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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning , 2012, **and ending** , 20

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

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

D Employer identification number
20-0112865

E Telephone number
913-890-0337

G Gross receipts \$ **157,131**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number **N/A**

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

J Website: ▶ **n/a**

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The Applebee's Foundation provides financial assistance to Applebee's Services, Inc. associates and members of their families or households who demonstrate dire need in case of a catastrophic life event such as medical emergency, house fire, or natural disaster and also makes grants to other 501(c)(3) organizations.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	9
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 242,545	Current Year 157,128
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21	3
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	242,566	157,131
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	250,027	174,966
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11a)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	703	521
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	250,730	175,487	
19	Revenue less expenses. Subtract line 18 from line 12	(8,164)	(18,356)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 147,711	End of Year 129,355
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances. Subtract line 21 from line 20	147,711	129,355

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer: Benita White Date: 11-15-2013
 Type or print name and title: Benita White, President

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

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

SCANNED DEC 17 2013

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Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 159,720 including grants of \$ 159,720) (Revenue \$ 143,390)
In 2012, The Applebee's Foundation made 193 gifts of financial assistance to Applebee's Services, Inc. associates and members of their families or households who demonstrated dire need as a result of medical emergency, fire, flood, other emergency, or natural disaster.

4b (Code:) (Expenses \$ 15,246 including grants of \$ 15,246) (Revenue \$ 13,738)
In 2012, Applebee's Foundation made 23 gifts to other 501(c)(3) charitable organizations.

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

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

4e Total program service expenses ▶ 174,966

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No	
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓	
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	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a 9		
b Enter the number of voting members included in line 1a, above, who are independent		
1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		<i>N/A</i>
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13		<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<i>N/A</i>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		<i>N/A</i>
13 Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official <i>No compensation</i>		<i>N/A</i>
b Other officers or key employees of the organization		<i>N/A</i>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		<i>N/A</i>
16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed *n/a*
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website
 - Another's website
 - Upon request
 - Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: *Chris McKinney, 8140 Ward Parkway, Kansas City, MO 64114*

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order. individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Kate Bellan Board Member/Administrator	30 min/wk 40	✓						0	56,722	9,000
(2) Benita White President	30 min/wk 40	✓		✓				0	59,284	9,000
(3) Ron Scott Board Member	30 min/wk 40	✓						0	121,232	20,000
(4) Denise Robinson Board Member	30 min/wk 40	✓						0	58,843	9,000
(5) Mo Yageneh Board Member	30 min/wk 40	✓						0	99,196	20,000
(6) Barbara Robinson Secretary	30 min/wk 40	✓		✓				0	74,198	20,000
(7) Aimee Wilson Board Member	30 min/wk 40	✓						0	53,649	9,000
(8) Adam Linville Board Member	30 min/wk 40	✓						0	38,459	6,000
(9) Colter Daubert Board Member	30 min/wk 40	✓						0	64,759	9,000
(10) Jen Augustine Board Member						✓		0	135,342	25,000
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							0	745,356	131,000	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							0	745,356	131,000	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	5,922				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	151,206				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			157,128			
Program Service Revenue	2a Business Code						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3		3	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			157,131			3	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	15,246	15,246		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	159,720	159,720		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Bank Fees/KS Annual Report	521		521	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	175,487		521	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,000	1	0
	2 Savings and temporary cash investments	142,711	2	129,355
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		147,711	16	129,355
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		0	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		147,711	32
33 Total net assets or fund balances		147,711	33	129,355
34 Total liabilities and net assets/fund balances		147,711	34	129,355

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	157,131
2	Total expenses (must equal Part IX, column (A), line 25)	2	175,487
3	Revenue less expenses. Subtract line 2 from line 1	3	(18,356)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	147,711
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	129,355

Part 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		N/A
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		N/A

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Applebee's Foundation, Inc.

20-0112865

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	493,463	316,570	365,554	242,545	157,128	1,575,260
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	493,463	316,570	365,554	242,545	157,128	1,575,260
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1,575,260

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	221	37	15	21	3	297
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1,575,557
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.9811 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.9861 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) **N/A**
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

N/A

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2012

**Open to Public
Inspection**

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

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

Name of the organization

Employer identification number

Applebee's Foundation, Inc.

20-0112865

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) N/A - none over \$5,000							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Cat No 50055P

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 See attached stmt-2012 Grants to Individuals	193	159,720	0	n/a	n/a
2					
3					
4					
5					
6					
7					

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

Applications for gifts from the Applebee's Foundation must be submitted on behalf of the person/family in need. The application is thoroughly reviewed by all members of the Applebee's Foundation Board of Directors. The majority of the Board must approve the grant in order for it to be made. The recipient must have experienced a catastrophic life event such as a medical emergency, house fire, death, or natural disaster to themselves or a member of their household. The maximum gift is \$5,000 and only one gift is allowed per 12 month period.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

Part I Questions Regarding Compensation

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

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

None provided

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

	Yes	No
1a		
1b	<i>N/A</i>	
2	<i>N/A</i>	
3		
4a		✓
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		✓

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

No reimbursements/expenses paid

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

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

No compensation paid to any officer/member

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

- a** The organization?
- b** Any related organization?

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

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

- a** The organization?
- b** Any related organization?

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

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Applebee's Foundation, Inc.

Employer identification number

20-0112865

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

DineEquity, Inc. (95-3038279).

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

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

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

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

available for review by the Applebee's Foundation board members and signed by a board member prior to filing.

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

DineEquity, Inc. (95-3038279). However, since all members of the Applebee's Foundation board are employees of one of the two companies,

Schedule R was completed for disclosure purposes although it may not be required

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2012

**Open to Public
Inspection**

Related Organizations and Unrelated Partnerships

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

Name of the organization

Employer identification number

Applebee's Foundation, Inc.

20-0112865

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Applebee's Services, Inc. (48-1142588) 8140 Ward Parkway, Kansas City, MO 64114	Restaurant Mgmt	KS	n/a	C	None	None	None		✓
(2) DineEquity, Inc. (95-3038279) 450 North Brand Blvd, Glendale, CA 91203	Restaurant Mgmt	DE	n/a	C	None	None	None		✓
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Applebee's Services, Inc. made cash contributions of \$5,922 in 2012.	c	5,922	cash
Conference rooms and copy machines of Applebee's Services are available for use by the Applebee's Foundation board.	n	much <\$50k	cash
Employees of Applebee's Services, Inc. and DineEquity, Inc. are officers/board members of the Applebee's Foundation, Inc.	o	See 990, Part VII	
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) N/A													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Applebee's Foundation
20-0112865
2012 Grants to Individuals

13052	1/5/12	Joyce	Ashlock	6271	Medical bills, medical time off	\$750
13053	1/13/12	Marie	Briones-Escandon	6261	Infant on life support, medical bills	\$1,500
16453	1/18/12	Tara	Collins	5101	Medical bills	\$750
16454	1/10/12	Abby	Remien	5830	Medical bills, off work full-time	\$750
16455	1/10/12	Anamarra	Reyes	5104	Medical bills	\$750
16456	1/10/12	Cole	Wilhelm	5206	Death immediate family	\$750
16457	1/10/12	Kimberly	Bettis	5209	Death, family	\$750
16458	1/10/12	Leroy	Cushaway	5844	Medical bills, off work	\$750
16459	1/10/12	Mahasinah	Dent	6216	Father passed	\$750
16460	1/10/12	Melanie	Abrams	5852	Death, immediate family	\$750
16461	1/10/12	Michelle	Shankel	5109	Domestic violence, homeless	\$750
16462	1/10/12	Monica	Onidas	5273	Death of son, medical bills	\$750
16463	1/10/12	Nathaniel	Smith	5273	Death of mother	\$750
16464	1/10/12	Ron	Barbee	5271	Medical bills, off work, full-time	\$750
16465	1/10/12	Teryn	Johnson	5205	Mother passing, time off	\$750
16466	1/10/12	Tiffany	Broton	6211	Death, immediate family	\$750
16467	1/10/12	Brett	Hill	5836	Medical bills, unexpected event/ time off for wife	\$1,145
16468	1/10/12	Crystal	McGuire	5822	Death extended family	\$375
16469	1/10/12	Jamie	MacDonald	5209	Car accident, transportation	\$375
16470	1/10/12	Jasmine	Trude	4201	Car accident, husband laid off	\$375
16471	1/10/12	Megan	Ludwa	5819	Car broken into, theft of gifts and cash	\$375
16472	1/18/12	Adriana	Strayhorn	6216	Homeless	\$375
16473	1/18/12	Alicia	Crampton	5814	Homeless, apt fire, lost clothing and furniture	\$750
16474	1/18/12	Christina	Shipley	6211	Grandmother passed, medical bills, time off, part-time	\$1,125
16475	1/18/12	Derrick	Lewis	5801	Sister passed	\$750
16476	1/18/12	Dinisha	Ball	6271	Furnace out, part-time	\$375
16477	1/18/12	James	Calhoun	5815	Father passed	\$750
16478	1/18/12	Meghan	Justice	6216	Medical bills	\$750
16479	1/18/12	Rebecca	Avila	5840	Travel to ill family	\$500
16480	1/18/12	Sarah	Bevins	5827	Surgery, medical bills, of work, full-time	\$750
16481	1/23/12	Joe	Holland	5805	Mother passed	\$750
16483	1/25/12	Amanda	Steff	5813	Homeless, abuse	\$750
16484	1/27/12	Michael	Terpening	5867	Home fire	\$750
16485	1/27/12	Sarah	King	4201	Homeless	\$375
16486	1/30/12	Kery	Swain	5861	Medical bills, off work full-time 6 days	\$950
16414	2/6/12	Wieteke	Waterborg	5282	Fiance has brain tumor, medical bills & time-off work	\$1,125
16438	2/7/12	Dominic	Pettaway	5255	Theft/robbery of household goods and rent money	\$375
16487	2/13/12	Angela	Herdegen	5809	Home fire - complete loss	\$1,000
16488	2/21/12	Leah	Saragusa	SC	Husband has cancer, medical bills & time-off work	\$1,125
16489	2/21/12	Steve	MacDonald	SC	Unexpected event, travel to ill family	\$875
16490	2/21/12	Calvin	Barnes	6221	Wife has kidney disorder, medical bills	\$750
16491	2/27/12	Chris	Hugley	5825	Death of parent, homeless	\$1,125
16492	2/27/12	Dajana	Shuford	5855	Home fire - complete loss	\$1,000
16493	2/27/12	Jamie	Defillippo	5813	Death of family member/aunt, funeral expenses	\$375
16494	3/1/12	Robert	Liljeholm	5812	Medical bills	\$750
16495	3/6/12	Nimoy	Smith	6211	Pneumonia - out of work (lost wages)	\$125
16496	3/8/12	Jillian	Manley	5203	Death of mother	\$750
16497	3/9/12	Nicole	Keelean	5839	Death of team member - check written out to Ron Keelean	\$750
16498	3/13/12	Nicole	Darling	5861	Unexpected Event, death of close friend/like family	\$375
16499	3/13/12	Steve	Absher	5290	Seizure while driving/car accident, medical bills	\$750
16501	3/19/12	Sarah	McCormick	5853	Homeless	\$375
16503	3/19/12	Arumont	Neal	5854	Homeless	\$375
16504	3/19/12	Feana*	Hodges*	5851	Lupus - Medical bills, time off work	\$900
16505	3/19/12	Holly	Wadsworth	5837	Fire - damage to home and belongings	\$1,000
16506	3/19/12	Jessica	Cooper	5269	Fire - damage to home and belongings	\$500
16507	3/19/12	Peter	Webster	5829	Death of mother	\$750
16508	3/19/12	Josh	Webster	5807	Death of mother	\$750
11001	3/27/12	Jenifer	Schuesler	5853	Tubal pregnancy, Time off work, medical bills	\$1,000
11002	3/27/12	Sondra	Snow	5846	Medical bills, time off work	\$875
11003	3/29/12	Melanie	Howard	5254	Death of father	\$750
11004	4/2/12	Aimee	Wilson	SC	Death of family member/aunt, travel expenses	\$375
11005	4/2/12	Amanda	Vorabout	5843	Fire - damage to home and belongings	\$750
11006	4/2/12	Amy	Cohn	SC	Medical bills	\$750
11007	4/2/12	Kira	Harnden	5803	death of team member, medical bills-check written out to Trina Harnden	\$1,500

11008	4/2/12	Kristy	Lewis	5852	Hernia surgery - medical bills, time off work	\$1,125
11009	4/2/12	Matt	Nichols	SC	Medical bills, time off work	\$1,500
11010	4/10/12	Karim	Jaffer	SC	Natural disaster - tornado home damage	\$1,000
11011	4/10/12	Bradley	Jordan	5212	Medical bills, time off work	\$1,125
11012	4/10/12	DJ (Allan)	Proffet	5824	Medical bills, time off work	\$875
11013	4/10/12	Lisa	Brown	6261	Medical bills, time off work	\$875
11014	4/17/12	Debra	Allen	5260	Medical bills, time off work	\$1,250
11015	4/17/12	Joeseef	Frey	5207	Medical bills, time off work	\$1,000
11016	4/17/12	Keri	Jordan	5212	Medical bills, time off work	\$375
11017	4/17/12	Travis	Sorenson	SC	Medical bills, time off work	\$1,500
11018	4/24/12	Darrell	Brown	6203	Medical bills, time off work	\$1,125
11019	4/24/12	Kadie	Lyon	6211	Medical bills, time off work	\$1,125
11020	4/24/12	Steven	Absher	5290	Comeback - time off work	\$750
11021	5/1/12	Ashely	Gerkin	5845	Vandalism/Car Repair	\$190
11022	5/1/12	Julie	Kelly	5801	Dental Work	\$375
11023	5/1/12	Latasha	Foley	5845	Vandalism/Car Repair	\$110
11024	5/1/12	Liana	Jenkins	4201	Death of father	\$750
11025	5/1/12	Arianna	Chatman	5814	Domestic Abuse/Homeless	\$750
11026	5/8/12	Heather	Gonzales	5246	Death of mother	\$750
11027	5/8/12	Mershanda	Lamar	5858	Medical bills, time off work	\$1,125
11028	5/8/12	Shawn	Jordan	5845	Medical bills, time off work	\$1,000
11029	5/8/12	Terrill	Puckett	6262	Medical bills, time off work	\$1,500
11030	5/9/12	Shounta	Sumblin	6211	Unexpected Event	\$375
11031	5/15/12	Doug	Weller	SC	Medical Bills	\$750
11032	5/15/12	Lori	Washburn	5844	Medical bills, time off work	\$1,500
11033	5/15/12	Renee	Harnson	6211	Medical bills, time off work	\$1,500
11034	5/15/12	Shelby	Lindsey	SC	Death of Brother	\$750
11035	5/15/12	Keith	Jones	5268	Medical bills, time off work	\$1,500
11036	5/15/12	Geoff	McKinney	5269	Death of father, travel to ill family	\$1,000
11037	5/22/12	Joseph	Heaphy	5822	Death of uncle	\$750
11038	5/22/12	Stephanie	Alm	5829	Death of grandfather	\$750
11039	5/30/12	Jarrod	Koernke	5867	Medical bills, time off work	\$1,500
11040	5/30/12	Debbie	Beem	5815	Travel to ill family	\$500
11041	5/30/12	Gina	Cruz	5850	Medical bills, time off work	\$1,500
11042	5/31/12	Eiza Bryan	Abney	5246	Death of grandmother	\$750
11043	6/5/12	James	Chatterson	5862	Death of baby	\$1,750
11044	6/5/12	Regina	Loveless	5258	Medical bills, time off work	\$500
11045	6/5/12	Richard	Everett	6287	Homeless, Total loss of home	\$1,375
11046	6/5/12	Tracy	Hansen	6287	Medical Bills, domestic violence	\$1,500
11047	6/19/12	Sheila	Smith-Heard	5824	Car Wreck/Unexpected Event	\$500
11048	6/19/12	Walter	Coon	5288	Medical out of work/ Funeral (death of mother)	\$1,000
11049	6/20/12	Lisa	Cunningham	5814	Homeless, Medical bills	\$1,125
11050	6/26/12	Christine	Davis	6210	Medical bills, time off work	\$1,125
11051	6/26/12	May	Goodman	6203	Medical bills, time off work	\$1,125
11052	6/26/12	Yulaia	Coffey	5805	Homeless	\$375
11053	7/3/12	Amanda	Boles	5211	Medical bills, time off work	\$1,125
11054	7/2/12	Deanna	Skalski	5842	Medical bills, travel to ill family	\$1,250
11055	7/2/12	Kayli	Pitts	6211	Unexpected event/can't pay mortgage	\$375
11056	7/9/12	Michelle	Gietzen-Kaufer	5801	Funeral/Time off work	\$500
11057	7/10/12	Caylah	Funk	5812	Medical bills, time off work	\$1,125
11058	7/10/12	Kendra	Walch	5286	Medical bills, time off work	\$1,500
11059	7/10/12	Melanee	Maulorico	5288	Medical Bills, domestic violence	\$1,250
11060	7/10/12	Tara	Leporowski	5840	Time off work	\$375
11061	7/10/12	James	Reynolds	4203	Death of team member	\$750
11062	7/11/12	Kery	Swain*	5861	Time off work	\$550
11063	7/12/12	Tiaira	Harris	6271	Natural disaster - consumables loss	\$300
11064	7/12/12	Whitney	Hunt	5110	Homeless	\$375
11065	7/18/12	Daniel	Craddock	6224	Unexpected Event	\$375
11066	7/18/12	Jason	Coleman	6216	Homeless	\$375
11067	7/18/12	Mary	Johnson	6280	Funeral/Medical Bills	\$1,500
11068	7/18/12	Nicholas	Matamoros	6287	Medical bills	\$750
11069	7/19/12	Ronda	Steward	5288	Funeral (extended family)	\$375
11070	7/24/12	Dewey	Watson	5116	Dental Work	\$375
11071	7/24/12	Elaina	Mullins	5801	Funeral	\$750
11072	7/24/12	Jeremy	Sollis	5116	Medical bills, time off work	\$1,125
11073	7/24/12	Linda	Gergosian	5813	Medical bills, time off work	\$1,125
11074	7/24/12	Mandy	Hardy	6214	Funeral	\$750
11075	7/24/12	Nimoy	Smith	6211	Medical bills	\$750
11076	7/24/12	Theresa	Chairs	5824	Time off work, travel to ill family	\$750

11077	7/24/12	Jeffrey Tuttle	5282	Medical bills, time off work	\$1,125
11078	8/1/12	Katherine Baker	5840	Medical out of work/ Funeral (death of father)	\$1,000
11079	8/1/12	Shannon Farmer	5829	Medical out of work, homeless	\$750
11080	8/7/12	Jacqueline Arbuckle	5852	House fire, loss of belongings/home	\$500
11081	8/7/12	Joseph Barnes	5246	Travel to ill family, time off work	\$750
11082	8/7/12	Kimberly Chagnon	5813	Car accident/repairs/unexpected	\$375
11083	8/7/12	Samantha VanMourik	5804	Travel to ill family, time off work	\$600
11084	8/14/12	Annie King	5856	Unexpected Event	\$375
11085	8/14/12	Atanda Ibitoye	5824	Funeral/death of grandmother	\$750
11086	8/14/12	Jillian Hamilton	5814	Medical Bills, Theft of belongings	\$1,125
11087	8/14/12	Jun Alward	5808	Funeral/death of sister	\$750
11088	8/21/12	Brandon Adcock	6214	Medical Bills	\$750
11089	8/21/12	Brett Adcock	6214	Medical Bills	\$750
11090	8/21/12	Kendall Rudolph	5852	Medical bills, time off work	\$1,000
11091	8/21/12	Miguel Guzman	5107	Homeless	\$375
11092	8/21/12	Olivia Sprague	5855	Medical bills, time off work	\$1,125
11093	8/21/12	Teresa Weaver	6239	Travel to ill family	\$500
11094	8/21/12	Tierra Sutherlin	5201	Medical bills, time off work	\$1,125
11095	8/21/12	Christina Beal	5814	Homeless	\$375
11096	8/28/12	Amy Marlow	5104	Unexpected event	\$375
11097	8/28/12	Glenn Orange	6211	Medical Bills for two events	\$1,500
11098	8/28/12	Tiffany Lloyd	6223	Medical bills, time off work	\$1,125
11099	8/28/12	Brandon Smalley	5853	Medical bills, time off work	\$1,125
11100	8/28/12	Tracy Tyler	6211	Funeral	\$750
11101	9/5/12	Floydia White	6216	Unexpected event/travel to family	\$500
11102	9/5/12	Shalada Gibson	5810	Medical bills, time off work	\$1,500
11103	9/11/12	Charles Howell	8351	Medical bills, travel to ill family	\$1,000
11104	9/11/12	Nimoy Smith	6211	Time Off Work	\$750
11105	9/11/12	Debra Pena	5863	Domestic Abuse/Homeless	\$750
11106	9/11/12	Mary Arnold	5814	Medical bills, time off work	\$1,375
11107	9/11/12	Jessica Carter	5101	Unexpected Event	\$375
11108	9/11/12	Christine Pugh	4201	Unexpected Event	\$375
11109	9/13/12	Jessica Middlebrook	6271	Unexpected event/homeless	\$750
11110	9/13/12	Maria Mayarez	5102	Funeral/travel	\$1,000
11111	9/13/12	Maria Zertuche	5847	Funeral/travel	\$1,000
11112	9/18/12	Buffie Connelly	6211	Medical bills, time off work	\$1,125
11113	9/18/12	Emilia Williamson	5864	Medical bills, time off work	\$1,125
11114	9/18/12	Janay McConico	5208	Fire - damage to home and belongings	\$1,000
11115	9/18/12	Jessica Newton	5809	Unexpected event, time off work	\$750
11116	9/18/12	Julia Allen	6239	Medical bills, time off work	\$1,125
11117	9/18/12	Rafael Martinez	5864	Medical bills, time off work	\$1,125
11118	9/25/12	Brittany Bangal	6277	Medical bills, time off work	\$1,125
11119	9/25/12	Virginia Barringer	5864	Medical bills	\$750
11120	9/25/12	Wyatt Cammon, Jr	6214	Homeless	\$375
11121	9/28/12	Denise Robison	SC	Medical bills, time off work, travel to ill family	\$1,100
11122	10/2/12	Brandon Adcock	6214	Medical bills - comeback request	\$750
11123	10/2/12	Raven Godsey	6210	Unexpected event, custody	\$750
11124	10/16/12	Dominique Saunders	6210	Medical bills, time off work, unexpected event	\$1,375
11125	10/25/12	Chelsea Blake	8086	Homeless	\$375
11126	11/5/12	Judy Wells	5242	Funeral, Medical Bills	\$1,500
11127	11/14/12	Alejandro Arellano	5104	Medical Bills	\$750
11128	11/14/12	Judy Saimon	5206	Domestic Abuse/Homeless	\$750
11129	11/14/12	Paulus Walker	4201	Custody/Homeless	\$750
11130	11/20/12	Joseph Skeene	5283	Medical Bills	\$750
11131	12/4/12	Chnstopher Lynn	5111	Travel to ill family	\$500
11132	12/4/12	Knstin Parks	5208	Medical bills, time off work	\$1,000
11133	12/10/12	Kaye Page	SC	Medical bills, time off work	\$1,500
11134	12/11/12	Alejandro Arellano	5104	Time off work	\$500
11135	12/11/12	Jordan Smith	5109	Medical bills	\$750
11136	12/11/12	Denise Robison	SC	Time off work	\$625

\$159,720