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## **4** 990

Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047

<u>A</u>	For the 2	2011 calen	dar year, or tax y	ear beginning		, 2011,	and endin	9			,	
В	Check if app	plicable	С		-				D Employ	er Identi	fication Number	_
	Addres	ss change	Applied Re	search Ce	nter				94-2	2759	879	
	H	change	900 Alice	Street #4	00				E Telepho			_
	$\vdash$	•	Oakland, C						1			
	Initial								210-	-653	-3415	_
	Termin	nated							1			
	Amend	led return							G Gross re	ceipts	<b>2,386,482</b>	<u>'</u>
	Applica	ation pending	F Name and addre	ss of principal office	<sup>r</sup> Baishali	Rinku Se	n	H(a) Is this	a group returr	n for affil	iates? Yes X	No
			Same As C	Above					affiliates incli		Yes 🗍	No
<u> </u>	Tax-exen	npt status	X 501(c)(3)	501(c) (	) ◀ (insert no.)	4947(a)(1) or	527	If 'No,'	attach a list	(see insi	tructions) — —	
<u></u>			w.arc.org	100.00	/ (	1011(0)(1) 01		M(a) Croup	exemption nu	mbar Þ	•	
K		organization	X Corporation	Trust Asso		- I.,						—
		Summar	Corporation	Trust Asso	ciation Other		Year of Format	ion 130.	T IMIS	tate of le	egal domicile CA	_
Га				· · · · · · · · · · · · · · · · · · ·	<del></del>			<del> </del>				
	<b>1</b> Bri	etiy descri	be the organizati	ion's mission o	r most significant	activities: Al	<u>RC is a</u>	<u>racia</u>	<u>l just</u>	<u>ice</u> _	<u>think_tank_</u>	
8	<u> </u>	sing me	dia, resea	rch_and_a	activism to	<u>promote</u>	solutic	ns_Qu	ur_miss	<u>i</u> on_	is to	· <b>—</b>
æ	<u>2</u> q_	opulari	ze_racial_	justice_a	nd_prepare_p	people to	implem	ent_it				_
19												
ခို					continued its oper		osed of mo	re than 2	5% of its i	- 1		
ಹ					body (Part VI, lin					3		<u>12</u>
98					he governing body					4		10
₹					endar year 2011 (F	Part V, line 2a	)			5		33
Activities & Governance			of volunteers (e							6		<u>18</u>
•					VIII, column (C), I					7a		<u>0.</u>
	<b>D</b> Ne	t unrelated	business taxabi	e income from	Form 990-T, line	34				7b		0.
Q									rior Year		Current Year	
8 .			and grants (Par	-				3	3, 633, 6		897,860	
<b>2</b> 8			rice revenue (Pa						397,5		510,206	
CANNED					nes 3, 4, and 7d)				57,8		51,751	<u>L.</u>
74					, 6d, 8c, 9c, 10c,			<u> </u>	1,6			
<u></u>					st equal Part VIII,		ne 12)	4	,090,7	<u>57. j</u>	1,459,817	<u>7.</u>
吊					olumn (A), lines 1-	-3)						_
DEC	<b>14</b> Bei	nefits paid	to or for member	ers (Part IX, co	lumn (A), line 4)				•			
	<b>15</b> Sal	laries, othe	er compensation	, employee ber	efits (Part IX, col	umn (A), lines	5-10)	1	,630,0	20.	1,753,858	<del>3</del> .
Ng i	<b>16a</b> Pro	ofessional	fundraising fees	(Part IX colum	n (A) line 11e)							_
1 88 20 20	l		_			1.0	7 076		- 3		~ [	—
33					(D), line 25) ► _	13	<u>97,076.</u>			+		_
<u>.</u> ~					1a-1-1d, 11f-24e)				,262,1		1,014,594	
					l Part IX, வுள்டு	(A)V(E(25)	- 1		.,892, <u>1</u>		2,768,4 <u>5</u> 2	
		venue less	expenses Subt	ract line 18 fro		·	ပ	1 1	<u>,198,6</u>	<u> 18.  </u>	-1,308,635	<u>5.</u>
8 8					141	13	8		g of Current		End of Year	
10			(Part X, line 16)		이 NOV 1	9 2012		5	,060,6		3,364,922	
Net Assett Fund Balan			s (Part X, line 2				Ξĺ		712,2	72.	347,169	<u>€.</u>
žŽ	<b>22</b> Net	t assets or	fund balances	Subtract line 2	I trom In PopDE	N, UT	- 1	4	,348,3	92.	3,017,753	3.
Pa	rt II	Signatur	e Block						·			_
Und				mined this return, in	cluding accompanying s	chedules and state	ments, and to	the best of n	ny knowledge	and bel	ef. it is true, correct, and	_
соп	iplete Decla	ration of prepare	arer (other than office	) is based on all info	ormation of which prepa	rer has any knowle	edge				ief, it is true, correct, and	
		_()	Levery	Luc								_
Sig	ın	Signatu	re of officer					Da	te /	/		_
He	re		ivector of	Operation	ons and F	nance			11/6	/2	012	
		Type or	print name and title									_
		Print/Type p	reparer's name	Pyrep	arer's (signature / ,		Date /	1	Check	ıt I	PTIN	_
D.	:~l				X 1.17	rneda	11/2/	12	_	<b>-</b>		
Pa	iu eparer	Eures's	► Crosbu	& Kaneda,			1 , 1		self-employe	u		
	e Only	Firm's name								_ 1T /1		
-3	y	Firm's addre			Ave Ste 318				Firm's EIN			_
<del></del>	11 (50	<u> </u>	Oaklan						Phone no	(510		
					vn above? (see in	·	•	•			X Yes No	_
BA	A For Pa	perwork R	reduction Act No	itice, see the si	eparate instructio	กร.	TEE	A0113L 08	/18/11		Form <b>990</b> (201	11)

Form 990 (2011)

	n 930 (2011) Applied Research Center	94-2759879	Page 2
Par	rt III Statement of Program Service Accomplishments		-
٠.	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	ARC's mission is to popularize racial justice and prepare people	to implement	it.
			-,
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
_	Form 990 or 990-EZ?	·	X No
	If 'Yes,' describe these new services on Schedule O	∐ Yes	X No
2			[V] A
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? . L Yes	X No
_	If 'Yes,' describe these changes on Schedule O		
	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported		expenses. llocations to
4 a	(Code	venue \$	4,883.)
	Media: The Media program has transformed ARC into a strong force		
	in the current landscape of media and politics. Our signature on-	line publicat	ion,
	ColorLines.com, publishes daily news content as well as deep inves	stigative fea	tures
	that successfully engages readers on a daily basis. In 2011, we do	oubled the nu	mber
	unique visitors to Colorlines.com having reached over 2.5 million	readers. We	also
	tracked over 1,000 media hits for ARC and Colorlines in 2011. Key		
	over the past two years have included immigration, gender and sext		
	media policy, and other related issues.	arrel, neare	<u> </u>
	The Racial Justice Leadership Institute (RJLAN) combines leadership education with strategic planning that focuses on advancing racial the RJLAN offered new platforms for training delivery by offeering webinars to reach new audiences. The RJLAN coordinates ARC's naticalled Facing Race, to be held in Baltimore, MD in 2012. The continual 1000 policy makers, activists, thinkers, educators, writers, across the country. In 2011, the RJLAN spearheaded the Drop the (DTIW), a national call on individuals and media outlets to stop in "illegal" to describe people. Thus far, the campaign has garnered I-Word" from nearly 13,000 individuals and 21 media outlets, and sorganizational endorsers.	p development justice. In ya unique se lonal confere erence draws and artists I-Word Campathe use of the pledges to "support from	2011, ries of nce, more from ign e word) Drop the over 30
40	(Code ) (Expenses \$ 390,262. including grants of \$ ) (Re		
	See Schedule O		
•			
			<del>-</del>
			- <b></b>
4 d	Other program services (Describe in Schedule O.)  See Schedule O		
	(Expenses \$ 358,679. including grants of \$ ) (Revenue \$	255,467.	)
4e	e Total program service expenses ► 2,257,092.		<del></del>

Form 950 (2011) Applied Research Center
Part [V2] Checklist of Required Schedules

١.	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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? If 'Yes,' complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7	_	. X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	1	3636	, ,
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
l	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII	11 b		X
•	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? If 'Yes,' complete Schedule D, Part VIII	11 c		<u>X</u>
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		<u>X</u>
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		<u>X</u>
	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)? If 'Yes,' complete Schedule D, Part X	11 f	х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII ,	12a	Х	
١	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
١	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? If 'Yes,' complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18_		<u>x</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u> </u>
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u> </u>
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 ь		

		1		T
•		}	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24:	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
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? If 'Yes,' complete Schedule L, Part III	27		Х
	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 current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		7. T.	C 1 - 1 - 1
		28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
ŧ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA			990 (	2011
			`	. ,

Pa	TV Statements Regarding Other IRS Filings and Tax Compliance							
٠ _	Check if Schedule O contains a response to any question in this Part V							
				Yes	No			
1 8	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_1a 32	: C7	A 370	27			
ı	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		1.7				
(	Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and reportable gaming	ا دود 1 c	X	, ,			
2	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	<b>2a</b> 33			<b>19</b>			
ı	If at least one is reported on line 2a, did the organization file all required federal employmen		2b	X	Ł			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see ii		3/4	green.	7			
3	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a	-7 : 3	X			
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3b					
	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other financial accounts the page of the foreign country.	inancial account)?	4a	J. 1880 - 18	X			
•	of 'Yes,' enter the name of the foreign country				7.7.			
·	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F			10 E	34.5			
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	-	5a		<u> </u>			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	er transaction?	5b		Х			
•	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5с					
6	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	nd did the organization	6a		X			
ı	If 'Yes,' did the organization include with every solicitation an express statement that such c not tax deductible?	ontributions or gifts were	6ь					
7 Organizations that may receive deductible contributions under section 170(c).								
i	Did the organization receive a payment in excess of \$75 made partly as a contribution and payor?	artly for goods and	اد. 7a		χ.			
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?								
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file								
•	Form 8282?	flich it was required to file	7с		Х			
•	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	,	` .				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7e		Х			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7f		X			
	If the organization received a contribution of qualified intellectual property, did the organization							
•	as required?	on the Form Coss	7g					
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	8					
9	Sponsoring organizations maintaining donor advised funds.							
á	Did the organization make any taxable distributions under section 4966?		9a					
ı	Did the organization make a distribution to a donor, donor advisor, or related person?		9Ь					
10	Section 501(c)(7) organizations. Enter							
á	Initiation fees and capital contributions included on Part VIII, line 12	10a	ı					
ı	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	<b>.</b>						
a	Gross income from members or shareholders	11 a						
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	116						
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a					
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12ь						
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	a Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note. See the instructions for additional information the organization must report on Schedu	e O	.54					
•	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	13Ь						
•	Enter the amount of reserves on hand	13c						
14:	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X			
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b					

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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 3 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 13 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b 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 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 X 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? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8Ь X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 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? 10a 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? 10b 11a X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Х 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 See Schedule Q X 15a See Schedule O X **b** Other officers of key employees of the organization 15<sub>b</sub> 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? 16a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > CA NY IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website IXI Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization Jeong Bae 32 Broadway, Ste. 1801 New York NY 10004 646-502-8846

Form	990	(2011)	_ Applied	Research	Center
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Page 7

# 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	n nor any	relate	ed or	gan	ızat	ion co	mpe	ensated any current of	ficer, director, or trus	tee.
(A) Name and title	(B) Average hours per week	unles	ss per and a	Pos ck me son i	s both	an one n an offi ustee)	cer	(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
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1 <b>0</b> 99-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Baishali Rinku Sen										
President / ED	50	Х		X				94,670.	0.	8,087.
(2) Ellen Gurzinsky Co-Chair	1	x		Х				0.	0.	0.
(3) Dorian Warren		<u> </u>	Н		_		$\vdash$		<u> </u>	
Co-Chair	1	x		Х				0.	0.	0.
(4) LeeAnn Hall										
Treasurer	2	Х		X				0.	0.	0.
_(5) Kamau Bell Board Member	1	Х						0.	0.	
(6) Gary Delgado		<b>├</b> ^	Н					0.	<u> </u>	0.
Emeritus Member	1	х						65,140.	0.	5,045.
(7) Victor Goode								_		
Board Member	1	X			_			0.	0.	0.
_(8) Deepa Iyer Board Member	1	х						0.	0.	0.
(9) Christopher Rabb										
Board Member	1	Х	Ш					0.	0.	0.
(10) Rashad Robinson		١.,								
Board Member	1	Х	$\vdash$				Н	0.	0.	0.
(11) Liliana Segura Board Member	1	х						0.	0.	0.
(12) Deanna Zandt								-		
Board Member	1	X						0.	0.	0.
(13) Sonia Pena Assoc. Dir/CFO	40			Х				40,500.	0.	10,766.
(14)			П					10,000.		10,700.
	<u> </u>						نيـــا	<u></u>	<u> </u>	<del></del>

<u>Part.vii</u>   Section A. Officers, Directors, Trust	ees, r	<b>∖ey</b>	En			es,	anc	Hignest Com	pensated En	ployee	s (cont)
(A) Name and title	(B) Average hours per	box offi	, unte cer ar	Pos theck ess pe	rson Irecto	than is both or/trus	n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organization	an s c	(F) Estimated fother compensation
•	week (describ e hours for related organi- zations in Sch O)	vidual trustee irector	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organization (W-2/1099-MISC)	(	from the organization and related organizations
(16)									<del> </del>		
ַ(לו)											
(18)		ļ			_						
(19)										-	
(20)											<del></del>
(21)								0		<del>  -</del>	
(22)											
(23)	-	,							_		
(24)											
(25)								·, <del></del> 11-			
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	A						<b>*</b> * *	200,310. 0. 200,310.		).	23,898. 0. 23,898.
Total number of individuals (including but not limite from the organization      0	d to the	ose I	iste	d ab	ove)	) who	o re				
3 Did the organization list any former officer, director	or trus	itee,	key	em	ploy	ee, o	or hi	ghest compensate	ed employee		Yes No
on line 1a <sup>3</sup> If 'Yes,' complete Schedule J for such in  4 For any individual listed on line 1a, is the sum of re	portabl	le co	mpe	ensa	tion	and	oth	er compensation	from	3	X
the organization and related organizations greater t such individual  5 Did any person listed on line 1a receive or accrue or									and and a	4	X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors	ompen comple	te S	chec	om dule	any <i>J fo</i>	r suc	h p	o organization or erson	individual	5	Х
Complete this table for your five highest compensation from the organization. Report compe	ed inde	epen	den	t co	ntra	ctors	tha	t received more th	nan \$100,000 of		
(A)  Name and business addres		i ior	me	Cale	iiua	r yea	ar er	(B)  Description of			/ear (C) pensation
			_		,						
					_						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0											

Pa	rt 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	1 a Federated campaigns b Membership dues c Fundraising events . d Related organizations e Government grants (contributions)  1 All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f: h Total. Add lines 1a-1f	897,860.			
	Business Code		<del></del>		
EN	2a Fee Income	474,630.	474,630.		
Æ	b Sales & Registration	35,576.	35,576.		-
PROGRAM SERVICE REVENUE	С	00/0	0070.0.		<del></del>
Ē	d				<del>-</del>
S W	e				<del></del>
GRA	f All other program service revenue	=			
8	g Total. Add lines 2a-2f ▶	510,206.			
	3 Investment income (including dividends, interest and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ►	48,274.			48,274.
	5 Royalties ▶				
	(i) Real (ii) Personal	-			
	6a Gross rents.				
	b Less rental expenses				
	c Rental income or (loss)				i
	d Net rental income or (loss)				
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory 930, 142.				
	b Less: cost or other basis and sales expenses 926, 665.				
	c Gain or (loss) 3, 477.				
	d Net gain or (loss)	3,477.			3,477.
		3,411.			3,411.
ÆNUE	8a Gross income from fundraising events (not including. \$ of contributions reported on line 1c)				
Æ	See Part IV, line 18				1
OTHER REVEN	b Less: direct expenses b				
6	c Net income or (loss) from fundraising events			•	
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses b		-		
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				•
	c Net income or (loss) from sales of inventory .				
	Miscellaneous Revenue Business Code			<u></u>	<del></del>
	11 a				
	``				
	c			<del>-</del> -	<del></del>
	d All other revenue				<del></del>
	e Total. Add lines 11a-11d	· <u>-</u> -		<u> </u>	
	12 Total revenue. See instructions	1,459,817.	510, 206.	0.	51,751.
	in iounitations. Occ manualions	1, 100, OI / .	310,200.	0.	<u> </u>

### 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 re			· · · · ·	. 1
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
2	Grants and other assistance to individuals in the United States See Part IV, line 22				,
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	225,099.	85,087.	67,651.	72,361.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	· 0.
7	Other salaries and wages.	1,213,506.	1,041,093.	132,577.	39,836.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.	194,023.	184,982.	5,250.	3,791.
10	Payroll taxes	121,230.	110,209.	2,649.	8,372.
11	Fees for services (non-employees):				
	a Management				
1	<b>b</b> Legal				
	c Accounting	15,173.		15,173.	
	<b>d</b> Lobbying				
	e Professional fundraising services See Part IV, line 17				
	f Investment management fees				
	<b>g</b> Other	464,091.	423,201.	12,178.	28,712.
12	Advertising and promotion	10,877.	9,155.	373.	1,349.
13	Office expenses	174,197.	139,558.	19,913.	14,726.
14	Information technology		<del>.</del>	<u> </u>	
15	Royalties				
16	Occupancy	114,954.	89,663.	13,904.	11,387.
17	Travel	143,460.	124,790.	7,518.	11,152.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,038.	14,134.	1,189.	715.
20	Interest	7,352.		7,352.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,604.	20,752.	3,192.	2,660.
23		13,373.	8,054.	4,286.	1,033.
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 Dues and Memberships	25,473.	4,295.	20,376.	802.
	b Staff Development	3,002.	2,119.	703.	180.
	c				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,768,452.	2,257,092.	314,284.	197,076.
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     X  if following				
	SOP 98-2 (ASC 958-720)				
	<u> </u>	<u> </u>			Form <b>990</b> (2011)

•	•		(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	,	1	
	2	Savings and temporary cash investments .	108,135.	2	111,765.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,485,298.	4	1,191,726.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	a facility and a
•	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	<b>*</b> * * * * * * * * * * * * * * * * * *
ASSETS	7	Notes and loans receivable, net	100,000.	7	100,000.
Ę	8	Inventories for sale or use		8	
Š	9	Prepaid expenses and deferred charges		9	111,788.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1, 661, 370.		÷	
		Less: accumulated depreciation 10b 284, 437.	1,392,441.	10c	1,376,933.
	l	Investments – publicly traded securities.	922,344.	11	443,392.
	l .	Investments – other securities. See Part IV, line 11	1 2 2 7 2 2 2 2	12	110/0521
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	52,446.	15	29,318.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,060,664.	16	3,364,922.
	17	Accounts payable and accrued expenses	126,804.	17	218,163.
	18	Grants payable		18	4
	19	Deferred revenue		19	21,000.
Ļ	20	Tax-exempt bond liabilities		20	
Å	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
AB I L I T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	<u>-</u>	22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	93,491.
\$	24	Unsecured notes and loans payable to unrelated third parties	108,563.	24	14,515.
	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.	476,905.	25	
	26	Total liabilities. Add lines 17 through 25	712,272.	26	347,169.
Æ		Organizations that follow SFAS 117, check here ► X and complete lines			
	l	27 through 29 and lines 33 and 34.		-	
くろりましょう	27	Unrestricted net assets	1,653,724.	27	1,560,948.
Ĕ	28	Temporarily restricted net assets	2,694,668.	28	1,456,805.
	29	Permanently restricted net assets		29	
OR -	ŀ	Organizations that do not follow SFAS 117, check here ► and complete			
סבכה	ا	lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32	
いまつことてとは	33	Total net assets or fund balances	4,348,392.	33	3,017,753.
5	34	Total liabilities and net assets/fund balances	5,060,664.	34	3,364,922.
BA	A				Form 990 (2011

Form **990** (2011)

Form	990 (2011) Applied Research Center_	94-27598	79	<u>Pa</u>	age <b>12</b>
Par	t XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response to any question in this Part XI	··			X
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,4	59,8	<u>317.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,7	68,4	152.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,3	308, <del>6</del>	535.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	4,3	48,3	392.
5	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O .	5		22,0	004.
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	3,0	17,7	753.
Par	t XII   Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7	Γ,
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			- = =	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant?	nt of the audi	t, 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. $\frac{1}{2}$				
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis	e issued on a	1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth a Audit Act and OMB Circular A-133?	n the Single	3a		x

**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

Form **990** (2011)

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TEEA0112L 07/06/11

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

**Public Charity Status and Public Support** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

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

Name o	Name of the organization										
	Applied Research Center 94-2759879										
Part	Part   Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
The o	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	П	A school described in section 170(bX1)(AXii). (Attach Schedule E.)									
3	П	A hospital or a coope	erative hospital service	e organization describe	d in sec	tion 17	0(b)(1)(A	<b>)(</b> iii).			
4	П	A medical research o	rganization operated	in conjunction with a h	ospital d	describe	d in sec	tion 17	0(b)(1)(A	A)(iii). Er	nter the hospital's
	name, city, and state:										
5	믄	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 170(b)(1)(A)(iv). (Complete Part II.)									
6 7	X		normally receives a s	overnmental unit describustantial part of its suit li.)					t or fron	n the ge	neral public described
8				'0(b)(1)(A)(vi). (Complet	te Part I	1)					
9	_	from activities related	d to its exempt function  ind unrelated business	) more than 33-1/3% of ons – subject to certain s taxable income (less mplete Part III)	except	ions, an	id (2) no	more t	han 33-	1/3% of	its support from gross
10		An organization orga	nized and operated e	xclusively to test for pu	ıblıc safe	ety See	section	509(a)	(4).		
11		more publicly suppor	ted organizations des	xclusively for the benef scribed in section 509(a ion and complete lines	$\lambda(1)$ or s	ection 5	509(a)(2	ctions o	of, or ca section !	rry out tl 5 <b>09(a)(3</b> )	he purposes of one or . Check the box that
		a Type I	b ∏Type II	c Type III				ed		d 🗌	Type III - Other
e		By checking this box.	. I certify that the orga	anization is not controll than one or more pub	ed direc	tlv or in	directly	bv one	or more escribed	disqual in secti	ified persons
f		If the organization recheck this box	ceived a written detei	rmination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organization,
g		Since August 17, 200	06, has the organization	on accepted any gift of	r contrib	ution fr	om any	of the fo	ollowing	persons	
		(i) A person who obelow, the gove	directly or indirectly co erning body of the sup	ontrols, either alone or oported organization?	togethei	r with pe	ersons d	escribe	d in (ii)	and (III)	Yes No
		(ii) A family member	er of a person describ	bed in (i) above?							11 g (ii)
		(iii) A 35% controlle	ed entity of a person o	described in (i) or (ii) a	bove?						11 g (iii)
h		Provide the following	information about the	e supported organization	n(s).						
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	Is the sation in in income	the organ	ou notify ization in n (i) of ipport?	organiz	s the ation in in (i) ed in the S ?	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
<u>(A)</u>											· . <del></del> .
<u>(B)</u>											
<u>(C)</u>											
<u>(D)</u>											
<u>(E)</u>											
Total			,								

# Schedule A (Form 990 or 990-EZ) 2011 Applied Research Center 94-2759879 [Part II] Support Schedule for Organizations Described in Sections 170(bX1XAXiv) and 170(bX1XAXvi)

(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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,282,751.	2,195,535.	2,227,097.	3,558,664.	897,860.	10,161,907.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,282,751.	2,195,535.	2,227,097.	3,558,664.	897,860.	10,161,907.
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)	_			-		4,095,303.
6	Public support. Subtract line 5 from line 4						6,066,604.
Sec	tion B. Total Support				<u> </u>		0,000,004.
	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4	1,282,751.	2,195,535.	2,227,097.	3,558,664.	897,860.	10,161,907.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	133,911.	65,040.	61,307.	52,482.	48,274.	361,014.
9	Net income from unrelated business activities, whether or not the business is regularly carried on .					•	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV	1,911.	520.		1,690.		4,121.
11	Total support. Add lines 7 through 10						10,527,042.
12	Gross receipts from related activ	rities, etc (see ins	tructions)	• • •		12	1,824,105.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(	(3)
	tion C. Computation of Pu						
	Public support percentage for 20 Public support percentage from			ne 11, column (f)).		14	57.63 % 58.80 %
	33-1/3% support test - 2011. If	the organization o	lid not check the l	box on line 13, ar	nd the line 14 is 3		check this box
t	and stop here. The organization 33-1/3% support test - 2010. If	the organization o	lid not check a bo	ox on line 13 or 16	5a, and line 15 is 3	33-1/3% or more,	check this box
	and <b>stop here.</b> The organization	qualifies as a put	olicly supported o	rganization			▶ 📙
1/2	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	e. Explain in Part	1V how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test The organiza	s' test, check this ation qualifies as	box and <b>stop her</b> a publicly support	<b>e.</b> Explain in Part ed organization	t IV how the ►
18 BAA	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a			structions ►   90 or 990-EZ) 2011

### Rart'Ill Support Schedule for Organizations Described in Section 509(a)(2)

(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

C^~							
	tion A. Public Support	<del></del>	<del></del>				<del></del>
	dar year (or fiscal yr beginning in) > Gifts, grants, contributions and membership fees received. (Do not include	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
2	any 'unusual grants.') . Gross receipts from admis-		-				
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			٠			
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						
	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)	7	7. T	A Production			
Sec	tion B. Total Support		•				
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	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						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in						
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3	3)
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3	3)
12 13 14 <b>Sec</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990	stop here blic Support P	ercentage			a section 501(c)(3	
12 13 14 <b>Sec</b> 15	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and extion C. Computation of Pul	blic Support P 11 (line 8, columi	ercentage n (f) divided by lin				8
12 13 14 <b>Sec</b> 15	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and extion C. Computation of Pul Public support percentage from 20 Public support percentage from 2	stop here blic Support P 11 (line 8, columi 2010 Schedule A,	ercentage n (f) divided by lin Part III, line 15	e 13, column (f)).		15	
12 13 14 Sec 15 16 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and ction C. Computation of Pul Public support percentage for 20 Public support percentage from action D. Computation of Inv	stop here blic Support P 11 (line 8, columi 2010 Schedule A, estment Incor	ercentage n (f) divided by lin Part III, line 15 ne Percentage	e 13, column (f))		15	\$ \$
12 13 14 Sec 15 16 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and ction C. Computation of Pul Public support percentage for 20 Public support percentage from ction D. Computation of Investment income percentage for action D. Computation of Investment income percentage for action D. Computation of Investment income percentage for the computation of Investment Income percentage for Investment Investment Investmen	blic Support P 11 (line 8, column 2010 Schedule A, estment Incor or 2011 (line 10c,	ercentage  n (f) divided by lin Part III, line 15 ne Percentage column (f) divided	e 13, column (f)) d by line 13, colu		15	90 90 90
12 13 14 Sec 15 16 Sec 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and ction C. Computation of Pul Public support percentage for 20 Public support percentage from action D. Computation of Inv	blic Support P 11 (line 8, column 2010 Schedule A, estment Incor or 2011 (line 10c, rom 2010 Schedu the organization	ercentage  n (f) divided by lin Part III, line 15 ne Percentage column (f) divided le A, Part III, line did not check the	e 13, column (f)) d by line 13, colu 17 box on line 14, a	mn (f))	15 16 17 18 e than 33-1/3%, ar	% % % md line 17 —
13 14 Sec 15 16 Sec 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and action C. Computation of Pul Public support percentage for 20 Public support percentage from action D. Computation of Inv Investment income percentage for 12 Investment income percentage from 33-1/3% support tests — 2011. If	blic Support P 11 (line 8, column 2010 Schedule A, estment Incor or 2011 (line 10c, rom 2010 Schedu the organization this box and sto the organization or, check this box a	ercentage  n (f) divided by lin Part III, line 15  ne Percentage column (f) divided le A, Part III, line did not check the phere. The organi did not check a be and stop here. The	e 13, column (f)) d by line 13, column 17 box on line 14, a szation qualifies a cox on line 14 or lie organization qualifier qualifier (f)	mn (f)) and line 15 is more as a publicly supp ane 19a, and line alifies as a public	15 16 17 18 e than 33-1/3%, ar orted organization 16 is more than 33 ly supported organ	% % % % % % % % % % % % % % % % % % %

Schedule A	(Form 990 or 990-EZ) 2011	Applied Research C	enter_	94-2759879	Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; (See instructions).	tion. Complete this part to and Part III, line 12. Also	provide the explanations recomplete this part for any a	quired by Part II, line 10 idditional information.	·;
					<b>-</b> -
	· <b></b>				
		- <b></b>			
	- - <b></b>				
		- <b></b>			
					<del></del>
	- <b></b>				
				·	
					<b>-</b>

2011 S	chedul	le A, Pa	rt IV :	Supple	me	ntal Info	rmation	Page
Client APL07			Applied	Research (	Cento	er		94-275987
1/02/12							<del>;</del>	03:55F
Part II, Line 10 - Other	Income							
Nature and Source		2011		2010		2009	2008	2007
Miscellaneous	Total §		0. \$	1,690. 1,690.	\$	0.	<u>520.</u> \$ 520.	1,911. \$ 1,911.
-		-	-	-				

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

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

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

► Complete if the organization is described below.

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

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Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

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

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

		,' to Form 990, Part IV, line 5 (Proxy Tax) or rganizations Complete Part III.	or Form 990-EZ, Part	V, line 35a (Proxy Tax),	then
	of organization	iganizations Complete Fait III.		Employer identifica	tion number
	olied Research Cent	or		94-275987	
		rganization is exempt under section	on 501(c) or is a		
		organization's direct and indirect political of			
2	Political expenditures		ampaign activities in	► \$	
3	Volunteer hours			•	
		rganization is exempt under section	on 501(c)(3).	<del></del>	
		ise tax incurred by the organization under			0.
2	•	ise tax incurred by organization managers		<b>►</b> \$	0.
3	•	a section 4955 tax, did it file Form 4720 for			Yes No
4:	Was a correction made?		-		Yes No
1	b If 'Yes,' describe in Part IV				
Pa	rt I-C Complete if the o	rganization is exempt under secti	on 501(c), excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	n activities >\$	
2	Enter the amount of the filin function activities	g organization's funds contributed to other	organizations for sec	tion 527 exempt	
3	Total exempt function expen line 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	organization made nayments	and employer identification number (EiN) s For each organization listed, enter the a ons received that were promptly and direc al action committee (PAC). If additional spa	mount haid from the t	filing organization's fund	ts Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)	·				
(5)					
			1		

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

(6)

Schedule C (Form 990 or 990-EZ) 2011

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

	Lobbying E	xpenditures During 4-	Year Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total
2a Lobbying non-taxable amount	282,789.	265, 943.	294,607.	288,423.	1,131,762
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))			,		1,697,643.
c Total lobbying expenditures	62,898.	34,491.	18,686.	101,945.	218,020.
<b>d</b> Grassroots nontaxable amount	70,697.	66,486.	73,652.	72,106.	282,941.
e Grassroots ceiling amount (150% of line 2d, column (e))				·	424,412.
f Grassroots lobbying expenditures	36,247.	22,994.	18,686.	61,179.	139,106.

BAA

Schedule C (Form 990 or 990-EZ) 2011

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	Tiled	For	m 5768		age 3
	(4	a)		(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	A	mount	_
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		-		- <del>, </del>	
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? <b>c</b> Media advertisements?		•			
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1:					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		- 1			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912				1	•
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Ì				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			Γ.	1 103	+
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	<del>                                     </del>
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			<u> </u>	3	╁──
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' C answered 'Yes.'	(c)(5) R (b)	, or s Part	ection III-A, li	ne 3, i	s
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
<b>b</b> Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and police expenditure next year?	ss tical	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV   Supplemental Information	_				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, P Also, complete this part for any additional information.	art II-A	, and	Part II-B	I, line 1	
Also, complete this part tot any additional information.		- <del>-</del> -			- <del></del> -
0.11	ماناهم	2 /5 :	000	200	

Schedule C (Form 990 or 990-EZ) 2011 Applied Research Center  Part IV: Supplemental Information (continued)	94-2759879	Page 4
Părt IV: Supplemental Information (continued)		
• •		
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		<b></b> =
		<b></b>

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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Name of the organization

Employer identification number

App	plied Research Center			94	-2759879	
	it 🖫 Organizations Maintaining Dono	r Advised Funds or Other	Similar Funds	or Accour	ts. Complete	e if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6	•			
		(a) Donor advised fur	ods	(b) Fund	s and other acco	ounts
1	Total number at end of year	(7)		(2) 1 0.10	dia other door	<u> </u>
2	Aggregate contributions to (during year) .					
3	Aggregate grants from (during year)	<del></del>				
Δ	Aggregate value at end of year	<del></del>				
7	,	·				·····
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the as to the organization's exclusive le	sets held in done gal control?	or advised .	Yes	No_
6	Did the organization inform all grantees, donc used only for charitable purposes and not for purpose conferring impermissible private beni	the benefit of the donor or donor	that grant funds advisor, or for a	can be ny other	□Yes	□No
Păi	till Conservation Easements. Comp	ete if the organization ansi	wered 'Yes' to	Form 990	Part IV line	7
	Purpose(s) of conservation easements held b					
•	Preservation of land for public use (e.g., i		Preservation of	an historically	important land a	2102
	Protection of natural habitat	- Coreation of education)	Preservation of	=	•	aica
	Preservation of open space		r reservation or a	a cermeu msi	one structure	
2		an hald a suplified someonistics.		- 44		
_	Complete lines 2a through 2d if the organization last day of the tax year	on neid a qualified conservation	contribution in th	e form of a co	nservation ease	ment on the
	,			Held	at the End of th	e Tax Year
2	a Total number of conservation easements.			2a	at the End of the	ic rux rous
	Total acreage restricted by conservation ease	ments		2b		
	Number of conservation easements on a certi		(3)	2c		
			<b>(-</b> )	<del></del>	<u> </u>	
	Number of conservation easements included in structure listed in the National Register			2d		
3	Number of conservation easements modified, tax year ▶			by the organi	zation during th	е
4	Number of states where property subject to co	onservation easement is located	<b></b>			
5	Does the organization have a written policy re and enforcement of the conservation easemet	garding the periodic monitoring, nts it holds?	inspection, hand	ling of violation	ns, Yes	No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing con	servation easem	ents during the	e year	_
7	Amount of expenses incurred in monitoring, ii	nspecting, and enforcing conserv	ation easements	during the yea	ır	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requ	rements of secti	on	Yes	No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its revo to the organization's financial sta	enue and expense tements that des	statement, and cribes the org	l balance sheet, a anization's acco	and unting for
Par	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Tr wered 'Yes' to Form 990, F	easures, or O	ther Simila	r Assets.	
1 &	alf the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final	s held for public exhibition, educa	ation, or research	e statement ar i in furtherance	nd balance shee e of public servi	t works of ce, provide,
t	b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items.	r SFAS 116 (ASC 958), to report ld for public exhibition, education	in its revenue sta , or research in t	atement and b furtherance of	alance sheet wo public service, p	orks of art, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1			<b>►</b> \$	
	(ii) Assets included in Form 990, Part X				<b>►</b> \$	7.0
2	If the organization received or held works of a amounts required to be reported under SFAS	irt, historical treasures, or other s 116 (ASC 958) relating to these	ımılar assets for tems	financial gain,	· ·	owing
2	Revenues included in Form 990, Part VIII, line	_	-		►Ś	
	Assets included in Form 990, Part X	•			•\$	<del></del>
					▼	

Part VI   Land, Buildings, and Equip	<b>ment.</b> See Form 990, Pa	irt X, line 10.	•	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.		60,000.		60,000.
<b>b</b> Buildings.		1,386,701.	95,509.	1,291,192.
c Leasehold improvements				
<b>d</b> Equipment		214,669.	188,928.	25,741.
- Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

BAA

Schedule **D** (Form 990) 2011

376,933

Schedule D (Form 990) 2011 Applied Research C	'enter		94-275	9879 Page 3
Part VII Investments – Other Securities. See	Form 990, Part X,	line 12. N/A	34 213	7077
(a) Description of security or category (including name of security)	(b) Book value	(c)	Method of valuati	ion:
(Including name of security) (1) Financial derivatives		Cost or	end-of-year mark	et value
(2) Closely-held equity interests			<u> </u>	
(3) Other			<del></del>	
(A)	-			
(B)				
(C)				
(O)				·-···
(E)			· · · · · · · · · · · · · · · · · · ·	
(F)				· -
(G)				
(H)				
_(I)				
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.).				A COMPANY
Part VIII Investments - Program Related. See				
(a) Description of investment type	<b>(b)</b> Book value	(c)	Method of valuati	ion.
(1)		Cost or	end-of-year mark	let value
(2)				
(3)				
(4)	·			
(5)		-	<del></del>	
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			, w	The state of the s
Part IX Other Assets. See Form 990, Part X, I		·		4.5.1.1
(1)	scription			<b>(b)</b> Book value
(2)		··········		
(3)		· ·	···	
(4)				
(5)				<del></del>
(6)			· <del>-</del>	
(7)	<u> </u>	***************************************	i	
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (b)			<u> </u>	
Part X Other Liabilities. See Form 990, Part >			· - · · · · · · · · · · · · · · · · · ·	<del></del>
(a) Description of liability	(b) Book value			
(1) Federal income taxes				
(2)				
(3)			•	
(5)	-			
(6)				
(7)				
(8)				
(9)	<u> </u>			
(10)	<u> </u>			
(11)				
		<del></del>		

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

See Part XIV

Schedulè D (Form 990) 2011 Applied Research Center	94-2759879	Page 4
Part XI: Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1 · Total revenue (Form 990, Part VIII, column (A), line 12)	1,4	59,817.
2 Total expenses (Form 990, Part IX, column (A), line 25)		68,452.
3 Excess or (deficit) for the year Subtract line 2 from line 1		08,635.
4 Net unrealized gains (losses) on investments		22,004.
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV.)		
9 Total adjustments (net). Add lines 4 through 8.	<del></del>	22 004
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		22,004.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	ue per Peturn	30,639.
1 Total revenue, gains, and other support per audited financial statements .		38,613.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	文学家	36, 613.
	22 004	
	22,004.	
b Donated services and use of facilities 2b	800.	
- c Recoveries of prior year grants 2c		
d Other (Describe in Part XIV.)		
e Add lines 2a through 2d		21,204.
3 Subtract line 2e from line 1	3 1,4	59,817.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b.		
b Other (Describe in Part XIV.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).	5 1.4	59,817.
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses		
1 Total expenses and losses per audited financial statements	<del></del>	69,252.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	03,202.
a Donated services and use of facilities 2a	800.	
b Prior year adjustments 2b	<del>- 555.</del>	
c Other losses 2c	<del></del>  ,*.,	
d Other (Describe in Part XIV)	7.	
e Add lines 2a through 2d	———· l	000
	2e	800.
, ,	3 2,7	68,452.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIV)	<del></del>	
b Other (Describe in Part XIV) c Add lines 4a and 4b		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c 5 2.7	68,452.
Part XIV   Supplemental Information	3 2,1	00,432.
<del></del>	A Day IV has the and the	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Als any additional information.	co complete this part to prov	ride
Part_V_Line_4-Intended Uses_Of Endowment Fund		
The Board of Directors of the Organization has designated unsp	ent_revenues_earn	ed_by
its_fiscally_sponsored_projects_for_use_by_those_projects		
Part X - FIN 48 Footnote		
The Internal Revenue Service and the California Franchise Tax	<u>Board have determ</u>	<u>ined</u>
that ARC is exempt from federal and state income taxes under I	<u>nternal Revenue C</u>	ode
Section_501(c)(3) and the California Revenue and Taxation Code	<u>Section 23701(d)</u>	<u>. The</u>
Organization has evaluated its current tax positions and has c	concluded that as	of
BAA TEEA3304L 05/25/11	Schedule <b>D</b> (For	

Schedule D (Form 990) 2011 Applied Research Center	94-2759879	Page 5
Rart XIV Supplemental Information (continued)	<del></del>	
Part X - FIN 48 Footnote (continued)		
December 31, 2011, the Organization does not have any significant	uncertain tax	
positions for which a reserve would be necessary		

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or 990-EZ.

Employer identification number

Applied Research Center	94-2759879
Form 990, Part III, Line 4c - Program Service Accomplishments	
Research: ARC research focuses on the continued significance	of race and ethnicity
to_social and economic outcomes in our society. Focusing larg	ely on institutional
and structural racism as opposed to personal prejudice, ARC's	research seeks to
reveal_the_hidden or ignored race effects of public policies a	nd practices_both
within and across interconnected sectors such as education, im	migration, criminal
justice, employment and health. In 2011, ARC released four gro	undbreaking reports:
1) Better Together, an assessment of the current positioning of	f_LGBT_issues_and
constituencies within the Racial Justice movemen; 2) Shattered	Families, which
explores the extent to which children in foster care are preven	nted_from_uniting_with
their detained or deported parents and the failures of the chi	ld welfare system and
ICE to adequately work to reunify these families; 3) Color of	Food, a report that
stressed the need for the Food Justice Movement to include wor	kers of color, and; 4)
Don't Call Them Post-Racial, the results of research designed	to determine the
political beliefs of the millennial generation, specifically t	heir_views_around_race
and_racial_equity	
Form 990, Part III, Line 4d - Other Program Services Description	
Sponsored Projects: In keeping with ARC's mission, the Fiscal	Sponsorship program
provides assistance for new projects through infrastructure su	pport for research,
organizing or educational purposes. In 2011, ARC sponsored t	hree projects:
BackStory Narratives, the Alliance of Californians for Communi	ty Empowerment (ACCE)
and El Comite Del Pueblo.	
Form 990, Part VI, Line 11b - Form 990 Review Process	
The Audit Committee and the Executive Director review the init	ial draft of the Form
990. The final copy is distributed to the board at least one w	reek before being

Schedule 0 (Form 990 or 990-EZ) 2011	Page 2
Name of the organization Applied Research Center	Employer identification number 94–2759879
Form 990, Part VI, Line 11b - Form 990 Review Process (continued)	·
filed.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	flicts
Board members fill out disclosure statements once a year. The	Executive Director
and the Board Chair(s) track potential conflicts. When conflic	ts arise they are
disclosed at board meetings and the board member is recused.	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Ex	xec. Dir., or Top Mgtment
Independent members of the board, without the E.D.'s participat	ion, do a
compensation review as part of the E.D.'s yearly performance ev	aluation. They
examine published data on non-profit salaries to determine comp	parable compensation
levels. The results of the review are then discussed with the	Executive Director
and a final compensation recommendation is approved by the Boar	d.
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	s & Key Employees
The Executive Director sets the compensation for Officers and K	Key Employees subject
to Board review as part of the yearly budget approval process.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
ARC's form 990 and yearly audit are available upon request. Re	equests for other
documents are considered on a case by case basis.	

Schedule O - Supplemental Information	Page '
Applied Research Center	94-275987
Line 5 Net Assets or Fund Balances	03 55P
Gains or Losses on Investments	Total \$ -22,004. \$ -22,004.
· -	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

2011

OMB No. 1545-0047

**Employer identification number** 94-2759879

► 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 of the organization answered 'Yes' to Form 990, Part IV, line 33.) Applied Research Center

(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
<u>ω</u>	1 1				,
			-		
( <u>s)</u>			-		
	<u> </u>				
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations duri	ations (Complete if the during the tax year.)	ns (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had ng the tax year.)	Yes' to Form 990	, Part IV, line 34 be	cause it had
(a) Note: The particular of the particular of the particular particular of the parti	(b)	(c)	(e)	(f)	(6)

(a) Name, address, and EIN of related organization	<b>(b)</b> Prımary actıvıty	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec 512(b)(13) controlled entity?	b)(13) entity?
						Yes	ş
(1) Equity Action 900 Alice St. #400	Advocacy on racial &			-			
CA 3460/ 10	economic justice issues	CA	501 (c) (4)		ARC	×	
(2)				-			
							ı
( <u>s)</u>							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	tions for Form 990.	,	TEEA5001L 09/08/11	•	Schedule R (Form 990) 2011	-orm 990	) 2011

Schedule R (Form 990) 2011 Applied Research Center

Part III Identification of Related Organizations Taxable as	ations T	axable ac a Par	therebin (Cor	molete if the ord	sue uciteziner	wered 'Yes	to Form 9		1   1   1   1   1   1   1   1   1   1	- 26 - VE 01
7	ed organ	izations treated	d as a partner	reated as a partnership during the tax year.)	tax year.)	מוכים ה		7,00		10 OH.
Name, address, and EIN of Primary activity Le don related organization fort	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant Income (related, unrelated, excluded from tax under	(n) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	JBI (	General or managing partner?	(k). Percentage ownership
noo	ountry)	3	sections 512-514)			Yes No			Yes No	<b>T</b>
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				•						
										_
(2)									ļ 	
							-			
(9)									<u> </u> .	
Part IV   Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answ line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ations Te		rporation or T	a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, attons treated as a corporation or trust during the tax year.)	if the organizations the	ation answ	ered 'Yes' t	to Forr	n 990, F	art IV,
(a) Name, address, and EIN of related organization	uc	(b) Primary activity	(c) Legal domicile (state or foreign country)	Legal domicile Direct (state or foreign controlling entity country)	Type of entity (C corp, S corp, or trust)	Share of total income		(g) are of end- assets	(g) Share of end-of-year assets	(h) Percentage ownership
Ω						-				
(2)						-				
	1						-			
(3)										
ВАА			TEEA5002L 0	05/24/11				Sched	ule R (Fo	Schedule R (Form 990) 2011

94-2759879

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	]-  -			Yes	劉
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?	ganizations listed in Parts I	-/۱/2	<b>1</b> 2	なる	7
a Receipt of (f) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	٠		1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 b		×
c Gift, grant, or capital contribution from related organization(s)		:	10		×
d Loans or loan guarantees to or for related organization(s)			19	_	×
e Loans or loan guarantees by related organization(s)			. 1e		×
				1444.)	لأعلا
f Sale of assets to related organization(s)			<u>*</u>		×
g Purchase of assets from related organization(s)	•		19		×
			٦h		×
i Lease of facilities, equipment, or other assets to related organization(s)			1i		×
	-		No.	を記述して	
j Lease of facilities, equipment, or other assets from related organization(s)			=	1	×I
k Performance of services or membership or fundraising solicitations for related organization(s)		•	<b>-</b>		×
I Performance of services or membership or fundraising solicitations by related organization(s)	-		:		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		. •	E		×
n Sharing of paid employees with related organization(s)			1n		×
	-		700	基門外及	* 4
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>		-	10		×
<b>p</b> Reimbursement paid by related organization(s) for expenses		-	1р		×
	-		3 2	2	*
q Other transfer of cash or property to related organization(s),			19		×
_	•	-	11		×
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	icluding covered relationsh	ips and transaction three	sholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	f) Jetermin Involved	≘_
	-				i
	-				
(3)			,		
(4)	-				
(5)	_			•	
			· · · · · ·		
BAA TEEA5003L 05/24/11		Schec	Schedule R (Form 990) 201	2 (066 1	15

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

(k) Percentage ownership Schedule R (Form 990) 2011 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. General or managing partner? ŝ Yes Code V-UBI amount in box 20 of Schedule Form (1065) Dispropor-tionate allocations? ŝ Ξ Yes (g)
Share of
end-of-year
assets (f) Share of total income (d) (e)
Predominant Are all partners income (related, unrelated, excluded from tax under section 512-514) TEEA5004L 05/24/11 (c)
Legal domicile
(state or foreign country) (a) (b) Name, address, and EIN of entity Primary activity İ 1 1 1 1 1 1 1111111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 듼 ଷ୍ଟ ı ଙ୍ଗ € ତ୍ର e, නු ତ୍ର

Schedule R	(Form 990) 2011	Page 5
<u> Rart VII.</u>	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
	(See Maddellolla).	
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	·	

## (Rev January 2012)

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

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

_	
•	X

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers

Associated	With Certain Personal Benefit Contracts, which m	ust be sent	to the IRS in paper format (see instruct	ions). For more det	ails on the		
PARIL A	Automatic 3-Month Extension of Time.	only subm	nit original (no copies needed).				
	on required to file Form 990-T and requesting an			complete Part I onl	y ►		
All other co income tax	rporations (including 1120-C filers), partnerships, returns	REMICS, a					
	Name of exempt organization or other filer, see instructions		Enter filer's identi	fying number, see Employer identification			
Type or	Traine of exempt organization of other men, see management			-	number (Liny or		
File by the due date for filing your return. See instructions	Applied Research Center			X 94-2759879			
	Number, street, and room or suite number. If a P.O. box, see instructions			Social security number (SSN)			
	900 Alice Street #400						
	City, town or post office, state, and ZIP code. For a foreign address, see instructions						
<del></del>	Oakland, CA 94607						
Enter the R	teturn code for the return that this application is fo	or (file a sep	parate application for each return)		01		
Application Is For		Return Code	Application Is For	lication or			
Form 990		01	Form 990-T (corporation)	)			
Form 990-E	BL	02	Form 1041-A		08		
Form 990-E	Z	01	Form 4720		09		
Form 990-P		04	Form 5227		10		
	(section 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990-T (trust other than above)		06	Form 8870		12		
Telephor  If the or  If this is check the external the external three external th	hs are in the care of Sonia Pena  ne No 510-653-3415  rganization does not have an office or place of but of a Group Return, enter the organization's four his box  If it is for part of the group, consion is for.  test an automatic 3-month (6 months for a corporation)	siness in the digit Group check this b	ox Exemption Number (GEN) If ox Pand attach a list with the na				
until The e ► ∑	8/15 , 20 12 , to file the exempt organization's return for calendar year 20 11 or	ganization r	eturn for the organization named above.				
▶ [	tax year beginning, 20	, and endir	ng, 20				
_	tax year entered in line 1 is for less than 12 moninange in accounting period	ths, check r	eason Initial return Fin	nal return			
	application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions	720, or 6069	9, enter the tentative tax, less any	3a \$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.							
c Balan EFTP	ce due. Subtract line 3b from line 3a Include you S (Electronic Federal Tax Payment System) See	r payment v	with this form, if required, by using	3c \$	0.		

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

Form 886	8 (Rev 1-2012)				Page 2		
💜 If you	are filing for an Additional (Not Automatic) 3-Mon	th Extensio	n, complete only Part II and check	this box	▶ 🔲		
	y complete Part II if you have already been granted			ısly filed Form 8868.	_		
	are filing for an Automatic 3-Month Extension, co						
Raym	Additional (Not Automatic) 3-Month Ext	ension of					
	Name of everyt executation as although a second		Enter filer's	identifying number, see			
	Name of exempt organization or other filer, see instructions			Employer identification number	(EIN) or		
Type or print	Applied Research Center			X 94-2759879	·		
File by the extended	Number, street, and room or suite number. If a P.O. box, see ins	tructions		Social security number (SSN)			
due date for	Crosby & Kaneda, CPAs						
filing the return. See instructions	1611 Telegraph Ave Ste 318  City, town or post office, state, and ZIP code For a foreign address, see instructions						
instructions	Oakland, CA 94612-2151						
	Joaniand, CA 94012-2131						
Enter the	Return code for the return that this application is f	or (file a se	parate application for each return)		-01		
Application Is For		Return Code	Application Is For		Return Code		
Form 990	<del></del>	01					
Form 990-		02	Form 1041-A	·	08		
Form 990	-EZ	01	Form 4720	· <u> </u>	09		
Form 990-PF		04	Form 5227		10		
Form 990	-T (section 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990-	-T (trust other than above)	06	Form 8870	•	12		
<ul><li>If the</li><li>If this</li><li>whole gro</li></ul>	organization does not have an office or place of builds for a Group Return, enter the organization's four	isiness in th r digit Group			► ☐ s is for the of all		
5 For 6 If the	quest an additional 3-month extension of time until calendar year 2011, or other tax year beginning e tax year entered in line 5 is for less than 12 mon Change in accounting period e in detail why you need the extension	ng iths, check r		ditional time to			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  8a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax							
payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868							
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  8c \$							
	Signature and Verific	ation mu	st be completed for Part II o	nly.			
Under penaltricorrect, and o	ies of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form  Title	companying sch	edules and statements, and to the best of my ku	nowledge and belief, it is true,	112		
BAA	Title	FIFZ0502L	. 07/29/11	Form <b>8868</b> (	Rev 1-2012)		