

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

**2001**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2001** calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**C** Name of organization: **NEBRASKA APPLSEED CENTER FOR LAW**  
 Number and street (or P O box if mail is not delivered to street address): **941 O STREET** Room/suite: **105**  
 City or town state or country, and ZIP + 4: **LINCOLN NE 68508-3626**

**D** Employer ID number: **47-0798343**

**E** Telephone number: **402-438-8853**

**F** Accounting method:  Accrual  Cash  Other (specify) \_\_\_\_\_

**G** Web site: \_\_\_\_\_

**J** Organization type (check only one):  501(c)( 3 ) < (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **474,326**

**H** and **I** are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes" enter no. of affiliates:  N/A  Yes  No

**H(c)** Are all affiliates included?  N/A  Yes  No (If "No" att a list. See instr.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

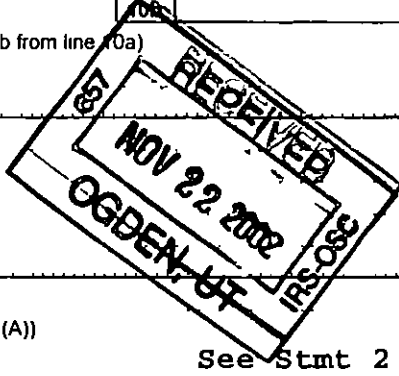
**I** Enter 4-digit GEN: \_\_\_\_\_

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	<b>263,009</b>		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>194,053</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>457,062</b> noncash \$ _____)	<b>1d</b>	<b>457,062</b>		
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>10,833</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>1,159</b>		
<b>5</b>	Dividends and interest from securities	<b>5</b>	<b>2,251</b>		
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe <b>See Stmt 1</b> )	<b>7</b>	<b>-303</b>		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>9</b>	Special events and activities (attach schedule)				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII line 103)	<b>11</b>	<b>3,324</b>		
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>474,326</b>		
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>221,579</b>		
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>28,372</b>		
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>3,320</b>		
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>253,271</b>		
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>221,055</b>		
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>96,459</b>		
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>-1,975</b>		
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>315,539</b>		

SCANNED 11-18-02



**Part II Statement of**

All organizations must complete column (A) Columns (B) (C), and (D) are required for section 501(c)(3) and (4) organizations

**Functional Expenses** and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____ )	22			
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc	25 52,000	47,320	4,212	468
26 Other salaries and wages	26 100,208	90,995	8,292	921
27 Pension plan contributions	27			
28 Other employee benefits	28 16,578	14,471	1,896	211
29 Payroll taxes	29 17,461	15,229	2,009	223
30 Professional fundraising fees	30			
31 Accounting fees	31 3,517	2,814	633	70
32 Legal fees	32			
33 Supplies	33 2,588	2,072	464	52
34 Telephone	34 5,301	4,350	844	107
35 Postage and shipping	35 3,339	2,950	259	130
36 Occupancy	36 11,408	9,126	2,054	228
37 Equipment rental and maintenance	37 2,200	2,037	147	16
38 Printing and publications	38 8,669	7,493	1,058	118
39 Travel	39 8,087	7,256	678	153
40 Conferences, conventions, and meetings	40 3,294	2,752	488	54
41 Interest	41			
42 Depreciation, depletion, etc (att sch)	42 1,010	808	182	20
43 Other expenses not covered above (itemize) a	43a			
b See Statement 3	43b 17,611	11,906	5,156	549
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 253,271	221,579	28,372	3,320

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes" enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ (ii) the amount allocated to Program services \$ \_\_\_\_\_

(iii) the amount allocated to Management and general \$ \_\_\_\_\_ and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)**

What is the organization's primary exempt purpose?

▶ See Statement 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)

a PROJECT FAIR PLAY - Protecting and promoting the rights of Nebraska's poor during these times of great change to public assistance programs due to welfare reform (Grants and allocations \$ _____ )	124,084
b PROJECT EQUAL ACCESS - Ensuring equal justice for all by improving access to the legal system for low and moderate income Nebraskans. (Grants and allocations \$ _____ )	79,768
c See Statement 5 (Grants and allocations \$ _____ )	17,727
d (Grants and allocations \$ _____ )	
e Other program services (attach schedule) (Grants and allocations \$ _____ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	221,579

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	39,921	45	4,917
46	Savings and temporary cash investments	57,199	46	71,652
47a	Accounts receivable	156,000		
b	Less allowance for doubtful accounts		47c	156,000
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments-securities <b>See Stmt 6</b> <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	43,021
55a	Investments-land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)	58,353	56	60,752
57a	Land, buildings, and equipment basis	7,732		
b	Less accumulated depreciation (attach schedule) <b>See Stmt 8</b>	1,759	57c	5,973
58	Other assets (describe _____ )		58	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	157,651	59	342,315
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe <b>See Stmt 9</b> )	61,192	65	26,776
66	<b>Total liabilities</b> (add lines 60 through 65)	61,192	66	26,776
<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>				
67	Unrestricted	-4,884	67	52,422
68	Temporarily restricted		68	156,000
69	Permanently restricted	101,343	69	107,117
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	96,459	73	315,539
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	157,651	74	342,315

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26 )**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total revenue, gains and other support per audited financial statements	a	472,955
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ -1,975		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	-1,975
c	Line a minus line b	c	474,930
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ -604		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	-604
e	Total revenue per line 12, Form 990 (line c plus line d)	e	474,326

a	Total expenses and losses per audited financial statements	a	253,875
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	253,875
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ -604		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	-604
e	Total expenses per line 17, Form 990 (line c plus line d)	e	253,271

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26 )**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
D. MILO MUMGAARD LINCOLN, NE SEE ATTACHED	EX. DIRECTOR 40	52,000	9,095	0
		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes" attach schedule-see Specific Instructions on page 27

**Part VI Other Information (See Specific Instructions on page 27 )**

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instr		
b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III )		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955, and 4958		0
d	Enter Amount of tax on line 89c, above reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> None		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions )	90b	5
91	The books are in care of <input type="checkbox"/> ANDREA COLLINS Located at <input type="checkbox"/> 941 "O" ST., LINCOLN, NE	Telephone no <input type="checkbox"/> 402-438-8853 ZIP + 4 <input type="checkbox"/> 68508	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
		92	

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32 )**

	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>FELLOWSHIPS</b>			41	10,833	
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,159	
96 Dividends and interest from securities			14	2,251	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income		-303			
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b <b>CONTRACT REVENUE</b>			1	3,324	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		-303		17,567	0
105 Total (add line 104, columns (B), (D), and (E))					17,264

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32 )**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
•	
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33 )**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33 )**

- (a) Did the organization, during the year, receive any funds directly or indirectly to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Date 10/11/02

Director

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions )**

OMB No 1545-0047

**2001**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

**NEBRASKA APPLESEED CENTER FOR LAW**

**47-0798343**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

**Part III Statements About Activities** (See page 2 of the instructions )

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$ 250</b> (Must equal amount on line 38, Part VI-A, or line I of Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	X	
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee majority owner or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )</p>		
<p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of exp if more than \$1 000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>		X
<p><b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments</p>		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  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 charitable etc , functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28)	110,330	242,148	116,508	71,170	540,156
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose					
<b>18</b> Gross inc from int., dividends amounts received from pymt on securities loans (section 512(a)(5)) rents royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30 1975	10,241	694	358	875	12,168
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
<b>21</b> The value of serv or fac furnished to the org by a governmental unit without charge Do not incl the value of serv or fac generally furnished to the public without charge					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of cap assets Stmt 10	12,796	20,702	4,010		37,508
<b>23</b> Total of lines 15 through 22	133,367	263,544	120,876	72,045	589,832
<b>24</b> Line 23 minus line 17	133,367	263,544	120,876	72,045	589,832
<b>25</b> Enter 1% of line 23	1,334	2,635	1,209	720	

<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts		▶	26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)		▶	26c	
d Add Amounts from column (e) for lines 18 _____ 19 _____		▶	26d	
22 _____ 26b _____		▶	26e	
e Public support (line 26c minus line 26d total)		▶	26f	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	26f	%

<b>27</b> Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year			
(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year				
(2000)	(1999)	(1998)	(1997)	
c Add Amounts from column (e) for lines 15 _____ 16 _____				
17 _____ 20 _____	540,156	21 _____		
d Add Line 27a total _____ and line 27b total _____				▶ 27c 540,156
e Public support (line 27c total minus line 27d total)				▶ 27d _____
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)				▶ 27e 540,156
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				▶ 27f 589,832
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				▶ 27g 91.5779%
				▶ 27h 2.0630%

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000 prepare a list for your records to show, for each year, the name of the grantor the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

**Part V Private School Questionnaire (See page 7 of the instructions )**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	N/A	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	31		
<b>32</b> Does the organization maintain the following			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
<b>33</b> Does the organization discriminate by race in any way with respect to			
<b>a</b> Students' rights or privileges?	33a		
<b>b</b> Admissions policies?	33b		
<b>c</b> Employment of faculty or administrative staff?	33c		
<b>d</b> Scholarships or other financial assistance?	33d		
<b>e</b> Educational policies?	33e		
<b>f</b> Use of facilities?	33f		
<b>g</b> Athletic programs?	33g		
<b>h</b> Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	34a		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions )**  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	<b>250</b>
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	<b>250</b>
<b>39</b> Other exempt purpose expenditures	<b>39</b>	<b>253,021</b>
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	<b>253,271</b>
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	<b>12,664</b>
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	<b>0</b>
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	<b>0</b>

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount	<b>50,654</b>	<b>39,979</b>	<b>29,395</b>	<b>20,074</b>	<b>140,102</b>
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					<b>210,153</b>
<b>47</b> Total lobbying expenditures	<b>250</b>	<b>100</b>		<b>174</b>	<b>524</b>
<b>48</b> Grassroots nontaxable amount	<b>12,664</b>	<b>9,995</b>	<b>7,349</b>		<b>30,008</b>
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					<b>45,012</b>
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instr )

N/A

During the year, did the organization attempt to influence 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 c through h )
- 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 other means
- i Total lobbying expenditures (add lines c through h )

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

Employer identification number

**NEBRASKA APPLESEED CENTER FOR LAW****47-0798343**

Organization type (check one)

Fillers of

Section

Form 990 or 990-EZ

 501(c) ( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General rule** or a **Special rule** (**Note** Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions )**General Rule-**

- 
- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules-**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious charitable etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

**NEBRASKA APPLESEED CENTER FOR LAW**

Employer identification number

**47-0798343**

**Part I Contributors (See Specific Instructions )**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>2</u>		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>3</u>		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>4</u>		\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>5</u>		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>6</u>		\$ 138,053	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

Name of organization

**NEBRASKA APPLESEED CENTER FOR LAW**

Employer identification number

**47-0798343**

**Part I Contributors (See Specific Instructions)**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 56,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
8		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

**Federal Statements**

Direct Public Support

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
GRANTS	\$ 8,500	\$
CONTRIBUTIONS	19,509	
Total	<u>\$ 28,009</u>	<u>\$ 0</u>

**Federal Statements****Statement 1 - Form 990, Part I, Line 7 - Other Investment Income**

<u>Description</u>	<u>Amount</u>
	\$ -303
Total	\$ <u>-303</u>

**Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
UNREALIZED LOSSES	\$ -1,975
Total	\$ <u>-1,975</u>

**Federal Statements****Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
DUES & SUBSCRIPTION	2,194	1,870	230	94
SUBCONTRACT EXPENSE	2,760	2,760		
INSURANCE	2,858	2,286	515	57
LOBBYING	250		250	
FUNDRAISING	298			298
TAX PENALTY EXPENSE	2,226		2,226	
INTERNET	945	860	76	9
INVESTMENT EXPENSES	149		149	
FEDERAL INCOME TAX	993		993	
FRIENDS OF THE CONSTITUTION	498	398	90	10
BAD DEBT	165		165	
OTHER	4,275	3,732	462	81
<b>Total</b>	<b>\$ 17,611</b>	<b>\$ 11,906</b>	<b>\$ 5,156</b>	<b>\$ 549</b>

**Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose**

A LAW PROJECT DEDICATED TO PURSUING EQUAL JUSTICE FOR ALL, BY PROVIDING AN EFFECTIVE VOICE FOR INDIVIDUALS AND GROUPS WITH LITTLE OR NO ACCESS TO ECONOMIC AND POLITICAL POWER NEBRASKA APPLESEED JOINS THE SKILLS OF LAWYERS WITH OTHER PROFESSIONS, INDIVIDUALS, AND GROUPS TO DEVELOP LASTING PUBLIC INTEREST SOLUTIONS THROUGH MULTI-DISCIPLINARY STRATEGIES - EDUCATION, NEGOTIATION, RESEARCH, ANALYSIS, LEGISLATION, LITIGATION, AND OTHER ADVOCACY

**Statement 5 - Form 990, Part III, Line c - Statement of Program Service Accomplishments**

PROJECT QUALITY OF LIFE - Helping to meet the legal, social, and public policy needs of "new immigrants" who have moved to Nebraska in greatly increasing numbers to work in meatpacking and processing plants and live in mostly rural Nebraska communities

47-0798343

**Federal Statements**

FYE 12/31/2001

**Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
Corporate Stock		36,934	
Corporate Bonds		6,087	
		<u>43,021</u>	

**Statement 7 - Form 990, Part IV, Line 56 - Other Investments**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
Money Market	\$ 40	\$	Market
Elkhorn Partners Limited Partnership	58,313	60,752	Market
Total	<u>\$ 58,353</u>	<u>\$ 60,752</u>	

**Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Equipment	\$ 2,763	\$ 750	\$ 7,732	\$ 1,759
Total	<u>\$ 2,763</u>	<u>\$ 750</u>	<u>\$ 7,732</u>	<u>\$ 1,759</u>

**Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Tax penalty payable	\$ 18,570	\$ 8,796
Payroll liabilities	38,336	13,694
Due to employees	4,286	4,286
Total	<u>\$ 61,192</u>	<u>\$ 26,776</u>

**Federal Statements****Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>
CONTRACT INCOME	\$ 3,319	\$ 22,107	\$	\$
UNREALIZED GAIN OR LOSS	8,986	-1,405		
OTHER	491		4,010	
Total	<u>\$ 12,796</u>	<u>\$ 20,702</u>	<u>\$ 4,010</u>	<u>\$ 0</u>

Part II, # 42  
 Part IV, # 57a & b

47-0798343

Asset Depreciation Short Report - Sorted by - ASSET A/C#

Page 1  
 Date 09/11/02  
 Time 15 30 03

Company NE APPLESEED  
 Method 1 - BOOK Std Conv Applied  
 Range - EQUIPMENT - - EQUIPMENT  
 Year End 12/31/01  
 File G VAKDATA\NE APPLESEED  
 Include All assets

Date Acq	Description	Meth/Life	Cost	Sec 179	Depr Basis	Includes Section 179		
						Beq A/Depr	Curr Depr	End A/Depr
<b>ASSET A/C# - EQUIPMENT</b>								
08/14/99	Compaq Monitor	SLP/ 5 00	243 79	0 00	243 79	77 20	48 76	125 96
08/31/99	TOSHIBA LAPTOP	SLP/ 5 00	1,278 00	0 00	1,278 00	362 10	255 60	617 70
10/06/99	APTIVA & SCANNER	SLP/ 5 00	1 240 68	0 00	1,240 68	310 17	248 14	558 31
01/25/01 A	Laptop Dell Computer	SLP/ 5 00	1,678 45	0 00	1,678 45	0 00	335 69	335 69
08/07/01 A	Desk chairs & pads	SLP/ 7 00	234 26	0 00	234 26	0 00	13 94	13 94
08/13/01 A	Desk chairs & pads	SLP/ 7 00	203 90	0 00	203 90	0 00	12 14	12 14
09/24/01 A	Dell Computer	SLP/ 5 00	956 37	0 00	956 37	0 00	63 76	63 76
12/14/01 A	Dell Server	SLP/ 5 00	903 13	0 00	903 13	0 00	15 05	15 05
12/14/01 A	Dell Computer	SLP/ 5 00	993 66	0 00	993 66	0 00	16 56	16 56
<b>Grand totals - EQUIPMENT (9 assets)</b>			<b>7 732 24</b>	<b>0 00</b>	<b>7,732 24</b>	<b>749 47</b>	<b>1 009 64</b>	<b>1 759 11</b>
<b>Grand totals for all accounts (9 assets)</b>			<b>7 732 24</b>	<b>0 00</b>	<b>7 732 24</b>	<b>749 47</b>	<b>1 009 64</b>	<b>1 759 11</b>

Codes that may appear next to the date acquired include A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics for Assets

	Cost	Current Year Section 179	Depreciable Basis	Beginning Accum Depr	Current Depreciation	Ending Accum Depr	Net Book Value
<b>Grand Totals for all assets</b>	7,732 24	0 00	7,732 24	749 47	1,009 64	1 759 11	5,973 13
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
<b>Net Totals (Active Assets)</b>	<b>7 732 24</b>	<b>0 00</b>	<b>7 732 24</b>	<b>749 47</b>	<b>1 009 64</b>	<b>1,759 11</b>	<b>5 973 13</b>

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If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II -- Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	NEBRASKA APPLESEED CENTER FOR LAW	47-0798343
	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
	941 O STREET 105	
	City town or post office, state, and ZIP code For a foreign address, see instr	
	LINCOLN NE 68508-3626	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990 EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990 T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/02

5 For calendar year 2001, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
Additional time is requested to gather information to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720 or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required deposit with FTD coupon or if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CPA Date 8/13/02

Notice to Applicant-To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period

We cannot consider this application because it was filed after the due date of the return for which an extension was requested

Other \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name	Grafton & Associates, P.C.	AUG 28 2002
	Number and street (include suite, room, or apt no.) Or a P O box number	8101 O Street, Suite 200	
	City or town, province or state, and country (including postal or ZIP code)	Lincoln NE 68510	LINDA WEISS, IRS SUPERVISOR SUBMISSION PROCESSING CENTER

Form **8868**  
(December 2000)  
Department of the Treasury  
Internal Revenue Service

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

OMB No 1545 1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

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

#### Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax

returns Partnerships REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065 1066 or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization <b>NEBRASKA APPLESEED CENTER FOR LAW</b>	Employer identification number <b>47-0798343</b>
	Number, street, and room or suite no. If a P O box see instructions <b>941 O STREET 105</b>	
	City, town or post office state, and ZIP code For a foreign address see instructions <b>LINCOLN NE 68508-3626</b>	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month for 990-T corporation) extension of time until 8/15/02 to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year 2001 or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

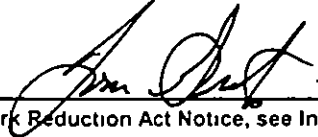
3a If this application is for Form 990-BL 990-PF 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

#### Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete, and that I am authorized to prepare this form

Signature ▶  Title ▶ CPA

Date ▶ 5/08/02

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12 2000)

# FILE COPY