

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2008**

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

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2008 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b>	Check if applicable	Please use IRS label or print or type. See Specific Instructions	<b>C</b> Name of organization <b>NEBRASKA APPLESEED CENTER FOR LAW IN THE PUBLIC INTEREST</b>	<b>D</b> Employer identification number <b>47-0798343</b>
<input type="checkbox"/>	Address change		Number and street (or P O box, if mail is not delivered to street address)	<b>E</b> Telephone number <b>402-438-8853</b>
<input type="checkbox"/>	Name change		<b>941 O STREET</b>	<b>F</b> Group Exemption Number
<input type="checkbox"/>	Initial return		Room/suite <b>920</b>	
<input type="checkbox"/>	Termination		City or town, state or country, and ZIP + 4 <b>LINCOLN NE 68508-3649</b>	
<input type="checkbox"/>	Amended return			
<input type="checkbox"/>	Application pending			

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ **WWW.NEAPPLESEED.ORG**

**J Organization type** (check only one) —  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **746,247**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	729,332
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	8,596
	5a Gross amount from sale of assets other than inventory	5a	8,319
	b Less cost or other basis and sales expenses	5b	11,000
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c	-2,681
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ _____ )	8		
9 <b>Total revenue.</b> Add lines 1-2-3-4-5c, 6c, 7c, and 8	9	735,247	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	65,030
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	598,378
	13 Professional fees and other payments to independent contractors	13	12,922
	14 Occupancy, rent, utilities, and maintenance	14	53,519
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ <b>SEE STATEMENT 3</b> )	16	118,263
	17 <b>Total expenses.</b> Add lines 10 through 16	17	848,112
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-112,865
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	354,999
	20 Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	20	161,972
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	404,106

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	311,959	175,925
23	Land and buildings	13,778	11,372
24	Other assets (describe ▶ <b>SEE STATEMENT 5</b> )	54,342	253,080
25	<b>Total assets</b>	380,079	440,377
26	<b>Total liabilities</b> (describe ▶ <b>SEE STATEMENT 6</b> )	25,080	36,271
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	354,999	404,106

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

Form 990-EZ (2008)

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**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
b	Section 501(c)(3) and (4) organizations 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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		
42a	The books are in care of <input type="text" value="ANDREA COLLINS"/> Telephone no <input type="text" value="402-438-8853"/> <input type="text" value="941 O ST, STE 920"/> Located at <input type="text" value="LINCOLN, NE"/> ZIP + 4 <input type="text" value="68508"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="text"/>		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/>	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization?		
49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		

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

**Sign Here** Signature of officer: *Rebecca L. Gould* Date: 11/12/09

Type or print name and title: Rebecca L. Gould

**Paid Preparer's Use Only**

Preparer's signature: *Jim Duff* Date: 11/02/09 Check if self-employed:

Firm's name (or yours if self-employed): **GRAFTON & ASSOCIATES, P.C.** EIN: **47-0760951**

address, and ZIP + 4: **5935 S. 56TH ST., SUITE A LINCOLN, NE 68516** Phone no: **402-486-3600**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

Open to Public  
Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **NEBRASKA APPELSEED CENTER FOR LAW  
IN THE PUBLIC INTEREST** Employer identification number  
**47-0798343**

**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 (Please check only one organization )

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III—Functionally Integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

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

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> Total. Add lines 1-3						
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11</b> Total support. Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a</b> 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b> 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a</b> 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b> 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	271,341	607,597	565,524	625,323	729,332	2,799,117
<b>2</b> 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	2,045	7,870		12,920		22,835
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5	273,386	615,467	565,524	638,243	729,332	2,821,952
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000		1,561		6,251		7,812
<b>c</b> Add lines 7a and 7b		1,561		6,251		7,812
<b>8 Public support.</b> (Subtract line 7c from line 6.)	273,386	613,906	565,524	631,992	729,332	2,814,140

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	273,386	615,467	565,524	638,243	729,332	2,821,952
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,628	8,475	7,922	24,072	8,596	56,693
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	7,628	8,475	7,922	24,072	8,596	56,693
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	10,022	6,920	51,098	4,628		72,668
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	291,036	630,862	624,544	666,943	737,928	2,951,313

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	95.3521 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	90.2817 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1.9209 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	1.3314 %

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**PART III, LINE 12 - OTHER INCOME DETAIL**

<b>CONTRACT INCOME</b>	<b>\$</b>	<b>45,442</b>
<b>OTHER</b>	<b>\$</b>	<b>27,226</b>

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

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

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury  
Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization **NEBRASKA APPLESEED CENTER FOR LAW  
IN THE PUBLIC INTEREST** Employer identification number **47-0798343**

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.  
See the instructions for Schedule C for details.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B To be completed by all organizations exempt under section 501(c)(3).  
See the instructions for Schedule C for details.**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).  
See the instructions for Schedule C for details.**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(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-

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.**

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		<b>1,614</b>	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		<b>12,150</b>	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		<b>13,764</b>	
<b>d</b> Other exempt purpose expenditures		<b>834,347</b>	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		<b>848,111</b>	
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		<b>152,217</b>	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$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 \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		<b>38,054</b>	
<b>h</b> Subtract line 1g from line 1a Enter -0- if line g is more than line a		<b>0</b>	
<b>i</b> Subtract line 1f from line 1c Enter -0- if line f is more than line c		<b>0</b>	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount	121,391	119,085	130,742	152,217	523,435
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					785,153
<b>c</b> Total lobbying expenditures	200	13,180	25,983	13,764	53,127
<b>d</b> Grassroots non-taxable amount	30,348	29,771	32,686	38,054	130,859
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					196,289
<b>f</b> Grassroots lobbying expenditures		10,450	6,540	1,614	18,604

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.**

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

**Federal Statements****Schedule A, Part III, Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
2007	\$ 12,920	\$ 6,251
2005	7,870	1,561
TOTAL	\$ <u>20,790</u>	\$ <u>7,812</u>

**Federal Statements**

**Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities**

Description	How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
DONATION					\$ 8,319	\$ 11,000	\$	-2,681
TOTAL					\$ 8,319	\$ 11,000	0	-2,681

**Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid**

Name and Address	Description of Property	Cash Contribution	Relationship to Organization	Noncash Contribution	Book Value	Book Value Explanation	Date of Gift	FMV Explanation	Purpose
ALABAMA APPELSEED		10,160							SUBGRANT
SOUTH CAROLINA APPELSEED		5,160							SUBGRANT
GEORGIA APPELSEED		5,160							SUBGRANT
NAACP NEBRASKA		10,000							SUBGRANT
ACLU NEBRASKA FOUNDATION		12,000							SUBGRANT
NAF MULTICULTURAL		7,500							SUBGRANT
ACORN INSTITUTE		9,250							SUBGRANT
TOTAL		59,230							SUBGRANT

47-0798343

**Federal Statements**

FYE: 12/31/2008

**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
TRAVEL	2,702
TRAVEL	3,625
TRAVEL	1,300
TRAVEL	9,177
MEETINGS	1,647
MEETINGS	2,209
MEETINGS	792
MEETINGS	5,592
SUPPLIES	1,490
SUPPLIES	1,999
SUPPLIES	717
SUPPLIES	5,061
TELEPHONE	1,434
TELEPHONE	1,923
TELEPHONE	690
TELEPHONE	4,869
POSTAGE	868
POSTAGE	1,165
POSTAGE	418
POSTAGE	2,948
REPAIRS	233
REPAIRS	312
REPAIRS	112
REPAIRS	791
PRINTING	2,058
PRINTING	2,760
PRINTING	990
PRINTING	6,989
BANK SERVICE CHARGE	71
BANK SERVICE CHARGE	95
BANK SERVICE CHARGE	34
BANK SERVICE CHARGE	241
EVENTS	37
EVENTS	50
EVENTS	18
EVENTS	241
CONSULTING	19
CONSULTING	25
CONSULTING	9
CONSULTING	62
PROFESSIONAL FEES	2,851
PROFESSIONAL FEES	3,824
PROFESSIONAL FEES	1,371
PROFESSIONAL FEES	9,681
SPECIAL PROJECTS	1,192
SPECIAL PROJECTS	1,599
SPECIAL PROJECTS	573
SPECIAL PROJECTS	2,195
RESEARCH & LIBRARY	1,409
RESEARCH & LIBRARY	1,889
RESEARCH & LIBRARY	677
RESEARCH & LIBRARY	4,783
MEALS & ENTERTAINMENT	233

**Federal Statements****Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses (continued)**

<u>Description</u>	<u>Amount</u>
MEALS & ENTERTAINMENT	\$ 313
MEALS & ENTERTAINMENT	112
MEALS & ENTERTAINMENT	792
DUES & FEES	595
DUES & FEES	798
DUES & FEES	286
DUES & FEES	2,021
INSURANCE	1,771
INSURANCE	2,375
INSURANCE	851
INSURANCE	6,012
INTERNET	240
INTERNET	322
INTERNET	115
INTERNET	815
LITIGATION	104
LITIGATION	139
LITIGATION	50
LITIGATION	191
INVESTMENT EXPENSE	484
STUDENT STIPEND	214
STUDENT STIPEND	288
STUDENT STIPEND	103
STUDENT STIPEND	395
MISCELLANEOUS	827
TOTAL	<u>\$ 118,263</u>

**Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
PRIOR PERIOD ADJUSTMENT	\$ 215,000
UNREALIZED LOSS ON INVESTMENTS	-53,028
TOTAL	<u>\$ 161,972</u>

**Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
GRANTS RECEIVABLE	\$ 52,716	\$ 247,182
ACCOUNTS RECEIVABLE	1,626	5,898
	<u>54,342</u>	<u>253,080</u>

**Federal Statements**

**Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 2,795	\$ 25,962
PAYROLL LIABILITIES	3,767	10,309
CHECKS IN PROCESS OF CLEARING	15,493	
DUE TO OTHERS	3,025	
	<u>25,080</u>	<u>36,271</u>

**Federal Statements****Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

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 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments****Description**

LOW INCOME SELF-SUFFICIENCY - WE WORK TO HAVE A SYSEM OF LAWS, POLICIES, AND PRACTICES THAT MAKE SURE ALL FAMILIES CAN MEET THEIR BASIC NEEDS, FIND OPPORTUNITY, AND BECOME ACTIVE AND TREASURED MEMBERS OF SOCIETY.

**Statement 9 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments****Description**

IMMIGRANT INTEGRATION & CIVIC PARTICIPATION - WE SEEK POLICIES AND PRACTICES THAT PROMOTE THE INTEGRATION AND PARTICIPATION OF NEW IMMIGRANT POPULATIONS IN NEBRASKA AND GREAT PLAINS COMMUNITIES.

**Statement 10 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments****Description**

CHILD WELFARE SYSTEM ACCOUNTABILITY - WE ENFORCE CONSTITUTIONAL, FEDERAL, AND STATE STATUTORY REQUIREMENTS FOR PROVIDING ADEQUATE CHILD WELFARE PROTECTION SERVICES IN THE STATE OF NEBRASKA.

**Statement 11 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**

Description

HEALTHCARE FOR THE UNINSURED - WE HAVE BEEN WORKING ON A NEW HEALTH CARE INITIATIVE TO EXAMINE OPTIONS FOR EXPANDING COVERAGE TO THE UNINSURED.

ACCESS TO JUSTICE - WE PROTECT AND PROMOTE THIS FUNDAMENTAL RIGHT WITH THE USE OF TECHNOLOGY AND GRASSROOTS EFFORTS.

BUILDING DEMOCRACY - WE BREAK DOWN BARRIERS TO VOTING, AND ENCOURAGE LOW-INCOME, MINORITY, NEW IMMIGRANT, AND STRUGGLING COMMUNITIES THROUGHOUT NEBRASKA TO REGISTER, VOTE, AND PARTICIPATE IN THE POLITICAL PROCESS.

## Federal Statements

## Statement 12 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
REBECCA GOULD 841 O STREET #920 LINCOLN, NE 68508	EX. DIRECTOR	40	65,975	10,269	0
ANDRE BARRY 841 O STREET #920 LINCOLN, NE 68508			0	0	0
CLARK BELLIN 841 O STREET #920 LINCOLN, NE 68508			0	0	0
BEATTY BRASCH 841 O STREET #920 LINCOLN, NE 68508	SECRETARY		0	0	0
TERRY FERGUSON 841 O STREET #920 LINCOLN, NE 68508			0	0	0
HERB FRIEDMAN 841 O STREET #920 LINCOLN, NE 68508	PRESIDENT		0	0	0
JAN GRADWOHL 841 O STREET #920 LINCOLN, NE 68508			0	0	0
SUSAN JACOBS 841 O STREET #920 LINCOLN, NE 68508			0	0	0
MATT JOHNSON 841 O STREET #920 LINCOLN, NE 68508	TREASURER		0	0	0

## Federal Statements

**Statement 12 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key  
Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
FORREST KRUTER 841 O STREET #920 LINCOLN, NE 68508			0	0	0
MAX D LARSEN 841 O STREET #920 LINCOLN, NE 68508			0	0	0
RANETA MACK 841 O STREET #920 LINCOLN, NE 68508			0	0	0
MILO MUMGAARD 841 O STREET #920 LINCOLN, NE 68508			0	0	0
THOMAS SCHLEICH 841 O STREET #920 LINCOLN, NE 68508			0	0	0
JIM SEACREST 841 O STREET #920 LINCOLN, NE 68508			0	0	0
ALLEN OVERCASH 841 O STREET #920 LINCOLN, NE 68508			0	0	0
MARY PIPHER 841 O STREET #920 LINCOLN, NE 68508			0	0	0
DIANNA SCHIMEK 841 O STREET #920 LINCOLN, NE 68508			0	0	0

# Federal Statements

## Statement 12 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BRUCE VOSBURG 841 O STREET #920 LINCOLN, NE 68508			0	0	0
DON WITT 841 O STREET #920 LINCOLN, NE 68508			0	0	0
MEGAN SEBASTIAN WRIGHT 841 O STREET #920 LINCOLN, NE 68508			0	0	0
PATRICIA A ZIEG 841 O STREET #920 LINCOLN, NE 68508			0	0	0

### Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
EQUIPMENT	\$ 38,186	\$ 24,408	\$ 41,062	\$ 29,690
TOTAL	\$ 38,186	\$ 24,408	\$ 41,062	\$ 29,690

Form **8868**  
(Rev April 2009)

**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.**

- 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)

**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).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>NEBRASKA APPLESEED CENTER FOR LAW IN THE PUBLIC INTEREST</b>	Employer identification number <b>47-0798343</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>941 O STREET 920</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LINCOLN NE 68508-3649</b>	

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

- |   |  |                                    |
|---|--|------------------------------------|
| <input 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 checked="" 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 |

● The books are in the care of ► **NEBRASKA APPLESEED CENTER FOR LAW**

Telephone No ► **402-438-8853** FAX No. ►

- 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 months for a corporation required to file Form 990-T) extension of time until **8/17/09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year **2008** 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.	3a	\$
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.	3b	\$
c <b>Balance Due.</b> 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.	3c	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)

FILE COPY

● 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.** Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>NEBRASKA APPLESEED CENTER FOR LAW IN THE PUBLIC INTEREST</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 920</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>LINCOLN NE 68508-3649</b>	

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

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

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

● The books are in the care of **NEBRASKA APPLESEED CENTER FOR LAW**

Telephone No. **402-438-8853** FAX No.

● 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 **11/16/09**

5 For calendar year **2008**, 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

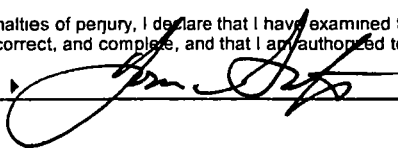
7 State in detail why you need the extension

**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	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c	<b>Balance Due.</b> 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	8c	\$

**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 **8/14/09**  
Form 8868 (Rev 4-2009)

**FILE COPY**