
15873	8/16/11	Terry	Burnell	5851	Homeless	\$375
15875	8/22/11	Andi	Adams	SC	Father passed	\$750
15876	8/22/11	Angela	Kerr	5806	Grandfather passed	\$1,125
15877	8/22/11	Angelique	Morris	5806	No CLE homeless	\$375

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15878	8/22/11	Chris	Hull	5269	Partner off work, 2 weeks, medical bills	\$750
15879	8/22/11	Haleigh	Ellis	5248	Surgery, medical bills, off work	\$750
15880	8/22/11	La'Vaige	Dorsett	6201	Homeless	\$375
15853	8/22/11	Kevin	Letourneau	5809	Homeless	\$375
15852	8/22/11	Steven	Curbow	5285	Car accident, medical bills, off work	\$1,125
	8/22/11	Kristin	Gamne	6729	Associate passed	\$750
15902	8/30/11	Amanda	Jones	5841	Cancer, medical bills, off work	\$1,125
15905	8/30/11	Askia	Emmons	6220	Hurricane Irene, 2 days off work, no power for 9 days	\$500
15906	8/30/11	Danielle	Huizena	5823	Bed rest for 5 months	\$750
15903	8/30/11	Kristine	Marino	5822	Surgery, off work 3 weeks	\$1,125
15904	8/30/11	Nicole	Edmonds	5847	Car accident, medical bills, off work 4 months	\$1,500
15884	9/7/11	Adam	Hirsh	SC	Hurricane/flood	\$500
15885	9/7/11	Chrisschon	Davis	5248	Surgery, off work 4-6 weeks	\$750
15886	9/7/11	Dankeith	White	5273	Flood/Fire	\$500
15889	9/7/11	Elizabeth	Harrison	5276	Son in law passed, heart attack, medical bills	\$1,500
15887	9/7/11	Jennifer	Taylor	6738	Mother passed	\$750
15888	9/7/11	Judith	Hutchins	5246	Mother hospitalized, medical bills	\$1,250
15890	9/7/11	Russinda	Rhode	5866	Surgery, medical bills, off work 6-8 weeks	\$1,125
15893	9/7/11	Tamica	Royal	6201	Utilites	\$375
15891	9/7/11	Tina	Brunker	5246	Dislocated knee, off work month plus	\$1,125
15892	9/7/11	Violeta	Santos	6728	Husband broke back, medical bills, off work	\$750
15901	9/13/11	Charles	Haley	6269	Earthquake damage	\$750
15900	9/13/11	Gina	Spaulding	5282	Spinal issue, medical bills, off work 2 months	\$1,500
15898	9/13/11	Imani	Wells	6201	Homeless	\$375
15897	9/13/11	Heather	Ferry	5812	Father passed	\$750
15896	9/13/11	June	Harvey	5856	Death of son	\$750
15908	9/13/11	Lee	Buxton	5853	Homeless	\$375
15899	9/13/11	Zach	Cramer	5835	Unexpected event/rent	\$375
15909	9/13/11	Valerie	Coburn	6801	Natural disaster	\$750
15911	9/19/11	Amy	Joyner	5264	Hospitalized, off work	\$1,125
15912	9/19/11	Ebony	Lee	6228	Purse stolen	\$750
15913	9/19/11	Lauren	Tanner	6238	Medical bills	\$750
15894	9/19/11	Susan	Page	6271	Abuse, loss of property	\$500
	9/23/11	Wyatt	Cammon, Jr	6214	Homeless, unexpected event	\$750
15914	9/26/11	Camesha	Taylor	5276	Fire, total loss, homeless	\$375
15918	9/26/11	Susan	Sololowski	5276	Medical bills, off work, full-time	\$1,125
15916	9/26/11	Crystal	Moore	5201	Unexpected event (mold in home)	\$375
15916	9/26/11	Rhonda	McMahan	5246	Off work full-time, 5 days	\$125
15917	9/26/11	Steve	Nye	5854	Mother passed	\$750
15920	9/30/11	Brittney	Ash	6203	Grandmother passed	\$750
15923	10/3/11	Abby	Remien	5830	Surgery, medical bills	\$750
15924	10/3/11	Anthony	Cooper	5264	Medical bills, full-time, off work 1 week	\$750
15925	10/3/11	Brandi	Kirtley	5264	Medical bills, full-time, off work 1 week	\$750
15926	10/3/11	Daniel	Gallards	5212	Mother passed	\$750
15927	10/3/11	Danielle	Huizenga	5823	Bring back, medical bills	\$750
15928	10/3/11	Jonathan	Archer	5254	Heart transplant, medication needed	\$250
15932	10/3/11	Judith	Hutchins	5246	Bring back, medical bills	\$125
15933	10/3/11	Krystal	Edwards	6265	Fire, total loss,	\$750
15929	10/3/11	Matthew	Butler	6783	Medical, off work	\$600
15930	10/3/11	Tiffany	Kirk	5812	Caregiver for father, medical bills	\$1,000
15920	10/3/11	Brittney	Ash	6203	Grandmother passed	\$750
15947	10/10/11	Alice	Garner	6271	Earthquake damage	\$500
15948	10/10/11	Beverley	Vota	6723	Medical bills, off work full-time	\$1,500
15958	10/10/11	Brandon	Luckadoo	5862	Mother passed	\$1,250
15950	10/10/11	Ken	Tidwell	5246	Medical bills, off work full-time	\$1,500
15951	10/10/11	Renee	Allen	6277	Death of daughters, father	\$815
15952	10/10/11	Travis	Bowen	6783	Homeless	\$375
15953	10/10/11	Wanda	Foote	5858	Medical bills, off work part-time	\$375
15962	10/18/11	Amber	Rodriquez	6228	Homeless	\$375
15963	10/18/11	Carolyn	Young	6730	Father passed	\$750
15964	10/18/11	Kimberly	Mason	5857	Medical bills, off work	\$750
15959	10/18/11	Leah	Redden	5271	Grandfather passed	\$750

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15960	10/18/11	Warren	Watson	5264	Fire damage	\$875
	10/18/11	Maggie	Scarborough	6727	Abuse	\$875
15974	10/25/11	Chassity	Ridenour	5840	Medical bills, off work	\$1,100
15975	10/25/11	Ernest	Jordan	5247	Medical bills, off work, full-time	\$1,500
15976	10/25/11	Ernest	Jones	6238	Medical bills, off work	\$1,500
15971	10/25/11	Katlin	Mikucki	5814	Mother in coma	\$500
15972	10/25/11	Melissa	Labean	5827	Caregiver for father, medical bills	\$375
15973	10/25/11	Tonece	Treadway	5847	Abusive marriage	\$575
15968	10/25/11	Vivian	Peffer	6203	Medical bills	\$375
15969	10/25/11	Zearl	Kinchelow	4201	Brother passed	\$525
15965	10/25/11	Karen	Munden	6217	Grandson passed	\$750
15970	10/25/11	VOID	Williams	6746	Mother has COPD & high blood pressure	\$500
15967	10/25/11	Lawrence	Williams	6746	Mother has COPD & high blood pressure	\$500
16418	11/9/11	Ashley	Lindsey	5246	Brother passed	\$750
16419	11/9/11	Jaime	Hamilton	5863	Medical bills, off work	\$1,125
16415	11/9/11	Kersten	Hopson	5824	Medical off work	\$1,140
16416	11/9/11	Laurie	Behr	5826	Medical bills, off work	\$1,000
16417	11/9/11	Rio	Corso	6221	Brother passed	\$750
16412	11/9/11	Shawn	Bracken	5837	Car stolen	\$375
16413	11/9/11	Michelle	Strong	5810	Medical bills	\$750
16421	11/14/11	Brittany	Maley	4201	Medical bills, off work	\$1,250
16422	11/14/11	Jerrell	Golden	6271	Homeless	\$375
16424	11/21/11	Bobbie	Hinkle	5107	Medical bills	\$750
16425	11/21/11	Leriegus	Davis	5246	Medical bills	\$750
16426	11/21/11	Rachel	Vanvelsan	5207	Medical bills, off work	\$1,125
16427	11/21/11	Scott	Crotsley	6226	Brother passed	\$750
16428	11/21/11	Steve	Wisecup	5201	Medical bills	\$750
16429	11/21/11	William	Boskovich	5813	Unexpected event	\$375
16430	12/1/11	Calvin	Jeffries			\$375
16431	12/1/11	Donna	Mcavory		Death of Dan AD	\$750
16432	12/1/11	Denise	Carter			\$750
16433	12/1/11	Jose	Ramirez			\$500
16434	12/1/11	Michael	Vasquez			\$1,125
16435	12/1/11	Dondrelle	Walker			\$750
16436	12/5/2011	Lynn	Lawhorn	6228	Medical bills	\$750
16423	12/2/2011	Colter	Daubert	SC	Death of newborn	\$1,500
16438	12/5/2011	Marie	Miller	5860	Medical time off	\$1,250
16439	12/5/2011	Bud	McMellen	5846	Medical bills, off work	\$1,125
16440	12/5/2011	Greg	Vasquez	5835	Mother passed	\$750
16441	12/5/2011	Jacob	Stewart	5846	Unexpected event, homeless	\$750
16442	12/12/11	Andrea	Lee	5829	Death of baby	\$750
16443	12/12/11	Christina	Acre	5815	Med bills	\$750
16444	12/12/11	Geoffery	McNary	5246	Unexpected event	\$500
16445	12/12/11	John	Prouty	5285	Mother passed	\$750
16446	12/12/11	Latasha	Etheridge	6221	Med bills	\$750
16447	12/12/11	Andrew	Eastway	5856	Unexpected event	\$375
16448	12/19/11	Andy	Zant	5829	Death of baby	\$750
16449	12/19/11	Aleisha	Trotter	5814	Travel to ill family	\$500
16450	12/19/11	Chrstina	Pugh	4201	Medical bills, unexpected event	\$1,127
16451	12/19/11	Everett	Dennis	4201	Fiance passed	\$750
16452	12/19/11	Maunce	Camphor	5841	Homeless	\$375

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\$240,392