Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)
 ► The organization may have to use a copy of this return to satisfy state reporting requirements.

2010

Open to Public

For the 2010 calendar year, or tax year beginning . 2010, and ending Check if applicable: D Employer Identification Number Applied Research Center Address change 94-2759879 900 Alice Street #400 E Telephone number Name change Oakland, CA 94607 Initial return 510-653-3415 Terminated Amended return G Gross receipts \$ 7,502,036. F Name and address of principal officer: Baishali Rinku Sen Application pending H(a) Is this a group return for affiliates? Yes X No H(b) Are all affiliates included? Same As C Above If 'No,' attach a list, (see instructions) X 501(c)(3) Tax-exempt status 501(c) () (insert no.) 4947(a)(1) or Website: ▶ www.arc.org H(c) Group exemption number Form of organization: X Corporation Trust Other > L Year of Formation: 1981 Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: The Applied Research Center (ARC) is a racial justice think tank and home for media and activism. Through research, Activities & Governance journalism, and training, ARC works to popularize the need for racial justice and prepare people to fight for it.

Check this box • if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2010 (Part V, line 2a) 32 Total number of volunteers (estimate if necessary)..... 26 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34. 7b 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 2,227,097. 3,633,664. Revenue Program service revenue (Part VIII, line 2g) 397,573. 217, 125. Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 53,564. 57,830. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 5,695. 1,690. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)... 2,503,481. 4,090,757. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,415,889. 1,630,020. 16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 902,975. 1,262,119. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 2,318,864. 2,892,139. 19 Revenue less expenses. Subtract line 18 from line 12. 184,617. 1,198,618. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 3,214,733. 5,060,664. 21 Total liabilities (Part X, line 26) 220,933. 712,272. Net assets or fund balances. Subtract line 21 from line 20... 2,993,800. 4,348,392. 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 pregarer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Associat 8 Here Type or print name and title. Preparer's signature Paid self-employed Preparer - Crosby & Kaneda, CPAs Firm's name Use Only ▶ 1611 Telegraph Ave Ste 318 Firm's address Firm's EIN N/A Oakland, CA 94612-2151 Phone no. (510)835-2727 May the IRS discuss this return with the preparer shown above? (see instructions). X Yes No

Form 886	8 (Rev 1-2011)					Page
If you	are filing for	an Additional (Not Automatic)	3-Month Extension	on, complete only Part II and check th	s box	OF THE PARK STORY OF THE	► Age
Note. Onl	y complete Pa	art II if you have already been o	granted an autom	atic 3-month extension on a previously	filed Fo	orm 8868.	
If you	are filing for	an Automatic 3-Month Extensi	on, complete only	Part I (on page 1).			
Part II	Additional	(Not Automatic) 3-Montl	n Extension of	Time. Only file the original (no	copie	s needed).	
	Name of exemp	ot organization				entification number	
Type or	1						
print		Research Center		9	4-275	9879	
File by the	Number, street,	and room or suite number. If a P.O. box	see instructions.				
extended due date for	Crosby	& Kaneda, CPAs					
filing the return. See	1611 Te	legraph Ave Ste 318					
instructions.	1/	st office, state, and ZIP code. For a foreign	gn address, see instruct	ions.			
	Oakland	, CA 94612-2151		4 , 1			
Enter the I	Return code f	or the return that this application	on is for (file a se	parate application for each return)			01
Applicatio Is For	n		Return Code	Application Is For	-		Return Code
Form 990			01	to a sure of the s		100	
Form 990-l	BL	1 1	02	Form 1041-A			08
Form 990-l	EZ		03	Form 4720			09
Form 990-l	PF		04	Form 5227			10
Form 990-	T (section 401	(a) or 408(a) trust)	05	Form 6069			11
	T (trust other		06	Form 8870			12
STOP! Do	not complete	Part II if you were not already	granted an auton	natic 3-month extension on a previous	sly filed	Form 8868.	
Telepho If the of If this is whole group	one No. ► <u>51</u> rganization do s for a Group p, check this	Return, enter the organization' box ► If it is for part of	of business in the s four digit Group	510-986-1062 e United States, check this box Exemption Number (GEN) his box▶ ☐ and attach a list with the		If this is fo	. ► □ or the
	he extension i		11 /15				
4 I requ	est an additio	nal 3-month extension of time	until _11/15	20_11.			
6 If the	tax vear ente	red in line 5 is for less than 12	months shock ri	, 20, and ending eason:	FT-	, 20	
Пс	hange in acco	ounting period	months, check re	ason initial return	Fina	al return	
			axpaver res	spectfully requests addi	tions	l time to	
gat	her infor	mation necessary to	file a com	plete and accurate tax	catur.	r_rime_ro_	
322				prece and accurace cax	recuri	-	
8a If this nonref	application is fundable cred	for Form 990-BL, 990-PF, 990 its. See instructions	-T, 4720, or 6069	, enter the tentative tax, less any	. 8a	\$	
b If this payme	application is	for Form 990-PF, 990-T, 4720	or 6069, enter a	ny refundable credits and estimated ta redit and any amount paid previously	x	88	
c Balano	re due. Subtra	act line 8h from line 8a Include	your navment w	ith this form, if required, by using			
	Licotroffic 1	Condition ayment bystem).	ignature and	Verification	. 8c	Þ	
	of perjury, I declar	e that I have examined this form, including		fules and statements, and to the best of my knowle	ige and be	lief, it is true,	
orrect, and com	nplete, and that I a	additionated to prepare this form.	1 PA	the second of the best of thy knowled		ادام	
gnature	vods	. 4 V O .	. CPA	5	Dat	· 8/8/11	

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

	filing (e-file). You can electronically file Forn required to file Form 990-T), or an addition extension of time to file any of the forms list With Certain Personal Benefit Contracts, wifiling of this form, visit www.irs.gov/efile and	n 8868 if you ne		ne to file (6 month lectronically file F	ns for a form 8868 to
Part I	Automatic 3-Month Extension of Ti	me. Only sub	mit original (no copies needed)		
A corporat	ion required to file Form 990-T and requesting	or an automatic	6 month outcoming a short this h		
All other c	orporations (including 1120-C filers), partner				
income ta:	Name of exempt organization	7.000			
Type or	Traine or exempt organization			Employer identifica	tion number
print	Applied Bessess Course			Car a Sea S. Ashiro	
File by the	Applied Research Center Number, street and room or suite number, If a P.O. bo	e zas instructions		94-275987	9
File by the due date for filing your		A, see instructions			
filing your return. See instructions	900 Alice Street #400 City, town or post office, state, and ZIP code. For a fore	ion address one inch	udlinas		
	Oakland, CA 94607	ngn address, see msir	uctions.		
HA TO ST					
Enter the F	Return code for the return that this application	n is for (file a se	parate application for each return).		01
Application		Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-E	DL .	02	Form 1041-A		08
Form 990-E	Z	03	Form 4720		09
Form 990-P	F	04	Form 5227		10
	AND THE RESERVE OF THE PARTY OF				10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		-11
orm 990-T	(trust other than above)	05 06	Form 8870		11
The bool Telephor If the or If this is check th	The state of the s	FAX No	Form 8870 5. 510-986-1062 United States, check this box Exemption Number (GEN)	this is for the wh	12
Telephor If the or If this is check the exterior I reque	(trust other than above) ss are in the care of ► Sonia Pena se No. ► 510-653-3415 ganization does not have an office or place of the Group Return, enter the organization's is box ► ☐ If it is for part of the group, sist an automatic 3-month (6 months for a co	FAX Not properties of business in the four digit Group check this box	Form 8870 5. 510-986-1062 Even United States, check this box Exemption Number (GEN) and attach a list with the names a	this is for the wh	12
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Check if Schedule O contains a response to any question in this Part III. 1 Briefly describe the organization's mission: See Schedule O 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 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 If Yes,' describe these changes on Schedule O. 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, expenses, and revenue, if any, for each program service reported. 4a (Code: (Expenses \$ 934,841. including grants of \$) (Revenue \$ 3. See Schedule O. (Revenue \$ 3. See Schedul	No No 501 (c) (3) the total
1 Briefly describe the organization's mission: See Schedule 0 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? See Schedule 0	No No 501 (c) (3) the total
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 See. Schedule O X Yes. 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? X Yes If 'Yes,' describe these changes on Schedule O. See Schedule O 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 934,841. including grants of \$) (Revenue \$ 3. See Schedule O) 4b (Code:) (Expenses \$ 808,298. including grants of \$) (Revenue \$ 3. See Schedule O)	No No 1501(c)(3) the total
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See Schedule O	
See Schedule 0	1
4c (Code:) (Expenses \$ 413,261. including grants of \$) (Revenue \$ 175	,145.)
In keeping with ARC's mission, the Fiscal Sponsorship program provides assistant	ce for
new projects through infrastructure support for research, organizing or education	onal
purposes. In 2010, ARC sponsored three projects: the Transnational Institute	for
Grassroots Research and Action (TIGRA), BackStory Narratives, and the Alliance	of
Californians for Community Empowerment (ACCE).	
4d Other program services. (Describe in Schedule O.) See Schedule O	
4d Other program services. (Describe in Schedule O.) (Expenses \$ 348,775. including grants of \$) (Revenue \$)	

Form 990 (2010) Applied Research Center Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2		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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		х
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		х
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I '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.			
	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	
1	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		х
	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		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	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)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12:	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	1
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13	-	- X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV.	14b		X
	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		х
	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		x
		19		X
20 a	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) Applied Research Center
Part IV | Checklist of Required Schedules (continued)

			Yes	N
	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		x
	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		X
	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's currer and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	t		
	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, 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.	23		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	_	X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c	-	-
2	5a 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 1.	25a		х
	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? If 'Yes,' complete Schedule L, Part I	25b		X
2	6 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		х
2	7 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		x
2	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):		1	
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
17.04	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? 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	contributions? If 'Yes,' complete Schedule M	30		х
31	The state of the s	31		X
32	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	7
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X	
	a 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			
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	4	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		X
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			90 (20	010)

14a

14b

X

_	m 990 (2010) Applied Research Center art V Statements Regarding Other IRS Filings and Tax Compliance	94-275987	_		age
_	Check if Schedule O contains a response to any question in this Part V				Æ
				Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 42		3007	
	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 vendo	ors and reportable gaming			
	(gambling) winnings to prize winners?	in a company of the company	1c	Х	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State	2			1
	ments, filed for the calendar year ending with or within the year covered by this return.	2a 32	4.1		
	b If at least one is reported on line 2a, did the organization file all required federal employme	A COLOR OF THE COL	2b	Х	
9	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see a Did the organization have unrelated business gross income of \$1,000 or more during the year.)				
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule C		3a 3b		X
	가 그렇게 하는데	A comment of the contract of t	30	-	-
4	a At any time during the calendar year, did the organization have an interest in, or a signatur financial account in a foreign country (such as a bank account, securities account, or other	e or other authority over, a financial account)?	4a	- 4	X
	b If 'Yes,' enter the name of the foreign country: ▶		100		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	Financial Accounts.	134		
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax she	ter transaction?	5b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	S115 (1111 (111) (1111 (1111 (1111) (1	5c		
6	a 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?	Carrell Carrier Continued Con-	6a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such a not tax deductible?	contributions or gifts were	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		U	-	
	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		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided.		7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for v Form 8282?		7c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	,,,		*
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bei		71		X
l i	g If the organization received a contribution of qualified intellectual property, did the organization	ion file Form 8899	-40		
	as required?	FORESCENI CONTRACTOR CONTRACTOR	7g		
1	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7h		
0	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 have excess business	8		
	Sponsoring organizations maintaining donor advised funds.				
3	a Did the organization make any taxable distributions under section 4966?	: 15: 25: 25: 27: 11: 11: 11: 11: 11: 11: 11: 11: 11: 1	9a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?	111112000000000000000000000000000000000	9b		
	Section 501(c)(7) organizations. Enter:				
	a Initiation fees and capital contributions included on Part VIII, line 12	10a			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:	2400			
	a Gross income from members or shareholders	11a			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
122	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
	. I	126			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?	A CONTRACTOR OF THE PARTY OF TH	13a		

14a Did the organization receive any payments for indoor tanning services during the tax year?....

Note. See the instructions for additional information the organization must report on Schedule O. 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

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.

c Enter the amount of reserves on hand.

Check if Schedule O contains a response to any question in this Part VI. Section A. Governing Body and Management	A MILES OF THE THE PARK TO PROCESS OF THE	Legitory I		. X
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 b Enter the number of voting members included in line 1a, above, who are independent		9	103	140
2 Did any officer, director, trustee, or key employee have a family relationship or a busin officer, director, trustee or key employee?	A SECTION OF STREET, THE PARTY OF THE PARTY	2		X
3 Did the organization delegate control over management duties customarily performed to of officers, directors or trustees, or key employees to a management company or other	by or under the direct supervision person?	3		х
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	91701703513110110 I	4		X
5 Did the organization become aware during the year of a significant diversion of the organization	anization's assets?	5		X
6 Does the organization have members or stockholders?		6		Х
7a Does the organization have members, stockholders, or other persons who may elect or governing body?	Account to the late of the lat	7a		х
b Are any decisions of the governing body subject to approval by members, stockholders	, or other persons?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?			Х	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, w organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Section P. Policios (This Section P. requests information should be in the provided by the section P. Policios (This Section P. requests information should be in the provided by the section P. requests information should be in the provided by the section P. requests information should be in the provided by the provided		9		х
Section B. Policies (This Section B requests information about policies not required by the	e Internal Revenue Gode.)	_	V	No.
10 a Does the organization have local chapters, branches, or affiliates?		10a	Yes	No X
b If 'Yes,' does the organization have written policies and procedures governing the activiand branches to ensure their operations are consistent with those of the organization?		10b		
11a Has the organization provided a copy of this Form 990 to all members of its governing	body before filing the form?	11 a	Х	
b Describe in Schedule O the process, if any, used by the organization to review this Form		199		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.		12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually inte to conflicts?		12b	Х	
c Does the organization regularly and consistently monitor and enforce compliance with the Schedule O how this is done. See Schedule O.	he policy? If 'Yes,' describe in	12c	Х	
13 Does the organization have a written whistleblower policy?			X	
14 Does the organization have a written document retention and destruction policy?		14	X	-
15 Did the process for determining compensation of the following persons include a review persons, comparability data, and contemporaneous substantiation of the deliberation and appropriate to the contemporaneous substantiation of the deliberation and appropriate to the contemporaneous substantiation of the deliberation and appropriate to the contemporare to th	nd decision?		Ħ	133
a The organization's CEO, Executive Director, or top management official. See. Sched	ule 0	15a	X	
b Other officers of key employees of the organization. See Schedule O. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	n teening side (Assessment to	15b	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or si taxable entity during the year?		16a		х
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken sorganization's exempt status with respect to such arrangements?	steps to safeguard the	16b		
Section C. Disclosure		334		
17 List the states with which a copy of this Form 990 is required to be filed ► _ CA _NY _I	[L			
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 99 inspection. Indicate how you make these available. Check all that apply.	90, and 990-T (501(c)(3)s only) a	vailabl	e for p	oublic
Own website Another's website X Upon request				
19 Describe in Schedule O whether (and if so, how) the organization makes its governing of statements available to the public. See Schedule O	documents, conflict of interest po	licy, an	d fina	ncial
		anizati		

Form 990 (2010) Applied	Research	Center
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94-2759879

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

- 1 a 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 (A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	ndividual trustee or director		Officer	n Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Baishali Rinku Sen President / ED	40	х		х				85,992.	0.	11,970
(2) Deanna Zandt Board Member	1	х						0.	0.	0.
(3) Deepa Iyer Board Member	1	x						0.	0.	0.
(4) LeeAnn Hall Treasurer	2	х		Х				0.	0.	0.
(5) Gary Delgado Emeritus Member	1	х						60,000.	0.	14,659.
(6) Victor Goode Board Member	1	х						0.	0.	0.
(7) Ellen Gurzinsky Co-Chair	1	Х		х				0.	0.	0.
(8) Christopher Rabb Board Member	1	х						0.	0.	0.
(9) Dorian Warren Co-Chair	1	х		Х				0.	0.	0.
(10) Sonia Pena Associate Dir.	40			Х				44,956.	0.	8,960.
(11)										
(12)	1									
(13)										
(14)										
(15)										
(16)										
(17)		THE STREET								
BAA		TE	EAO	07L	12/2	1/10				Form 990 (2010)

Part VII Section A. Officers, Directors, Trus (A) Name and title	(B)		(c) esition (check all that apply)				(D) Reportable	(E)	117	(F)	
	hours per week (describe hours for related organi- zations in Sch O)			Officer	-	Highest compensated employee	-	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am co	Estimated ount of other mpensation from the rganization and related ganizations
(18)											
(19)											
(20)										i i	
(21)											
(22)											
(23)											
(24)											
(25)											
(26)											
(27)											
(28)											
(29)					-						
1 b Sub-total						_	>	190,948.	0.		35,589
c Total from continuation sheets to Part VII, Section	Δ						-	0.	0.		0
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited	to thos	o lie	tod	aho	va)	who	▶	190,948.	0.	bla sa	35,589
from the organization • 0	10 1103	SC 113	ileu	abo	vej	WILL	7 160	served more triair .	prod,000 in reports	ible co	****
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	ey e	emp	loye	e, o	r hiç	; ghest compensate	d employee		Yes No
										3	X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	an \$150	0,000	? /	f Ye	s'c	omp	olete	Schedule J for	om	4	x
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpensa	ation	from	m ai	ny u	nre	atec	d organization or i	ndividual	5	x
Complete this table for your five highest compensate compensation from the organization.			T								
(A) Name and business address								(B) Description of	services	(Compe	C) nsation
							-			_	
							1				
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ▶		imite	d to	tho	se	iste	d ab	ove) who received	d more than		

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512, 513, or 514
STS	1a Federated campaigns 1a			-		
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues					
TS, G	c Fundraising events			Y		
GF	d Related organizations 1c					
SIM SIM	e Government grants (contributions) 1 e					
HER	f All other contributions, gifts, grants, and similar amounts not included above 1f	3,633,664.				1 - 3 9
DOT	g Noncash contributions included in Ins 1a-1f:					
CON	h Total. Add lines 1a-1f.		3,633,664.			
UE		Business Code				
VEN	2a Below Cost Fees/Contracts		300,814.	300,814.		
ERE	b Sales & Registration	1	96,759.	96,759.		1-
WIC	c					
I SE	d					
RAN	f All other program service revenue					
ROC	g Total. Add lines 2a-2f		397,573.			
			331,313.			
	Investment income (including dividence other similar amounts)		52,482.			52,482.
	4 Income from investment of tax-exemp	CHECKER PROPERTY OF THE PROPER				
	5 Royalties					
	(i) Real	(ii) Personal				
- 1	b Less: rental expenses.					
	c Rental income or (loss)					
				T. A.		-
	7a Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory 3,416,627					
	b Less: cost or other basis					
	and sales expenses 3, 411, 279 c Gain or (loss) 5, 348					
	c Gain or (loss)		5,348.			F 240
			5,346.		-	5,348.
INE.	8a Gross income from fundraising events (not including. \$					
EVEN	of contributions reported on line 1c).					
OTHER REVENUE	See Part IV, line 18					
DTHE	b Less: direct expenses					
	c Net income or (loss) from fundraising		-			
	9a Gross income from gaming activities. See Part IV, line 19	2				
	b Less: direct expenses					
	c Net income or (loss) from gaming activ					
	10 a Gross sales of inventory, less returns and allowances.				•	
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inve					
-	Miscellaneous Revenue	Business Code	4 400			
1	1a Miscellaneous		1,690.	1		1,690.
	b					
	d All other revenue					
	e Total. Add lines 11a-11d		1,690.	Contract of the Contract of th	1.3	-
	2 Total revenue. See instructions		4,090,757.	397,573.	0.	59,520.

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).

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	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				50,501,500
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3					
4					
5	* - ^ 프로그램 등록 기업적 등록 등록 10 대표, 요리 이 대표 기업	226,537.	140,899.	39,630.	46,008
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		1,086,075.	999,414.	29,400.	57,261
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,724.	11 15 15 15		
9	Other employee benefits		22,422.	1,323.	1,979
10	JR	182,651.	158,157.	9,799.	14,695
11	Payroll taxes Fees for services (non-employees):	109,033.	94,895.	5,664.	8,474
7.7			3 - 2 - 2 - 2 - 1		
	a Management				
	b Legal	10 700		10	
	Accounting.	18,792.		18,792.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17.				
	Investment management fees.	100 000			
	Other.	427,500.	420,060.	5,744.	1,696
	Advertising and promotion.	18,598.	13,479.	46.	5,073
13	Office expenses	273,555.	238,597.	5,324.	29,634
14	Information technology	85,822.	62,948.	3,433.	19,441
15	Royalties	117.000			
16	Occupancy	117,360.	98,275.	10,051.	9,034
17	Travel	160,971.	149,498.	4,378.	7,095
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	63,513.	58,607.	3,721.	1,185
20	Interest	6,293.		6,293.	-7-55
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,185.	27,676.	1,971.	2,538
23	Insurance	12,911.	8,179.	3,980.	752
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.).				
	Bank fees, payroll services	27,599.		27,599.	
	Dues and Memberships	11,516.	7,294.	3,638.	584
	Staff Development	5,504.	4,775.	671.	58
d		0/001.	4,775.	0/1.	30.
e					
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	2,892,139.	2,505,175.	101 457	205 502
26	Joint costs. Check here \blacktriangleright X if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	2,092,139.	2,303,173.	181,457.	205,507.

		(A) Beginning of year		(B) End of year
	1 Cash – non-interest-bearing		1	
1 3	2 Savings and temporary cash investments		2	108,135
	Pledges and grants receivable, net		3	
1 6	4 Accounts receivable, net		4	2,485,298
	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
10	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		6	
	7 Notes and loans receivable, net	100,000.	7	100,000
	Inventories for sale or use.		8	100,000
	Prepaid expenses and deferred charges.		9	
1			9	
"	Da Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation		10 c	1,392,441
1		879,483.	11	922,344
12		0.127.100.	12	522,544
13			13	
14			14	
15		31,173.	15	52,446
16		3,214,733.	16	5,060,664
17		188,223.	17	126,804
18			18	120,604
19			19	
20			20	
21			21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23			23	
24		32,710.	24	108,563
25			25	476,905
26		220,933.	26	712,272
	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.			
27	Unrestricted net assets.	1,445,304.	27	1,653,724
28		1,548,496.	28	2,694,668
29		2/010/1501	29	2,034,000
2.5	Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			2502.5
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			
33		2 002 000	32	4 240 200
34	Total liabilities and not asset (fund balances	2,993,800.	33	4,348,392
34 A	Total liabilities and net assets/fund balances	3,214,733.	34	5,060,664 Form 990 (2010

Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI.	0000-000-000		octoria	. X
1 Total revenue (must equal Part VIII, column (A), line 12).	111	4.0	90,	757.
2 Total expenses (must equal Part IX, column (A), line 25).	. 2		92,1	
3 Revenue less expenses. Subtract line 2 from line 1		1,1	98,6	518.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	2,9	93,8	300.
5 Other changes in net assets or fund balances (explain in Schedule O). See Schedule O			55, 9	
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	4,3	48,3	392.
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
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?	Y = 1 !	2a		х
b Were the organization's financial statements audited by an independent accountant?		2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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.	the audit,	2c	Х	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re- or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	quired audit	3ь		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

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

2010

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2010

Name of the organization Employer identification number Applied Research Center 94-2759879 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.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 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.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 7 X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. 11 Type II Type III - Functionally integrated Type III - Other 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, f check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No 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? (i) 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (i) Name of supported (i) EIN (iii) Type of organization (iv) Is the organization in column (i) listed in (v) Did you notify the organization in (vi) Is the (vii) Amount of support described on lines 1-9 above or IRC section (see instructions)) organization in column (i) organized in the U.S.? column (i) of your support? your governing document? Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2010 Applied Research Center 94-2759879 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year inning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	1,750,379.	1,282,751.	2,195,535.	2,227,097.	3,558,664.	11,014,426.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge		or m	1, 1, 11			0.
4	Total. Add lines 1 through 3	1,750,379.	1,282,751.	2,195,535.	2,227,097.	3,558,664.	11,014,426.
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)						4,261,690.
6	Public support. Subtract line 5 from line 4		1000000		12200		6,752,736.
Sec	tion B. Total Support						2770271001
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	1,750,379.	1,282,751.	2,195,535.	2,227,097.	3,558,664.	11,014,426.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	151,461.	133,911.	65,040.	61,307.	52,482.	464,201.
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.	991.	1,911.	520.		1,690.	5,112.
11	Total support. Add lines 7 through 10						11,483,739.
12	Gross receipts from related activ	ities, etc (see ins	tructions)	internal datases	16141141111111111	12	1,543,938.
	First five years. If the Form 990 organization, check this box and	stop here	**********	nd, third, fourth, o	r fifth tax year as	a section 501(c)(31
	tion C. Computation of Pub					1981	
15	Public support percentage for 20 Public support percentage from 2	2009 Schedule A	Part II line 14	ie (1, column (t))	111015011001000	14	58.8%
	33-1/3% support test — 2010. If the and stop here. The organization of	he organization d	id not check the t	nov on line 13 an	d the line 14 is 3	3 1/29/ or more o	62.9%
b	33-1/3% support test — 2009. If the and stop here. The organization of	he organization di	id not check a bo	v on line 13 or 16	a and line 15 is i	22 1/2% or mara	abook this have
17a	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts-	st = 2010 If the c	vaanization did n	ot check a how on	line 12 162 ex	16h and line 14 is	100
	10%-facts-and-circumstances tes or more, and if the organization n organization meets the 'facts-and	neets the facts-a -circumstances'	nd-circumstances test. The organiza	test, check this in the design of the design the design	box and stop her a publicly support	e. Explain in Part ed organization	IV how the
	Private foundation. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, 17a,			
BAA					Sch	edule A (Form 99	90 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I 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 yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						(V) Total
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						
Tax revenues levied for the organization's benefit and either paid to or expended on						
The value of services or facilities furnished by a governmental unit to the organization without charge		×				
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 yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6. 10 a 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					(V)	Vy Total
c Add lines 10a and 10b. 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 Ins 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is organization, check this box and s	for the organiza	ition's first, secon	d, third, fourth, o	fifth tax year as	a section 501(c)(3)
Section C. Computation of Publ			*********		*****	**************************************
15 Public support percentage for 2010			e 13, column (fi)		15	96
16 Public support percentage from 20					16	90
ection D. Computation of Inves				400000000000000000000000000000000000000		•
17 Investment income percentage for				nn (f))	17	%
18 Investment income percentage from					18	9
19a 33-1/3% support tests — 2010. If the is not more than 33-1/3%, check the				nd line 15 is more		nd line 17
b 33-1/3% support tests — 2009. If the line 18 is not more than 33-1/3%, or	ne organization of check this box a	did not check a bo	ox on line 14 or line organization qua	ne 19a, and line 1	5 is more than 33 supported organ	3-1/3%, and
20 Private foundation. If the organiza	tion did not ched	ck a box on line 1	4, 19a, or 19b, ch	eck this box and	see instructions	•

Schedule /	A (Form 990 or 990-EZ) 2010	Applied Rese	earch Ce	enter	94-2759879	Page 4
Part IV	Supplemental Informate Part II, line 17a or 17b (See instructions).	ation. Complete the ; and Part III, line	is part to 12. Also	provide the expla complete this par	nations required by Part II, line t for any additional information	e 10;
					The second	
				_2222222222		
	200200000000					
55555						
				.4949466464		
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72522						
						20000
	e Buckeey does-					

Schedule A, Part IV - Supplemental Information 2010 Page 5 Client APL07 **Applied Research Center** 94-2759879 8/23/11 04:44PM Part II, Line 10 - Other Income Nature and Source 2010 2009 2008 2007 Miscellaneous Total \$

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service PUBLIC DISCLOSURE COPY

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization		Employer identification number
Applied Research Center		94-2759879
Organization type (check one):	Western	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (enter number) organizati 4947(a)(1) nonexempt charitable trust no 527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust tre	eated as a private foundation
	501(c)(3) taxable private foundation	33,-3,42, 4,20,13,43,43,43,43,43,43,43,43,43,43,43,43,43
Check if your organization is covered by the Note. Only a section 501(c)(7), (8), or (10)	ne General Rule or a Special Rule .) organization can check boxes for both the Genera	al Rule and a Special Rule. See instructions.
General Rule		
	90-EZ, or 990-PF that received, during the year, \$5	,000 or more (in money or property) from any one
Special Rules		
X For a section 501(c)(3) organization fil 509(a)(1) and 170(b)(1)(A)(vi), and rec (2) 2% of the amount on (i) Form 990,	ing Form 990 or 990-EZ, that met the 33-1/3% sup beived from any one contributor, during the year, a Part VIII, line 1h or (ii) Form 990-EZ, line 1. Comp	port test of the regulations under sections contribution of the greater of (1) \$5,000 or plete Parts I and II.
For a section 501(c)(7), (8), or (10) organgeregate contributions of more than the prevention of cruelty to children or	ganization filing Form 990 or 990-EZ, that received \$1,000 for use <i>exclusively</i> for religious, charitable, animals. Complete Parts I, II, and III,	from any one contributor, during the year, scientific, literary, or educational purposes, or
contributions for use exclusively for rel	ganization filing Form 990 or 990-EZ, that received ligious, charitable, etc, purposes, but these contrib otal contributions that were received during the yea arts unless the General Rule applies to this organi	utions did not aggregate to more than \$1,000. ar for an exclusively religious, charitable, etc.
religious, charitable, etc, contributions	of \$5,000 or more during the year,	#####################################
990-PF) but it must answer 'No' on Part IV	ed by the General Rule and/or the Special Rules do /, line 2 of their Form 990, or check the box on line e filing requirements of Schedule B (Form 990, 990	H of its Form 990-EZ, or on line 2 of its Form
BAA For Paperwork Reduction Act Notice	ce, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 2 of Part I
ALL THE REAL PROPERTY.	Research Center	72777	759879
	ontributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		 \$187,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		 \$500,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		 \$200,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$200,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$1,200,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate	(d) Type of contribution

6

550,000.

Person Payroll

Noncash

Χ

(Complete Part II if there is a noncash contribution.)

2	of	2
64	- 141	-

of Part I

Applied Research Center

Page 2 OT Z
Employer identification number 94-2759879

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$98,750.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$75,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$75,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
=		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page

of 1

of Part II

Name of organization
Applied Research Center

Employer identification number 94-2759879

Noncash Property (see instructions.) (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Bequeathed Building 10 75,000 (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (b)
Description of noncash property given (a) No. from Part I (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions)

Employer identification number

Applied	Research Center	94-2759879
Part III	Exclusively religious, charitable, etc, individual contributions to section organizations aggregating more than \$1,000 for the year.Complete cols (ion 501(c)(7), (8), or (10) (a) through (e) and the following line entry.

(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e)	
Transferee's name, address		Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address	(e) Transfer of gift	Relationship of transferor to transferee
	Purpose of gift (b) Purpose of gift Transferee's name, address (b) Purpose of gift Transferee's name, address (b) Purpose of gift	Purpose of gift (e) Transfer of gift (b) (b) (c) Purpose of gift (e) Transfer of gift (e) Transfer of gift (f) Use of gift (h) (h) (h) (h) (h) (h) (h) (h

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.

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

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 527 organizations: Complete Part I-A only.

2010

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2010

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

 If the organization answer Section 501(c)(3) organization 	red 'Yes,' to Form 990, Part IV, line 4, or Form 990- nizations that have filed Form 5768 (election unde	EZ, Part VI, line 4	7 (Lobbying Activities), the	nen
	nizations that have NOT filed Form 5768 (election			
	red 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or or (6) organizations: Complete Part III.	r Form 990-EZ, P	art V, line 35a (Proxy Tax)	, then
Name of organization			Employer identific	ation number
Applied Research	Center		94-275987	
Part I-A Complete it	the organization is exempt under section	n 501(c) or is	a section 527 organi	zation.
1 Provide a description	of the organization's direct and indirect political c	ampaign activities	in Part IV	
	S			
3 Volunteer hours			111111111111111111111111111111111111111	
Part I-B Complete if	the organization is exempt under section	n 501(c)(3).		
	any excise tax incurred by the organization under			0.
2 Enter the amount of	any excise tax incurred by organization managers	under section 495	5	0.
3 If the organization in	curred a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4a Was a correction ma	de?			Yes No
b If 'Yes,' describe in F				Д.е. Д
Part I-C Complete if	the organization is exempt under section	n 501(c), exc	ept section 501(c)(3).	
1 Enter the amount dire	ectly expended by the filing organization for section	527 exempt fund	ction activities > \$	
2 Enter the amount of	the filing organization's funds contributed to other	organizations for	section 527 exempt	
3 Total exempt function	n expenditures. Add lines 1 and 2. Enter here and	on Form 1120-PO	L	
4 Did the filing organiza	ation file Form 1120-POL for this year?	101100000000000000000000000000000000000		Yes No
5 Enter the names, add organization made pa amount of political co segregated fund or a	dresses and employer identification number (EIN) or ayments. For each organization listed, enter the an ontributions received that were promptly and directly political action committee (PAC). If additional spa	of all section 527 pount paid from the y delivered to a size is needed, provide the provided of the provided o	political organizations to we be filing organization's fun- eparate political organizat vide information in Part IV	which the filing ds. Also enter the ion, such as a separate
(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)	7-5			
(2)				
(3)				
(4)				
(5)				
(6)				
BAA For Paperwork Reduction	Act Notice, see the Instructions for Form 990 or 990-EZ.		Schedule C (For	m 990 or 990-FZ) 2010

Part II A Complete if t			-4' F01/-\/2\	94-2759	
Part II-A Complete if t section 501(h	ne organizati 1)).	on is exempt under se	ction 501(c)(3) an	a filed Form 5/68 (ele	ection under
A Check ► if the filing	g organization be	elongs to an affiliated group.			
B Check ► if the filing	g organization cl	necked box A and 'limited co	ntrol' provisions apply		
(The term 'e	Limits on Lob expenditures' m	bying Expenditures eans amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditur	res to influence	public opinion (grass roots lo	bbying)	18,686.	
		a legislative body (direct lobb			
		and 1b)		18,686.	0
d Other exempt purpose ex				2,873,453.	
e Total exempt purpose ex	penditures (add	lines 1c and 1d)		2,892,139.	0
}-P. 18 1. 13 1. 10 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				=/,,,,,,,,	
both columns.	bunt. Enter the a	amount from the following tat	ole in	294,607.	
If the amount on line 1e, colur	mn (a) or (b) is:	The lobbying nontaxable a	mount is:		
Not over \$500,000	100	20% of the amount on line 1e.			
Over \$500,000 but not over \$1,00	00,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1,	,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$17	7,000,000	\$225,000 plus 5% of the excess of	ver \$1,500,000.		
Over \$17,000,000	Section 1	\$1,000,000.	e-gradual com-		
g Grassroots nontaxable ar	mount (enter 259	% of line 1f)	in not consider the contract	73,652.	0
		ess, enter -0-		0.	0
I Subtract line 1f from line	1c. If zero or les	ss, enter -0-		0.	0
j If there is an amount other	er than zero on	either line 1h or line 1i, did th	ne organization file Fo	rm 4720 reporting	
section 4911 tax for this y	year?	*****	***********		Yes No
(Some	organizations th colum	4-Year Averaging Period Unat made a section 501(h) elens below. See the instruction	nder Section 501(h) ection do not have to ons for lines 2a throug	complete all of the five	
	Lot	bying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total

	Lobbying E	expenditures During 4-	Year Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	273,536.	282,789.	265,943.	294,607.	1,116,875
b Lobbying ceiling amount (150% of line 2a, column (e))					1,675,313
c Total lobbying expenditures	32,469.	62,898.	34,491.	18,686.	148,544
d Grassroots nontaxable amount	68,384.	70,697.	66,486.	73,652.	279,219
e Grassroots ceiling amount (150% of line 2d, column (e)).					418,829.
f Grassroots lobbying expenditures	19,481.	36,247.	22,994.	18,686.	97,408.

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 Applied Research Center 94-2759879

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

 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 		No	А	mount	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	AVI				_
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	AV				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	AV .				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					_
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? If 'Yes,' describe in Part IV	0.0				
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912		200			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).	1(c)(5)	, or			
Section Sur(exo).				Yes	1
1 Were substantially all (90% or more) dues received nondeductible by members?			1		+
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	191490404	1100100	2	_	+
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		+
section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if I is answered 'Yes.'			3		
1 Dues, assessments and similar amounts from members		1			_
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year	0.000	2b			
c Total	1010011	2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess	1			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polyage expenditure next year?	litical	4			
5 Taxable amount of lobbying and political expenditures (see instructions)	7170011	5		_	_
art IV Supplemental Information		-		_	
omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; so, complete this part for any additional information.	and Part	II-B, lir	ne 1i.		

Schedule C (Form 990 or 990-EZ) 2010 Applied Research Center	94-2759879	Page 4
Part IV	Supplemental Information (continued)		
20200			
	++++=++++++++++++++++++++++++++++++++++		
70-67			
			- 36 63
		Figure All Control of the Control of	
23322			
			0.15.0

20222			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

OMB No. 1545-0047

2010

Open to Public Inspection Employer identification number

	olied Research Center			94-2759879
Pa	the organizations Maintaining Donor A the organization answered 'Yes' to F	dvised Funds or Other Sin	nilar Funds or A	accounts. Complete if
	And the second s	(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year			ay and and other accounts
2	Assessments assets the Atlanta to Advistage and A			
3	Assessed and the form of the state of			
4	Aggregate value at end of year.			
5	Did the organization inform all donors and donor funds are the organization's property, subject to t	advisors in writing that the assets he organization's exclusive legal	held in donor advi	sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the purpose conferring impermissible private benefit?	and donor advisors in writing that benefit of the donor or donor adv	grant funds can be isor, or for any other	er Yes No
a	t II Conservation Easements. Complete	if the organization answer	ed 'Yes' to Forn	n 990, Part IV, line 7.
1				
	Preservation of land for public use (e.g., recre	eation or education) Pre-	servation of an hist	orically important land area
	Protection of natural habitat			
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	neld a qualified conservation cont	ribution in the form	of a conservation easement on t
	E4-Konneck-1906 (2006)			Held at the End of the Tax Yea
	Total number of conservation easements	0.00 (118) (1011) (218)	2a	
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Tolor Reservation** **Tolor Reserv			
	Number of conservation easements included in (c structure listed in the National Register) acquired after 8/17/06, and not		
3		nsferred, released, extinguished, o	or terminated by the	e organization during the
4	Number of states where property subject to conse	rvation easement is located >		
5				
6	Part in a case of the second s			7.7.7.7.7.7.7.
7	Amount of expenses incurred in monitoring, inspe ▶ \$	cting, and enforcing conservation	easements during	the year
8	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	norm-concesso in economics para		
9	Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Lunds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? It Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Proproses (s) of conservation easements held by the organization or education) Preservation of land for public use (e.g., recreation or education) Preservation of land for public use (e.g., recreation or education) Preservation of part page Preservation of page page Preservation of page page Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on asid day of the tax year. Total number of conservation easements. Total acreage restricted by conservation easements. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the axy year * Number of states where property subject to conservation easement is located * Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Around of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year * Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year * * Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year * * Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year * * * Amount of expenses subtract o			
ar	Organizations Maintaining Collection Complete if the organization answer	ons of Art, Historical Treas ed 'Yes' to Form 990, Part	ures, or Other S IV, line 8.	Similar Assets.
	art, historical treasures, or other similar assets he in Part XIV, the text of the footnote to its financial	ld for public exhibition, education statements that describes these	, or research in furt items.	herance of public service, provide
	following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line	1.	1 11 144 4	
	(ii) Assets included in Form 990, Part X	and the state of t	and the second second	▶\$
2	If the organization received or held works of art, h amounts required to be reported under SFAS 116	istorical treasures, or other simila (ASC 958) relating to these items	r assets for financia :	al gain, provide the following
a	Revenues included in Form 990, Part VIII, line 1	A CONTRACTOR OF THE CONTRACTOR	1020011111117710	▶\$
b	Assets included in Form 990, Part X			

3 Using the organization's acquisition	on, accession,	and other records, ch	eck any of the following	that are a significant	use of i	s collec	ction
items (check all that apply):		• C					
a Public exhibition			or exchange programs				
b Scholarly research	Vier III	e Other					
c Preservation for future generation							
4 Provide a description of the organ Part XIV.			A A THE WAY TO SHOW THE WAY	and the state of the state of	ose in		
5 During the year, did the organizal assets to be sold to raise funds r.	tion solicit or reather than to b	eceive donations of an	t, historical treasures, of the organization's co	or other similar llection?	Yes	ı	No
Part IV Escrow and Custodial 9, or reported an amou	Arrangeme	ents. Complete if	organization answe	red 'Yes' to Form	990, P	art IV	
1a is the organization an agent, trus	tee, custodian	, or other intermediary	for contributions or other	ner assets not			12.
included on Form 990, Part X? b If 'Yes,' explain the arrangement					Yes		No
			AND LIVERY		Amour	nt	
c Beginning balance		Vestile and the livery say	evalvation various viscos of	1c			
d Additions during the year	101000000000000000000000000000000000000	00102100101010101000	**************************************	1d			
e Distributions during the year.							
f Ending balance					_		
2a Did the organization include an a	mount on Form	900 Part V line 212			17.		Tax
b If 'Yes,' explain the arrangement		1 990, Part X, line 21	A RAWARA NI THE THE PERSON NAMED IN	CLINE STREET, STREET, STREET,	Yes		No
Part V Endowment Funds. Co		o organization and	word 'Vac' to Far	m 000 Port IV lin	- 10		_
art v Elidowinent Pulius. Co	(a) Current ye					F. S. S.	W.A
1 a Boginning of year halance	(a) Current ye	ear (b) Prior year	(c) Two years back	(d) Three years back	(e)	Four year	s back
1 a Beginning of year balance					-		-
b Contributions.							-
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance					11.000		
2 Provide the estimated percentage	of the year er	nd balance held as:					
a Board designated or quasi-endow		8					
b Permanent endowment ►	96						
c Term endowment ►	%						
3a Are there endowment funds not in organization by:	the possession	on of the organization	that are held and admi-	nistered for the	1	Yes	Ai-
					2.0	res	No
(i) unrelated organizations							
(ii) related organizations	Detected to the All			Personal Control of the Control of t	3a(ii)		
b If 'Yes' to 3a(ii), are the related or				(+(1))	3b		
4 Describe in Part XIV the intended							_
art VI Land, Buildings, and E							
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	lue
1a Land			60,000.			60,	000
L. D. Mallored	Constitution (15,000.	385.			615
b Buildings	_		1,360,605.	81,026.	1	, 279,	
	27125275277		1,300.003.1				
c Leasehold improvements	The second secon						
c Leasehold improvements			214,669.	176,422.			247
c Leasehold improvements		J Form 900 D-1 V	214,669.	176,422.			247

Part VII Investments-Other Securities. Se	e Form 990, Part X, Ii	ine 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	luation: narket value
(1) Financial derivatives		Section on a system.	Tarriot Yange
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(c)			
(O)			
(E)			
(f)			
(G)			
(H)			
()			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.).	P		
Part VIII Investments-Program Related. (S		line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of va	luation:
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28,757,271,1972	Cost or end-of-year r	narket value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			- V
(7)		/	
(8)			
(9)	<u> </u>		
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	V E 15) 27/3		
Part IX Other Assets. (See Form 990, Part		•	1 415
(1)) Description		(b) Book value
(2)			
(3)			
(4)			-
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, colum	an/R) line 15)		b
Part X Other Liabilities. (See Form 990, P		**************************************	
	dit M, mic 20)		
	(b) Amount		
(a) Description of liability	(b) Amount		
(a) Description of liability (1) Federal income taxes		15	
(a) Description of liability (1) Federal income taxes (2) Line of Credit	(b) Amount 476, 90	05.	
(a) Description of liability (1) Federal income taxes (2) Line of Credit (3)		05.	
(a) Description of liability (1) Federal income taxes (2) Line of Credit (3) (4)		95.	
(a) Description of liability (1) Federal income taxes (2) Line of Credit (3) (4) (5))5.	
(a) Description of liability (1) Federal income taxes (2) Line of Credit (3) (4) (5) (6)		05.	
(a) Description of liability (1) Federal income taxes (2) Line of Credit (3) (4) (5) (6) (7)		95.	
(a) Description of liability (1) Federal income taxes (2) Line of Credit (3) (4) (5) (6) (7) (8)		05.	
(a) Description of liability (1) Federal income taxes (2) Line of Credit (3) (4) (5) (6) (7) (8) (9)		05.	
(a) Description of liability (1) Federal income taxes (2) Line of Credit (3) (4) (5) (6) (7) (8) (9)		05.	
(a) Description of liability (1) Federal income taxes (2) Line of Credit (3) (4) (5) (6) (7) (8) (9)	476,90		

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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	icial Stateme	nts		
1 Total revenue (Form 990, Part VIII,column (A), line 12)	*********		11617	4,090,757.
2 Total expenses (Form 990, Part IX, column (A), line 25)	1010.410000		W15 W	2,892,139.
3 Excess or (deficit) for the year. Subtract line 2 from line 1				1,198,618.
4 Net unrealized gains (losses) on investments.				82,683.
5 Donated services and use of facilities				
6 Investment expenses				
7 Prior period adjustments				73,291.
8 Other (Describe in Part XIV)				
9 Total adjustments (net). Add lines 4 through 8.	1201	and the same of th		155,974.
10 Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9		2000	1,354,592.
Part XII Reconciliation of Revenue per Audited Financial Statemen	nts With Re	evenue per Re	eturn	
1 Total revenue, gains, and other support per audited financial statements	Literature (o erranizativa	1	4,173,440.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a Net unrealized gains on investments.		82,683.		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants.				
d Other (Describe in Part XIV)				
e Add lines 2a through 2d.			2e	82,683.
3 Subtract line 2e from line 1			3	4,090,757.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investments expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIV.)				
c Add lines 4a and 4b	X11118118881	Hillsuspinsi	4c	المراجع المراجع
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	harris con	**********	5	4,090,757.
Part XIII Reconciliation of Expenses per Audited Financial Stateme			Return	
Total expenses and losses per audited financial statements			1	2,892,139.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 -1			
a Donated services and use of facilities				
b Prior year adjustments.				
c Other losses				
d Other (Describe in Part XIV.).				
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1.	y conputer	39.55(103500000)	3	2,892,139.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIV.).				
c Add lines 4a and 4b	40		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	1	ELLED TEOLOGY	5	2,892,139.
Part XIV Supplemental Information	21111111111111111			2,032,133.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, liany additional information.			lines 1b this par	and 2b; t to provide
Part_X - FIN_48 Footnote				
The Internal Revenue Service and the California Fra	anchise 1	ax Board h	ave d	etermined
that ARC is exempt from federal and state income ta	axes_unde	er Internal	Reve	nue_Code
Section_501(c)(3)_and_the_California_Revenue_and_Ta	axation (Code_Sectio	n_237	01(d). The
Organization has evaluated its current tax position	ns and ha	s conclude	d_tha	t_as_of
December 31, 2010, the Organization does not have a	any signi	ficant unc	e <u>rtai</u>	n_tax
positions for which a reserve would be necessary				

Schedule D (Form 990) 2010 Applied Research Center	94-2759879	Page 5
Part XIV Supplemental Information (continued)		
		10000
		بالأعلاق

SCHEDULE M (Form 990)

Noncash Contributions

 Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
 ► Attach to Form 990. OMB No. 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Applied Research Center

Employer identification number 94-2759879

	t I Types of Property							
į,		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meti noncash	nod of	d) determi bution a	ning amount
1	Art-Works of art							
2	Art-Historical treasures.							
3	Art-Fractional interests.							
4	Books and publications							
5	Clothing and household goods.							
6	Cars and other vehicles							
7	Boats and planes				1			
8	Intellectual property.							
9	Securities-Publicly traded							
10	Securities-Closely held stock	1.						
11	Securities-Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution— Historic structures							
14	Qualified conservation contribution-Other							
15	Real estate-Residential	Х	1	75,000.				
16	Real estate-Commercial			22/1221				
17	Real estate-Other.							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens.							
	Archeological artifacts							
	Other ► ()							
	Other ► ()					_		
27	Other ► ()				- 0			
28	Other ► ()							

describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2010 Applied Research Center	94-2759	879	Page 2
Part II Supplemental Information. Complete this part to provide the information required and 33. Also complete this part for any additional information.	by Part I	lines 30b,	32b,
			4,
			-4-5
	:50:50		

SCHEDULE R (Form 990)

Applied Research Center

Department of the Treasury Internal Revenue Service Name of the organization

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.

2010

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 94-2759879

Name, address, and EIN of disregarded entity Primary activity Legal domicile (state or foreign country) Or foreign country) Legal domicile (state or foreign country) In Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because one or more related tax-exempt organizations during the tax vear.)						
art 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 disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
art 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.)	7					
art 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 fax vear.)	(2)					
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.)	(3)					
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.)	(4)					
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.)	(9)					
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.)	(6)					
	Int II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations dur	ns (Complete if the cing the tax vear.)	rganization answered	'Yes' to Form 99	 00, Part IV, line 34 b	ecause it had

Sec 512(b)(13) controlled entity? No Yes × (f)
Direct controlling
entity ARC (e) Public charity status (if section 501(c)(3)) (d) Exempt Code section 501 (c) (4) (c) Legal domicile (state or foreign country) CA economic justice Advocacy on (b) Primary activity racial & issues (a) Name, address, and ElN of related organization (1) Equity Action 900 Alice St. #400 (2) Oakland, CA 94607 20-3745400

N. A.		1 1 1 1 1		
(4)				
(5)				
(9)				1
ω				

Schedule R (Form 990) 2010

TEEA5001L 12/22/10

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

Schedule R (Form 990) 2010 Applied Research Center

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.) 94-2759879

Page 2

(k) Percentage ownership							
General or managing partner?	No						
Gene mana parti	Yes						
Code V-UBI amount in box 20 of Schedule	(Form 1065)						
(h) Dispropor- tionate allocations?	No					4	
Dispre tion allocat	Yes						
Share of end-of-year assets							
Share of total income							
Predominant income (related, unrelated, excluded from tax under	sections 512-514)						
(d) Direct controlling entity							
(c) Legal domicile (state or foreign	country)						
(b) Primary activity							
Name, address, and EIN of related organization	0		2		(3)		

the same of the sa	0.000	on on norman		a Sullan Sept	ic tan year.)		
Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile Direct Type of entity (C corp. S corp., country) or trust)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(C corp., S corp., C corp., S corp., or frust) (Type of entity (C corp., S corp., or frust)	(g) Share of end-of-year assets	(h) Percentage ownership
<u> </u>							
(2)							
(3)							

Schedule R (Form 990) 2010

TEEA5002L 12/07/10

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94-2759879

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	Part IV, line 34, 35, 35a, or 36.)
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	if the organization answered 'Yes' to Form 990, I
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ermining	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-r)	(a) Name of other organization
	sholds.	ps and transaction thre	luding covered relationsh	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.
×	1	O. O	Collected and property of the collection of the	. I .
×	19	The state of the s	200000000000000000000000000000000000000	q Other transfer of cash or property to other organization(s)
×	1p		2214217	p remindusement paid by other organization for expenses.
×	10		***************************************	o Reimbursement paid to other organization for expenses.
×	1n	9042244	******************	in criating of paid employees.
×	ml		Contract of the second of the second of	In Sharing of each amplement, mailing lists, or other assets
×	11	***************************************	***************************************	Performance of services or membership or fundraising solicitations by other organization(s)
×	1k	***************************************	***************************************	R Performance of services or membership or fundraising solicitations for other organization(s).
×	F	***************************************		j Lease of facilities, equipment, or other assets from other organization(s)
×	11	Title (to be seen to be seen to be seen	***************************************	 Lease of facilities, equipment, or other assets to other organization(s)
4 ×	1 P			
4 >				g Purchase of assets from other organization(s).
>	16			f Sale of assets to other organization(s)
×	1e	***************************************	***************************************	e Lodits or loan guarantees by other organization(s).
×	P1	Provided the State of the State of Stat	Control of the Contro	a coals of total guardities to or for other organization(s).
×	10	THE CONTRACTOR OF THE PARTY OF	CALIFORNIA GARAGESTA CALIFORNIA C	d Loans or loan outrantees to or for other organization(s).
×	1 p		*************************	Ciff and a partial contribution to other organization(s).
×	13	Street, or other control of	******************	A necelpt of (I) interest (II) annuities (III) royalties (IV) rent from a controlled entity
		1-172	anizations listed in Parts	
Yes No	*			

Page 4

94-2759879

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.

Schedule K.1 Sche	Country Coun	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Are all partners section	(e) Share of end-of-year	Dispropor-	Code V-UBI amount	(h) General or
According to the content of the co	Nos and a second			country)		90000	allocations?	Schedule K-1 Form (1065)	partner?
					_		No		Yes No
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		6							

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Schedule R (Form 990) 2010 Part VII Supplemental Information	Page 5
Complete this part to provide additional information for responses to questions on So (see instructions).	chedule R

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2010

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.

Open to Public Inspection

Employer identification number

Applied Research Center	94-2759879
Form 990, Part III, Line 1 - Organization Mission	
The Applied Research Center (ARC) is a racial just	ice think tank and home for media
and activism. ARC is built on rigorous research an	d creative use of new technology.
Our goal is to popularize the need for racial just	ice and prepare people to fight
for it. By telling the stories of everyday people,	ARC is a voice for unity and
fairness in the structures that affect our lives.	
Form 990, Part III, Line 2 - New Services	*******************
We initiated a campaign to eliminate the use of th	e word "Illegal" in the public
discourse on immigration.	
Form 990, Part III, Line 3 - Ceased Conducting or Significant Ch	anges To Services
In 2010, the Applied Research Center's quarterly p	ublication, ColorLines, became an
exclusively on-line publication with a daily news	cycle.
Form 990, Part III, Line 4a - Program Service Accomplishments	
The Media program has led the transformation of AR	C into a strong force for racial
justice in the current landscape of media and poli-	tics. Our signature publication,
ColorLines, is a home for Racial Justice that is no	ow delivered exclusively on-line
and has expanded to a daily news cycle while growing	ng its audience to more than 1
million readers in 2010. This non-commercial news	site not only educates the public
on racial equity issues through daily reporting, is	t also promotes activism. The new
Colorlines Action Channel, located within the large	er site, features concrete,
actionable steps readers can take to influence the	issues they care about. Broadcast
media appearances by ARC staff such as live appeara	ances on NPR and Democracy Now!,
links to our content posted on larger news sites ra	anging from New York Magazine and
ABC News, to more race-focused sites like NewsOne a	and the Root, among others, help to
promote our work.	

Name of the organization

Employer identification number

Applied Research Center 94-2759879 Form 990, Part III, Line 4b - Program Service Accomplishments The Racial Justice Leadership Institute (RJLAN) combines leadership development and education with strategic planning that focuses on advancing racial justice. In 2010, the RJLAN worked with public health departments, school districts, and community organizations to conduct on-site trainings for more than 1020 individuals in 15 states, including Mississippi, Louisiana, North Carolina, New Mexico and Michigan expanding our geographic reach by 20%. Additionally, our teleconferences and webinars reached 1650 individuals across the country. The RJLAN coordinated ARC's national conference, called Facing Race, held in Chicago, Illinois. The conference drew more than 1000 participants including policy makers, activists, thinkers, educators, writers, and artists from across the country. In 2010, the RJLAN spearheaded ARC's newest initiative, the Drop the I-Word Campaign (DTIW), a national call on media outlets to stop using the I-Word, "illegals". Through the Colorlines.com Action Channel described above, over 10,000 institutions and individuals have signed the "Drop the I-Word" pledge Form 990, Part III, Line 4d - Other Program Services Description ARC research focuses on the continued significance of race and ethnicity to social and economic outcomes in our society. Focusing largely 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 and practices both within and across interconnected sectors such as education, immigration, criminal justice, employment and health. In 2010, ARC released the following reports: Racing the Statehouse: Advancing Equitable Policies in 2010, the California Legislative Report Card, the Green Equity Toolkit: Advancing Race, Gender and Economic Equity in the Green Economy, and Better Together: Research Findings on the Relationship between Racial Justice Organizations and LGBT Communities. Through our research, ARC continues to work with partners across the country to provide the information and

Applied Research Center	94-2759879
Form 990, Part III, Line 4d - Other Program Services Description	
data they need to advocate for equitable policies. For example,	an environmental
justice organization in Boston used ARC's green equity criteria	to prevent the
public_utilities commission from cutting services to low-income	_communities
Form 990, Part VI, Line 11b - Form 990 Review Process	
The Audit Committee and the Executive Director review the initi	al draft of the Form
990 and make changes/revisions. The final copy is distributed	to the board at least
one week before being 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	ec. 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 eva-	aluation. They
examine published data on non-profit salaries to determine compa	arable compensation
levels. The results of the review are then discussed with the l	Executive Director
and a final compensation recommendation is approved by the Board	<u>1.</u>
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	& Key Employees
The Executive Director sets the compensation for Officers and Ke	ey 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 for f	ree. Requests for
other documents are considered on a case by case basis.	

2010	Schedule O - Supplemental Information	Page 2
Client APL07	Applied Research Center	94-2759879
8/23/11		04:44PN
Form 990, Part XI, Other Changes in	Line 5 Net Assets or Fund Balances	
Net Unrealized Prior Period A	Gains or Losses on Investments djustment Total	\$ 82,683. 73,291. 155,974.