### COMMITTEE ON NATURAL RESOURCES Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Oversight hearing on "Increased Electricity Costs for American Families and Small Businesses: The Potential Impacts of the Chu Memorandum."

For Individuals:

1. Name:

2. Address:

- 3. Email Address:
- 4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

- 1. Name: Mark Crisson
- 2. Name of Organization(s) You are Representing at the Hearing: American Public Power Association
- Business Address: 1875 Connecticut Avenue, NW Washington, DC 20009
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: [Information redacted for privacy]

Name/Organization\_\_\_\_\_American Public Power Association\_\_\_\_\_ Title/Date of Hearing\_"Increased Electricity Costs for American Families and Small Businesses: The Potential Impacts of the Chu Memorandum." April 25, 2012

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Bachelor's degree in physics from the United States Naval Academy MBA from Pacific Lutheran University

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

President & CEO of American Public Power Association. The American Public Power Association (APPA), based in Washington, D.C., is the service organization for the nation's more than 2,000 community-owned electric utilities. Collectively, these utilities serve more than 46 million Americans.

Mr. Crisson spent almost 30 years at Tacoma, Washington, Public Utilities—serving as Tacoma Power Superintendent and, beginning in 1993, CEO/Director of Utilities.

In 1985, he was appointed to head Direct Service Industries, a trade association of aluminum companies in the Northwest that received power directly from the Bonneville Power Administration.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization\_\_\_\_\_American Public Power Association\_\_\_

Title/Date of Hearing\_"Increased Electricity Costs for American Families and Small Businesses: The Potential Impacts of the Chu Memorandum." April 25, 2012

### In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Before coming to American Public Power Association as its president & CEO, Mr. Crisson served six years as an APPA elected Board member and four years as an officer. In 2003, while with Tacoma Public Utilities, Mr. Crisson chaired the APPA Board of Directors. During Mr. Crisson's tenure on the Board, APPA developed a wide range of initiatives that served public power well during the 2001-2002 western energy crisis and subsequent development of federal wholesale power supply policy. Mr. Crisson also served on the U.S. Secretary of Energy's Electricity Advisory Board.

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

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Form	990 <sup>.</sup>	

Department of the Treasury Internal Revenue Service

## **\*\* PUBLIC DISCLOSURE COPY \*\***

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)

LHA For Paperwork Reduction Act Notice, see the sep

032001 02-22-11



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

A	For the	e 2010 calendar year, or tax year beginning and ending			
В	Check if applicab	C Name of organization	D Employer ide	ntifica	ition number
Г	Addre	AMERICAN PUBLIC POWER ASSOCIATION			
Ē	Name	e Doing Business As	53	-00	26315
Ĺ	Initial		ite E Telephone nur	nber	
	Termi	1875 CONNECTICUT AVE., NW 1200	(2	02)	467-2949
Ļ	Arnen	City or town, state or country, and ZIP + 4	G Gross receipts \$		16,445,270.
L	Applic tion pendi		H(a) Is this a grou	•	
	p entai	F Name and address of principal officer:MARC CRISSON	for affiliates?		
		SAME AS C ABOVE	H(b) Are all affiliate		
<u>+</u>					st. (see instructions)
		te: ► HTTP://WWW.APPANET.ORG organization X Corporation Trust Association Other ► L Y	H(c) Group exem		number  State of legal domicile DC
	Part I	Summary			State of legal domicile DC
		Briefly describe the organization's mission or most significant activities: PROMOTING	G THE INTER	EST	S OF
21 2011 * Governance	8	COMMUNITY-OWNED UTILITIES ACROSS THE COUNTRY			<u> </u>
202	2	Check this box	ore than 25% of its ne	et asse	ets.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3 3	Number of voting members of the governing body (Part VI, line 1a)		3	30
81 C	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	30
ပါန	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	74
	6	Total number of volunteers (estimate if necessary)		6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	249,641.
<u>щ</u>	<u>́</u> ь	Net unrelated business taxable income from Form 990-T, line 34		7b	49,114.
SCANNED DEC			Prior Year		Current Year
No.	8	Contributions and grants (Part VIII, line 1h)	71,94		47,401.
SCA	9	Program service revenue (Part VIII, line 2g)	14,442,77		15,849,791.
e B	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	160,77		125,261.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>163,35</u> 14,838,84		76,656.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	621,30		347,006.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
u		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensatio <u>n, employee benefits (Part X, colu</u> mn (A), lines 5-10)	9,542,33		8,906,701.
Fruenses	16a	Professional fundraising fees (Part R, countr A) (ne vie)		0.	0.
- Letter - L	5	Total fundraising expenses Part IX, column (D), line 25)			
ű	17	Other expenses (Part IX, county (A), lippes 14a-110, 114-2410	6,373,34	1.	6,919,841.
	18	Total expenses. Add lines 13+7 (must equal Part IX, column (A), line 25)	16,536,98	4.	16,173,548.
	19	Total expenses. Add lines 13 fr (must equal Part IX, colum 24), line 25) Revenue less expenses. Suptract line 18 from line 12	-1,698,13	6.	-74,439.
Net Assets or	ICES	OGDEN, UL	Beginning of Current Yo		End of Year
sets	20	Total assets (Part X, line 16)	9,737,81		9,751,211.
at As	21	Total liabilities (Part X, line 26)	16,830,69		16,907,893.
		Net assets or fund balances. Subtract line 21 from line 20		4.	-7,156,682.
	Part II				
Un	der pena	ilties of perjury, I declare that I have examined this return, Including accompanying schedules and sta	tements, and to the best	ot my k	knowledge and bellet, it is /
tru	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of which prep.	arer has any knowledge	त्त्री र	2011
Si	<b>an</b>	Signature of officer			
	ere	HARRY R/ OLIBRIS, VP OF FINANC			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signa			
Pa	íđ	FREDERICK LONGWOOD			
Pri	eparer	Firm's name TATE AND TRYON			
Us	e Only	Firm's address 2021 L STREET, NW SUITE			
		WASHINGTON, DC 20036			
Ma	ay the II	RS discuss this return with the preparer shown above? (see instruc			

	<u>1990 (2010) AMERICAN PUBLIC POWER ASSOCIATION 53-0026315 Page</u>
r d	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission: PROVIDE LEADERSHIP IN THE EVOLUTION OF THE ELECTRIC UTILITY INDUSTRY
	ROVIDE BERDERBITF IN THE EVOLUTION OF THE EBECIRIC OTHER INDUSTRY
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If 'Yes,' describe these changes on Schedule O.
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
а	allocations to others, the total expenses, and revenue, if any, for each program service reported.         (Code:       ) (Expenses \$         including grants of \$       ) (Revenue \$
a	(Code:) (Expenses \$ including grants of \$) (Revenue \$) EDUCATION/TRAINING: ANNUAL CONFERENCE, SPECIALIZED WORKSHOPS, 25+
	TRAINING SESSIONS ON RATE DESIGN, POLICY MAKING, UTILITY ACCOUNTING,
	COST SERVICES, ETC.
	CODI DERVICED, EIC.
Ь	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	MEMBER SERVICES: INFORMATION GATHERING AND ANALYSIS, ON LEGISLATIVE,
	REGULATORY TECHNICAL AND STATISTICAL ISSUES.
c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	PUBLICATIONS: BI-MONTHLY MAGAZINE, WEEKLY NEWSLETTER, SPECIALIZED
	NEWSLETTERS ON HUMAN RESOURCES, COMMUNICATIONS RESEARCH AND
	DEVELOPMENT.
 גי	
d	Other program services. (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
e	Total program service expenses
00	
	10
1	$\frac{2}{114}$
T	114 790809 53-0026315 2010.04050 AMERICAN PUBLIC POWER ASSOC 53-0022

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Form	990	(2010)

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AMERICAN PUBLIC POWER ASSOCIATION

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Pa	t IV Checklist of Required Schedules			
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_ <u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<u> </u>
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			<u> </u>
v	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7				
1	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			x
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			x
	If "Yes," complete Schedule D, Part V	10		<b>^</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	1
	Part VI	<u>11a</u>	<u> </u>	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<b> </b>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>	<u>X</u>	<b> </b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>11f</u>	<u>X</u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	_12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ļ
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		

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Form	990	(2010)	

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### AMERICAN PUBLIC POWER ASSOCIATION

Pa	t IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	d States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
04-		23		
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ļ
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	L	<u> </u>
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " complete			1
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			{
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			1
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ļ		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_		_
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	[		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	[		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2010)

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	990 (2010) AMERICAN PUBLIC POWER ASSOCIATION 53-0026	<u>315</u>	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
		_	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a5 oEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	1
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			<u> </u>
28				
ь.	filed for the calendar year ending with or within the year covered by this return           If at least one is reported on line 2a, did the organization file all required federal employment tax returns?         2a         74	2ъ	x	1
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	x	1
За ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00		<u> </u>
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь.	If "Yes," enter the name of the foreign country:			
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
Va	any contributions that were not tax deductible?	6a	x	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
v	were not tax deductible?	6ь		X
7	Organizations that may receive deductible contributions under section 170(c).			1
·a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		T
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	L	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	. <u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		+
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	{		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<b> </b>	+
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	14a	<del> </del> -	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		+*
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2010)

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Form	990	(2010)	)

### AMERICAN PUBLIC POWER ASSOCIATION

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

Sec	tion A. Governing Body and Management			·	<del></del>
			20	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>30</u> 30		
ь					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other		1	x
2	officer, director, trustee, or key employee?		2	<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the	le direct supervision	3		x
	of officers, directors or trustees, or key employees to a management company or other person?	000 was filed?	4	├	X
4 5	Did the organization make any significant changes to its governing documents since the prior Form to be account of the organization is a significant diversion of the organization is an		-4	<u> </u>	X
5 6	Did the organization become aware during the year of a significant diversion of the organization's as	Sels	6	X	
	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more more	ambers of the			· · · · · ·
70	governing body?		7a	x	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	reone?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken			†	
Ŭ	by the following:	during the year			
а	The governing body?		8a	x	1
	Each committee with authority to act on behalf of the governing body?		85	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the		<u> </u>	
Ũ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenue Code )	l•		
			/ <u></u>	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	• • •	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a			12a	X	
ъ	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld give rise			
	to conflicts?		12b	X	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe			
	In Schedule O how this is done		12c	X	
13	Does the organization have a written whistleblower policy?		13	X	
14	Does the organization have a written document retention and destruction policy?		14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approv	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		<u>15a</u>	X	L
b	Other officers or key employees of the organization		15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		<u>16a</u>		<u> </u>
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to eva	aluate its participation			
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anization's			
	exempt status with respect to such arrangements?		16b	L	
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ DC				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	f (501(c)(3)s only) ava	ulable for		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own webstte Another's webstte X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, o	conflict of interest pol	icy, and fina	ancial	
	statements available to the public.			_	
20	State the name, physical address, and telephone number of the person who possesses the books a $12020 \times 467 \times 2040$	nd records of the org	anization:		
	HARRY OLIBRIS - (202) 467-2949	C 20009	·		
	1875 CONNECTICUT AVE., NW, NO. 1200, WASHINGTON, D	20009		000	(2010)
			Form	390	(2010)

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Part VII	<b>Compensation of Officers,</b>	Directors, Trustee	s, Key Employees	, Highest Compensated
	Employees, and Independe	ent Contractors		

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average		Position		Reportable	Reportable	Estimated			
	hours per	(c	heck	c all	that	app	y)	compensation	compensation	amount of
	week	director						from the	from related	other
	(describe hours for	or chre				E.		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ster	arts I			beusa		(W-2/1099-MISC)	(11 2) 1000 (11100)	organization
	organizations	ual tr	Ignal		Biog	a col				and related
	In Schedule	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
GEORGE CAAN	0)		-							
DIRECTOR	1.00	x						0.	0.	0.
BILL CARROLL		Γ			1					
DIRECTOR	1.00	X						0.	0.	0.
AUSTIN CARROLL										
DIRECTOR	1.00	X						0.	0.	0.
LONNIE CARTER										
DIRECTOR	1.00	X			ļ			0.	0.	0.
MIGUEL CORDERO LOPEZ			1							
DIRECTOR	1.00	X			ļ			0.	0.	0.
ALLEN CROWSER										
DIRECTOR	1.00	X						0.	0.	0.
PHYLLIS CURRIE										
DIRECTOR	1.00	X		<u> </u>	<u> </u>			0.	0.	0.
CHARLES "MEL" DAVIS									<u> </u>	<u> </u>
DIRECTOR	1.00	X	ļ	ļ	ļ	ļ	ļ	0.	0.	0.
RON DAVIS	1 00								0	0
DIRECTOR	1.00	X				-	<u> </u>	0.	0.	0.
HAROLD DEPRIEST	1 00			İ				0	0	•
DIRECTOR	1.00	X		<u> </u>			<b></b>	0.	0.	0.
JIM DICKENSON	1 00		1	l –	1		1	0	0	0
DIRECTOR	1.00	X						0.	0.	0.
PAULA DIFONZO	1 00	v						0.	0.	0.
DIRECTOR	1.00	X	-			-	-	<u>U.</u>	U.	0.
WILLIAM DOLLAR	1.00	x			1			0.	0.	0.
DIRECTOR RONALD EARL	1.00	^	-		-		<u> </u>		<b>V</b> •	<u></u>
DIRECTOR	1.00	x						0.	0.	0.
	1.00	<b>^</b>		-						
KEVIN EASLEY DIRECTOR	1.00	x						0.	0.	0.
MARC GERKEN		- <b>* *</b>				$\vdash$				·
DIRECTOR	1.00	x						0.	0.	0.
ROBERT JOHNSTON		<u></u>	1	1			1			
DIRECTOR	1.00	x	1					0.	0.	0.
032007 12-21-10			<b>.</b>	<u> </u>	<u> </u>	<i>i</i>		·		Form <b>990</b> (2010)
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Part VII Section A. Officers, Directors, Tru	ustees, Key Er	npic	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)		
· (A)	(B)				C)			(D)	(E)		(F)
Name and title	Average			Pos	ition	า		Reportable	Reportable	Est	imated
	hours per	(cl	heck	all	that	арр	ly)	compensation	compensation		ount of
	week	5				Γ	Γ	from	from related	(	other
	(describe					_		the	organizations		pensation
	hours for	e or d	8			Safe		organization	(W-2/1099-MISC)	1	om the
	related				8	mpen		(W-2/1099-MISC)			Inization
	organizations	dualt	Institutional trustee		l di	over co	5				related
	O)	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Former			orga	nizations
ROBERT JOLLY						-					··
DIRECTOR	1.00	X				L_		0.	0.	·	0.
STEVEN KLEIN	1										•
DIRECTOR	1.00	X					<u> </u>	0.	0	-	0.
DONALD KOM	1.00	x						0.	0.		0.
DIRECTOR MIKE LEHTO	1.00	<b>^</b>						<b>U</b> •		·	
DIRECTOR	1.00	x	(			1		0.	0.		0.
PATRICK MCCULLAR						1				1	
DIRECTOR	1.00	X						0.	0.		0.
BRIAN MOECK											
DIRECTOR	1.00	X					<u> </u>	0.	0.	·	0.
JOSEPH PACOVSKY	1 00	v						0.	0		0
DIRECTOR	1.00	X				-	-	0.	0.	·	0.
PAUL PALLAS DIRECTOR	1.00	x				]		0.	0.		0.
LEON PEXTON	1.00			-		1	<u> </u>			·	
DIRECTOR	1.00	x					ł	0.	0.		Ο.
1b Sub-total	d					►		0.	0.		0.
c Total from continuation sheets to Part V	II, Section A					►		2,621,520.	0.		5,079.
d Total (add lines 1b and 1c)								2,621,520.	0.	576	5,079.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 in reportable		
compensation from the organization				_							14
										·	Yes No
3 Did the organization list any former officer,		stee	, key	y en	plo	yee,	or t	nighest compensated er	nployee on		x
line 1a? If "Yes," complete Schedule J for s							-	har anna an tian fram		3	<b>^</b>
4 For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization	4	x
5 Did any person listed on line 1a receive or a									dual for services		
rendered to the organization? If "Yes," con										5	X
Section B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·										
1 Complete this table for your five highest co	mpensated ind	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of compen	sation fr	om
the organization. NONE		-							- <u></u>		
(A) Name and business	address							<b>(B)</b> Description of s	ervices	( <b>C)</b> Compen	
				-						_	
2 Total number of independent contractors (		ot lu	mite	d to		-	stec	above) who received m	ore than		
\$100,000 in compensation from the organi		ידח				0	211		l		00 /00 / 0
SEE PART VII, SECTIO	N A CON	ĽΤΓ	NOF	717	L UI	IN À	on.	611 <b>0</b>		Form 🖁	<b>90</b> (2010)

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Part VII Section A. Officers, Directors, Tru (A)	(B)			(C	<b>)</b>			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from the	from related organizations	other
	week	ğ				afold		organization	(W-2/1099-MISC)	compensation from the
		2 de la				red en		(W-2/1099-MISC)		organization
		256	Ustee			BSUD				and related
		al tre	onal ti		ployee	L COLL				organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES POSEY		=	<u> </u>	0	Ŷ	т	<u> </u>			
DIRECTOR	1.00	x						0.	0.	0
BILL RADIO										
DIRECTOR	1.00	X						0.	Ο.	0
TED RAMPTON		<u> </u>								
DIRECTOR	1.00	X						0.	0.	0
MAURICE SCULLY										
DIRECTOR	1.00	Х						0.	0.	0
BRIAN SKELTON										
DIRECTOR	1.00	X						0.	0.	0
Coleman Smoak			]	ļĮ						
DIRECTOR	1.00	X						0.	0.	0
J. GARY STAUFFER										
DIRECTOR	1.00	X						0.	0.	0
LYNNE TEJEDA										
DIRECTOR	1.00	X						0.	0.	0
DAVID WALTERS										
DIRECTOR	1.00	X						0.	0.	0
COLIN WHITLEY		Í								
DIRECTOR	1.00	X						0.	0.	0
ROBERT WILLIAMS	1 0 0								0	0
DIRECTOR	1.00	X						0.	0.	0
PHILLIP M. CRISSON	40 00			v				507 712	0	75 220
PRESIDENT & CEO	40.00	┣—		X				587,713.	0.	75,238
HARRY R. OLIBRIS	40.00			x				125,979.	0.	25,724
VP FINANCE & ACCOUNTING	40.00	{				<u> </u>		123,319.		23,124
JAMES NIPPER	40.00				x			314,927.	0.	54,946
SR. VP - GOVERNMENT RELATIONS		┨			^	<u> </u>	<u> </u>	514,527.		54,540
SUE KELLI SR. VP - POLICY ANALYSIS & GENERAL C	40.00				х			285,472.	0.	55,748
JEFFREY J. TARBERT								20071721	0.	
SR. VP - MEMBER SERVICES	40.00				Х			265,691.	0.	57,413
MIKE HYLAND		<u> </u>								
SR. VP - ENGINEERING SERVICES	40.00				X			229,806.	0.	69,452
ALLEN MOSHER		1								
SR. POLICY ANALYSIS DIRECTOR	40.00					Х		186,359.	0.	50,720
JOY DITTO										
VP - LEGISLATIVE AFFAIRS	40.00					Х		186,746.	0.	50,697
NATHAN MITCHELL									_	
DIRECTOR - ELECTRICAL RELIABILITY ST	40.00					Х		158,287.	0.	39,292

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Part VII Section A. Officers, Directors,	Trustees, Key E	mplo 	oyee	es, a	<u>nd  </u> >>	ligh	est	Compensated Employ		( <b>P</b>		
. (A) Name and title	(B) Average hours per	(C	heck	Pos			ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
EANNE LABELLA	40.00							120,000		F0 000		
R. VP - PUBLISHING	40.00					X		138,299.	0.	50,938		
DIANNE MOODY STATISTICAL ANALYSIS DIRECTOR	40.00		 			x		142,241.	0.	45,911		
										· · · · · · · · · · · · · · · · · · ·		
		<u> </u>				ļ						
						<b> </b>						
			-									
					 	-		· · · · · · · · · · · · · · · · · · ·				
			-									
						-						
						_						
		 			-	_						
			 							·		
										· · · · · · · · · · · · · · · · · · ·		
										<u></u>		
otal to Part VII, Section A, line 1c	<u> </u>	<u></u>	-					2,621,520.		576,079		

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AMERICAN PUBLIC POWER ASSOCIATION

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Pa	rt VII	I Statement of Reven	ue					
	-				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts a	1 a	Federated campaigns	1a					
oun	b	Membership dues	1b					
aŭ (	с	Fundraising events	1c					
<u>aif</u>	d	Related organizations	1d					
s. E	е	Government grants (contributi	ons) 1e	47,401.				
ers	f	All other contributions, gifts, grant						
i și Î și		similar amounts not included abov	/e <b>1f</b>					
Contributions, gifts, grants and other similar amounts	-	Noncash contributions included in lines	1a-1f \$	<b>_</b>	47,401.			
0.0	h	Total. Add lines 1a-1f						
	•	MEMBERSHIP DUES		Business Code 541800	11,421,094.	11 421 094		
vice	2 a b	TRUCIMIAN TON A TRU		541800	3000515.	11,421,094. 3000515.		
Ser	D	PUBLICATIONS &		541800	766,267.	516,626.	249,641.	. <u></u>
E S	с А	ANNUAL CONFEREN		541800	661,915.	661,915.		
Program Service Revenue	0 6							
۲ ۲	f	All other program service reve	nue					
	9				15,849,791.			
	3	Investment income (including	dividends, inter	est, and				~~ ~~~
1		other similar amounts)			88,222.	·····		88,222.
	4 Income from investment of tax-exempt bond pro			proceeds				
	5	Royalties		▶				
			(i) Real	(II) Personal				
	6 a							
	b	•						
	c ہے	Rental income or (loss) Net rental income or (loss)	L	· · · · · · · · · · · · · · · · · · ·				
		Gross amount from sales of	(I) Securities	(II) Other				
	7 0	assets other than inventory	383200.					
	Ь	Less: cost or other basis						
		and sales expenses	346161.					
	с	Gain or (loss)	37,039.					
	d	Net gain or (loss)		<b></b>	37,039.			37,039.
e	8 a	Gross income from fundraising	g events (not					
Other Revenue		Including \$	of					
Jev		contributions reported on line	1c). See					
ler		Part IV, line 18	а		ł			
đ		Less: direct expenses	b 	·	ł			
		Net income or (loss) from func				<u> </u>		
	зa	Gross income from gaming ac Part IV, line 19	a					
		Less: direct expenses	a b		1			
		Net income or (loss) from gam	-	►	1	[		
		Gross sales of inventory, less		[				
		and allowances	а		1			
	b	Less: cost of goods sold	Ь	,				
	c	Net income or (loss) from sale	s of inventory	►		ļ		
		Miscellaneous Revenu	e	Business Code		70 000		
	11 a	MISCELLANEOUS		900099	76,656.	76,656.	<u> </u> -	
	b	)						<u> </u>
	C		<u></u>		<u> </u>		<u> </u>	
	d			L	76,656.		<u> </u>	
	е 12	Total. Add lines 11a-11d Total revenue. See instructions			16,099,109.	15 676 806	249,641.	125,261.
0320		I DIGI IGVENUE. SEC INSTRUCTONS						Form <b>990</b> (2010)
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<u>,</u>	Section 501(c)( All other organizations must com	3) and 501(c)(4) organiza			 D)
	All other organizations must com not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and	337,207.			
•	organizations in the U.S. See Part IV, line 21	551,201.			
2	Grants and other assistance to individuals in	9,799.			
~	the U.S. See Part IV, line 22	51155.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	indurin i indurin
5	Compensation of current officers, directors,			······	
5	trustees, and key employees	2,174,206.			
6	Compensation not included above, to disqualified				
v	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,611,573.			
8	Pension plan contributions (include section 401(k)				
Ŭ	and section 403(b) employer contributions)	402,234.			
9	Other employee benefits	1,303,897.			
10	Payroll taxes	414,791.			
11	Fees for services (non-employees):				
a	Management				
b	Legal	95,028.			
	Accounting	67,788.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	261,523.			
14	Information technology	105,047.			
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	1,308,558.			
17	Travel	323,655.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.000.410			<u> </u>
19	Conferences, conventions, and meetings	2,239,412.			
20	Interest				+
21	Payments to affiliates	407,325.			
22	Depreciation, depletion, and amortization	98,377.			··
23				····	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule O )			<u> </u>	
а	INCENTIVES	459,735.			······
ь	PRINTING	408,915.			
С	OTHER EXPENSES	286,119.			<u> </u>
d	DUES & MEMBERSHIP	249,253.			
е	AUDIOVISUAL/FILMS/PHOTO	159,359.			<u> </u>
f	All other expenses	449,747.	<u>_</u>		+
25	Total functional expenses. Add lines 1 through 24f	16,173,548.			
26	Joint costs. Check here ► If following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				L

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12 2010.04050 AMERICAN PUBLIC POWER ASSOC 53-00221

Form 990 (2010)

	Form	990	(2010)	
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### AMERICAN PUBLIC POWER ASSOCIATION

	•	Balance Sheet	(A) Beginning of year		(B) End of year
			773,974.	1	604,115
	1	Cash - non-interest-bearing	1131314.	2	
	2	Savings and temporary cash investments		3	
	3	Pledges and grants receivable, net	203,366.	3 4	299,810
	4	Accounts receivable, net	203,300.	4	277,010
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
232612	7	Notes and loans receivable, net		7	
ζ	8	Inventories for sale or use	200,014.	8	394,387
	9	Prepaid expenses and deferred charges	200,014.	9	334,307
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a5,025,465.Less: accumulated depreciation10b3,092,069.	2,257,930.	10-	1 933 396
			4,816,328.	<u>10c</u> 11	1,933,396 5,064,776
	11	Investments - publicly traded securities	4,010,520.		5,004,110
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	- han
	14	Intangible assets	1,486,200.	14	1,454,727
	15	Other assets. See Part IV, line 11	9,737,812.	15	9,751,211
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,167,875.	16 17	1,841,798
	17	Accounts payable and accrued expenses	1,107,075.	18	1/041/790
	18	Grants payable	4,848,780.	10	4,997,011
	19	Deferred revenue	4,040,700.	20	175577011
	20	Tax-exempt bond liabilities		20	
וצ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,			
		highest compensated employees, and disqualified persons. Complete Part II		22	
	~~	of Schedule L	<u> </u>	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	10,814,041.	25	10,069,084
	25 06	Other liabilities. Complete Part X of Schedule D	16,830,696.		16,907,893
	26	Total liabilities. Add lines 17 through 25         Organizations that follow SFAS 117, check here       X and complete			
		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	-7,348,109.	27	-7,210,736
	28	Temporarily restricted net assets	255,225.		54,054
	20 29	Permanently restricted net assets		29	
Š	20	Organizations that do not follow SFAS 117, check here  and and			
		complete lines 30 through 34.			
Net Assets of Fund balances	30	Capital stock or trust principal, or current funds		30	
22G	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ξļ	32	Retained earnings, endowment, accumulated income, or other funds		32	
	32 33	Total net assets or fund balances	-7,092,884.	_	-7,156,682
-					9,751,211

Form 990 (2010)

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Form	990 (2010) AMERICAN PUBLIC POWER ASSOCIATION	53-00	26315	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	. Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		16,099		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,173		
3	Revenue less expenses. Subtract line 2 from line 1	3			39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-7,092		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			41.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-7,150	5,6	82.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<b></b> _			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			x
2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
с	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		ЗЬ		

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Form 990 (2010)

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### SCHEDULĘ C (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

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

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

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

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

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

• Section 527 organizations: Complete Part I-A only.

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Part I-A Co	omplete if the org	anization is	exempt u	inder section 501(c) or is a section	527 organization.
				ASSOCIATION	53-0026315
Name of organizat	ion				Employer identification number

2 Political expenditures

3 Volunteer hours	3	Volunte	er hours
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Part I-B Complete if the organization is exempt under section 501(c)(3).	
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 Complete if the organization is exempt under section 501(c), except section	on 501(c)(3).
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 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	
line 17b	▶\$

- 4 Did the filing organization file Form 1120-POL for this year?
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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.

(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
<u> </u>			
II			
-			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990 or 990-EZ) 2010

Yes

No

OMB No 1545-0047

**Open to Public** 

Inspection

▶\$\_

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2010.04050 AMERICAN PUBLIC POWER ASSOC 53-00221

Schedule C (Form 990 or 990 EZ) 2010 AME	ERICAN P	UBLIC POWER	ASSOCIATION		0026315 Page 2
Part II-A Complete if the organiza	ation is exe	mpt under section	n 501(c)(3) and file	ed Form 5768	
(election under section 5	501(h)).				
A Check 🕨 🛄 If the filing organization be	longs to an aff	iliated group.			
B Check 🕨 🛄 if the filing organization ch	ecked box A a	nd "limited control" pro	visions apply.		- <u> </u>
Limits on L (The term "expenditures	obbying Expe " means amou			<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	oublic opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence a					
c Total lobbying expenditures (add lines 1a	and 1b)		_		
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add	lines 1c and 1	d)	_		
f Lobbying nontaxable amount. Enter the a	mount from th	e following table in both	h columns.		
If the amount on line 1e, column (a) or (b) is:	The lot	bying nontaxable amo	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,00	0 \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	,000.			
w.					
g Grassroots nontaxable amount (enter 259			ļ		
h Subtract line 1g from line 1a. If zero or les	ss, enter -0-		-		
i Subtract line 1f from line 1c. If zero or les	-		l		
j If there is an amount other than zero on e	other line 1h or	line 11, did the organiza	ation file Form 4720		
reporting section 4911 tax for this year?					Yes No
	that made a s	eraging Period Under section 501(h) electior ne instructions for line	n do not have to comp		
L	obbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	( <b>ь)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total
2a Lobbying nontaxable amount				······································	
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>	, <u>, , .</u>				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount				·····	
(150% of line 2d, column (e))				u	
f Grassroots lobbying expenditures				<u> </u>	

Schedule C (Form 990 or 990-EZ) 2010

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### Schedule C (Form 990 or 990-EZ) 2010 AMERICAN PUBLIC POWER ASSOCIATION

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

		(a	)	(b	)
		Yes	No	Amo	·
1	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:				
а					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			·····	·····
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
8				·	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? If "Yes," describe in Part IV				
L	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If 'Yes,' enter the amount of any tax incurred under section 4912 If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		-		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u></u> †	·····	
	TILA Complete if the organization is exempt under section 501(c)(4), section 111-A	on 501(c)	(5), or se	ction	
(j. ca)	501(c)(6).		(0), 0: 00		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		<u>X</u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		<u> </u>
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)	(5), or se	ction	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	ort III-A, lii	ne 3 is ar	nswered	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pa	t IV Supplemental Information				
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B,	line 1i. Also	, complete	this part
	ny additional information. HEDULE C, PART III				
TH	E AMERICAN PUBLIC POWER ASSOCIATION IS A SERVICE O	RGANIZA	TION		
RE	PRESENTING MORE THAN 1,500 MUNICIPAL, COUNTY, AND			ELECTF	RIC

UTILITY SYSTEMS THROUGH DIRECT MEMBERS AND AFFILIATED ORGANIZATIONS.

032043 02-02-11

Schedule C (Form 990 or 990-EZ) 2010

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SCH	EDU	LE D
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(Form	990
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# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.



Depart Interna	ment of the Treasury		990. ► See separate instructions.		Open to Pu Inspection	
-	e of the organizati	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Employ	er identification n	umber
		AMERICAN PUBLIC PO	WER ASSOCIATION		53-002631	
Pa	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts	s. Complete if the	
	organizatio	on answered "Yes" to Form 990, Part IV, In				
			(a) Donor advised funds	(b) Funds a	and other accounts	<u> </u>
1	Total number at e	÷				
2		outions to (during year)		<u> </u>	<u></u>	
3	Aggregate grants					
4	Aggregate value a					
5	-	on inform all donors and donor advisors in	-	sea iunas	Yes	No
6	-	on's property, subject to the organization's on inform all grantees, donors, and donor a	-	used only		
v	-	poses and not for the benefit of the donor of	• •	•		
	impermissible priv		of donor advisor, or for any other purpose	comening	Yes	No
Pa		ation Easements. Complete if the org	panization answered "Yes" to Form 990. F	Part IV. line 7.		
1		servation easements held by the organizat				
•		n of land for public use (e.g., recreation or e		storically importai	nt land area	
		of natural habitat	Preservation of a cert	• •		
		n of open space				
2		through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation	easement on the	last
	day of the tax yea					
				Hel	d at the End of the T	ax Year
а	Total number of c	onservation easements		2a		
b	Total acreage rest	ricted by conservation easements		2b		
c	Number of conser	vation easements on a certified historic str	ucture included in (a)	2c		
d	Number of conser	vation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure		
	listed in the Nation	nal Register		2d		
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization du	ring the tax	
	year 🕨					
4		where property subject to conservation ea				
5		ation have a written policy regarding the pe				<b></b>
	•	forcement of the conservation easements i			L Yes	No
6		er hours devoted to monitoring, inspecting,			<u> </u>	—
7		ses incurred in monitoring, inspecting, and			<u> </u>	
8		rvation easement reported on line 2(d) abov	ve satisfy the requirements of section 170	/(1)(4)(D)(I)	Yes	No
9	and section 170(h	be how the organization reports conservat	ion assements in its revenue and expense	e statement and		
0		ble, the text of the footnote to the organization				-
	conservation ease			the organization	e accounting for	
Pa		ations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar	Assets.	
L		f the organization answered "Yes" to Form	•			
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance	e sheet works of ar	t,
	historical treasure	s, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public ser	vice, provide, in Pa	art XIV,
	the text of the foo	tnote to its financial statements that descr	bes these items.			
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance she	eet works of art, hi	storical
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, prov	ide the following a	mounts
	relating to these it	ems:				
	(i) Revenues Incl	luded in Form 990, Part VIII, line 1		▶ \$_		<u> </u>
	· ·	ed in Form 990, Part X				<del></del>
2	-	received or held works of art, historical tre		al gain, provide		
	-	unts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	•		
a		d in Form 990, Part VIII, line 1		▶ \$_		<u> </u>
b	Assets included in	n Form 990, Part X		► \$_		
			·	C+L	adula D /Farm 00	0) 2010
		eduction Act Notice, see the Instruction	s tor form 990.	Sch	edule D (Form 99	0) 2010
03205 12-20-	10					

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Sche	dule D (Form 990) 2010 AMERICA	N PUBLIC P	OWER	ASSOC	IATION			53-00	26315	5 Page <b>2</b>
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi									
	(check all that apply):			•	-	-				
а	Public exhibition	d	ı 🗔 i	Loan or excl	hange progra	ms				
ь	Scholarly research	e		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explai	n how th	ney further t	ne organizati	on's exem	pt purpo	ose in Par	t XIV	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	llection?				Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered	"Yes" to F	orm 990	), Part IV,	lıne 9, or	
	reported an amount on Form 990, Pa	t X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not ir	ncluded		_	
	on Form 990, Part X?							[	Yes	No No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	blowing t	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						_1e		<u>_</u>	
f	Ending balance						1f		_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	_ Yes	No No
<u> </u>	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 10	•			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	<b>i)</b> Three y	years back	(e) Four	years back
1a	Beginning of year balance		ļ							
Ь	Contributions		ļ	. <u></u>					ļ	
С	Net investment earnings, gains, and losses						·		<u>{.                                    </u>	-·
d	Grants or scholarships								<u> </u>	
е	Other expenditures for facilities									
	and programs			<del>_</del>					+	
f	Administrative expenses						<del></del>		<u> </u>	
9	End of year balance								<u> </u>	
2	Provide the estimated percentage of the year	r end balance held a								
	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
-		%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	nd administe	ered for the	e organi	zation	ſ	Mag No
	by:								0-0	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		<u>.</u>						3a(ii) ⊇⊳	
Ь	If "Yes" to 3a(ii), are the related organization								_3b	
4	Describe in Part XIV the intended uses of the									
Pal	t VI Land, Buildings, and Equipn									
	Description of investment	(a) Cost or d basis (invest			or other (other)	•••	cumulati reciation		(d) Bool	alue .
				04313			colation	·		
	Land				<u>.</u>					
b	Buildings			1.64	4,362.	1.0	11,7	43.	63	2,619.
C	Leasehold improvements				8,070.		56,9		1,16	1,111.
	Equipment	<u> </u>			3,033.		$\frac{33}{23}$		13	9,666.
	Other Add lines 1a through 1e. (Column (d) must e	oual Form 990, Par	t X. colur	1				•	1,93	3,396.

Schedule D (Form 990) 2010

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Schedule D (Form 990) 2010	AMERICAN	PUBLIC	POWER	ASSOCIATION
Part VII Investments - O	ther Securities	S. See Form 9	90, Part X, II	ne 12.

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	10111 000,1 at 7, a		·····
. (a) Description of security or category (including name of security)	<b>(b)</b> Book value		l of valuation: year market value
(1) Financial derivatives			
(2) Closely-held equity interests	· · · · ·		······································
(3) Other		· · ·	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
()			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )	· · · · · ·		
Part VIII Investments - Program Related. Se	e Form 990, Part X, I	ine 13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation: year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	· · · ·		
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶		1	
Part IX Other Assets. See Form 990, Part X, line			
	Description		(b) Book value
(1) INVESTMENT IN SUBSIDIARY			1,454,727.
(2)			
(3)			
(4)			
(5)			
(6)	- ·		
(7)			
(8)			
(9)	···		
(10)	16.)	·	▶ 1,454,727.
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, I		· · · · · · · · · · · · · · · · · · ·	
	ine 20.	(b) Amount	
1. (a) Description of liability (1) Federal income taxes			
(1) Pedera income taxes (2) POST-RETIREMENT BENEFITS		2,254,708.	
(3) LIABILITY FOR PENSION BEN	EFTTS	6,335,605.	
(4) CAPITAL LEASE LIABILITY		186,545.	
(5) DEFERRED RENT		1,292,226.	
(6) (6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total, (Column (b) must equal Form 990. Part X. col (R) line	25)	10,069,084.	
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740)	the organization's financial	statements that reports the organization's liability	for uncertain tax positions under
032053			Schedule D (Form 990) 2010
		24	<b>, ,</b>

10031114 790809 53-0026315 2010.04050 AMERICAN PUBLIC POWER ASSOC 53-00221

_	dule D (Form 990) 2010 AMERICAN PUBLIC POWER ASSO <b>t XI</b> Reconciliation of Change in Net Assets from Form 990 to			cial Stat		0026315	aye
<u></u> 1	Total revenue (Form 990, Part VIII, column (A), line 12)	Auu			emen	16,099	.109
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		16,173	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			,439
4	Net unrealized gains (losses) on investments			4			,562
5	Donated services and use of facilities			5			<u></u>
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8		-416	,921
9	Total adjustments (net). Add lines 4 through 8			9			,641
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9		10			,798
a	t XII Reconciliation of Revenue per Audited Financial Stateme		Vith Reve	nue per	Retur		
1	Total revenue, gains, and other support per audited financial statements				1	16,526	,67
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
9	Net unrealized gains on investments	2a	42	7,562	•		
ь	Donated services and use of facilities	2b		·			
	Recoveries of prior year grants	2c		- · · · · · · ·			
d	Other (Describe in Part XIV.)	2d			1		
	Add lines 2a through 2d				2e	427	,56
3	Subtract line 2e from line 1				3	16,099	,109
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					· · · · · · · · · · · · · · · · · · ·	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
ь	Other (Describe in Part XIV.)	4b					
c	Add lines 4a and 4b				4c		1
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	16,099	,10
2 <sup>81</sup>	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents	With Expe	enses pe	er Retu		
1	Total expenses and losses per audited financial statements				1	16,590	,46
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					_	
9	Donated services and use of facilities	2a					
ь	Prior year adjustments	2b					
c	Other losses	2c				1	
d	Other (Describe in Part XIV.)	_2d	41	6,921	•		
е	Add lines 2a through 2d				2e	416	
3	Subtract line 2e from line 1				3	16,173	<u>,54</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b	_4a					
Ь	Other (Describe in Part XIV.)	_4b				1	
c	Add lines 4a and 4b				4c		(
<u>5</u>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	16,173	,54
<u>al</u>	t XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II						4; Pa
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						
AF	RT X, LINE 2: APPA IS EXEMPT FROM THE PAYM	ENT	OF FED	ERAL	INCO	ME	
						<b></b>	
<u>A</u>	XES ON ITS EXEMPT ACTIVITIES UNDER 501(C)(	<u>)</u>	F THE	INTER	NAL	REVENUE	
∩г	DE. APPA IS SUBJECT TO INCOME TAXES ON ITS	UNE	ET.ATED	BUST	NESS	ΔΟΨΤΥΤ	ייד דיי
<u>_</u>	. MIR ID DODUECT TO INCOME TAKED ON TID		لانتعمي		1100	101101	
ъq	MIMARILY ADVERTISING).						
PI	A BELIEVES THAT IT HAS APPROPRIATE SUPPORT	r_FC	R ANY	INCOM	E TA	X POSIT	ION
				NOOND			
	XEN, AND THEREFORE, DID NOT IDENTIFY ANY UN	NCEF	TAIN I	NCOME		POSITIO	UNS
HZ	AT ARE MATERIAL TO THE CONSOLIDATED FINANC	IAL	STATEM	ENTS.	AT	A MINIM	UM,
205/					Sche	dule D (Form 9	90) 2
2054	25						
31	114 790809 53-0026315 2010.04050 AMERIC	AN		POWER	A SA	SOC 53-0	022

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	<u> </u>		. <u> </u>			
				<u>_,,</u> ,		
						·····
					e <u>.</u>	
						,
PART XIII, AOCI ADJUST	LINE 2D - OTHE MENT	R ADJUSTMENTS	:			416,
AOCI ADJUST	MENT					
PART XII, L	INE 2D - OTHER	ADJUSTMENTS:				
PENSION CHA	NGES	· · · · · · · · · · · · · · · · · · ·				
	NE 8 - OTHER A	ADJUSTMENTS:				
TAXING AUTH					_	
THE DECEMBE	R 31, 2007 THR	ROUGH 2010 TAX	YEARS	ARE OPE	N FOR	EXAMINATION B

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SCHEDULEI									OMB No 1	545-0047
(Form 990)				l Other Assistance s. and Individuals	-				20.	10
									20	I U
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  Attach to Form 990.									Public
				Attach to For	m 990.				Inspec	<u>.</u>
Name of the organization	AMERICAN	PUBLIC PO	WER ASSOCIA	TON				Employer ic	53-002	
Part I General Inform	mation on Grants a							<u> </u>	55-002	20315
1 Does the organizatio	n maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibili	ty for the grants or ass	sistance, and the selec	tion		
criteria used to awar					g	, g			X Yes	
2 Describe in Part IV th	ne organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.					
Part II Grants and Of	ther Assistance to	Governments and	Organizations in the	e United States. C	omplete if the org	anization answered "	res" to Form 990, Part	IV, line 21, fo	or any	
recipient that r	eceived more than	\$5,000. Check this	box If no one recipier	nt received more th	an \$5,000. Part I		additional space is nee	ded		
1 (a) Name and addres or govern		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non•cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance		urpose of g assistance	
		<u> </u>				other)				
ALAMEDA MUNICIPAL PO	WPD									
PO BOX H, 2000 GRAND										
ALAMEDA, CA 94501	, SIREEI	94-2951628		10,000.	0.			DEED DEOT		2)100
ADATEDA, CA 94301		54-2551020		10,000.	0.	,		DEED PROJ	ECT PAIM	ENT.
AMERICAN MUNICIPAL P	OWER-OHTO							1		
INC DEPARTMENT L6	•									
OH 43260	,	31-0943223		45,000.	0.			DEED PROJ	ECT PAYM	ENT
						·				
ELECTRICITIES OF NOR	TH CAROLINA									
1427 MEADOWWOOD BLVD	. PO BOX 29513					ļ				
RALEIGH, NC 27626		56-1942763		16,500.	0.			DEED PROJ	ECT PAYM	ENT
GAINESVILLE REGIONAL	, UTILITIES									
PO BOX 147117 STATIO	N A105									
GAINESVILLE, FL 3261	.4	59-1499620		15,000.	0.	· · · · · · · · · · · · · · · · · · ·	· · · - · - · · -	DEED PROJ	ECT PAYM	ent
OMAHA PUBLIC POWER D	DISTRICT	}								
444 S. 16TH STREET										
OMAHA, NE 68102		47-6000369		38,865.	0.	·		DEED PROJ	ECT PAYMI	ENT
PASADENA WATER AND P	OWER						ĺ			
150 S. LOS ROBLES AV				]		j				
PASADENA, CA 91101	1, 1200	95-6000759		12,500.	0.			DEED PROJ	-	PNT
2 Enter total number o	f section 501(c)(3) a			12,500.	L0.	· <u>l</u>	L		SCI PAIMI	14.
3 Enter total number o			ganzalivits							0.
LHA For Paperwork Re			ions for Form 990.	· ·				Schedu	le I (Form 9	990) (2010)

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## Schedule I (Form 990) AMERICAN PUBLIC POWER ASSOCIATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLATTE RIVER POWER AUTHORITY							
2000 E. HORSETOOTH ROAD							
FORT COLLINS, CO 80525	84-0642436		22,500.	0.			DEED PROJECT PAYMENT
PRINCETON MUNICIPAL UTILITIES							
2 SOUTH MAIN STREET	)						
PRINCETON, IL 61356	36-6006056		6,250.	0.			DEED PROJECT PAYMENT
SACRAMENTO MUNICIPAL UTILITY							
DISTRICT - PO BOX 15830 -							
SACRAMENTO, CA 95852	94-6001157		34,500.	0.			DEED PROJECT PAYMENT
SCOTTSBURG MUNICIPAL ELECTRIC							
UTILITY - 2 EAST MCCLAIN AVENUE -	25 6001180		E1 906	0			DEED DECTECH DAVNENM
SCOTTSBURG, IN 47170	35-6001189		51,896.	0.			DEED PROJECT PAYMENT
CITY UTILITIES OF SPRINGFIELD							
PO BOX 551							
SPRINGFIELD, MO 65801	44-0553154	· <u> </u>	7,500.	0.	· · · · · · · · · · · · · · · · · · ·		DEED PROJECT PAYMENT
TENNESSEE VALLEY AUTHORITY							
DEPT 888018							
KNOXVILLE, TN 37995	62-0474417		15,413.	0.			DEED PROJECT PAYMENT
UNIVERSITY OF LOUISIANA-LAFAYETTE							
FOUNDATION - PO BOX 43850 -			6 6 6 6 6				
LAFAYETTE, LA 70504	72-6023836	501(C)(3)	6,234.	0.			DEED PROJECT PAYMENT
WAVERLY LIGHT AND POWER							
DO DOV 200 100 3D3WG D3DWW3V							
PO BOX 329, 100 ADAMS PARKWAY			12,500.	0.	1	1	DEED PROJECT PAYMENT

Schedule I (Form 990)

### Schedule I (Form 990) (2010) AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS (DEED PROJECT PAYMENT)	9	9,799.	0.		
				······································	
				· · · · · · · · · · · · · · · · · · ·	
Part IV Supplemental Information. Complete this part to prov	Ide the information	n required in Part I,	line 2, and any other	r additional information.	
SCHEDULE I, PART I, LINE 2: A FINA	L REPORT	ON THE PR	OJECT, DES	CRIBING	
ACTIVITIES, COST, BIBLIOGRAPHY, AC	CHIEVEMEN	TS, PROBLE	MS, RESULT	S, AND	
RECOMMENDATIONS, AND A FOUR-PAGE	SUMMARY A	BSTRACT AR	RE REQUIRED	AT THE	
CONCLUSION OF ALL DEED-SPONSORED	GRANT PRO	JECTS.			
THE ORGANIZATION MAKES GRANTS AKIN	и то ссно	LARSHIPS A	AS PART OF	THE DEED	

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PROGRAM.

•	-							
sc	SCHEDULE J Compensation Information							
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	- 0	110	<b>`</b>			
<b>.</b>	,		υιι	J				
Dapa	Complete if the organization answered "Yes" to Form 990, Part IV, line 23.							
Interr	rtment of the Treasury al Revenue Service	Attach to Form 990. See separate instructions.		pection				
Nan	ne of the organizatio		mployer identific		ımber			
		AMERICAN PUBLIC POWER ASSOCIATION	53-00263	315				
Pa	rt I Question	s Regarding Compensation			T			
4.		unte la culta d'inferio a constructione a constato de fallo cura de conferio e persona linte d'un Forme Ol		Yes	No			
1d		ate box(es) if the organization provided any of the following to or for a person listed in Form 99 line 1a. Complete Part III to provide any relevant information regarding these items.	,0,					
	First-class or c		aluse					
	Travel for com							
		cation and gross-up payments Health or social club dues or initiation fees						
		spending account Personal services (e.g., maid, chauffeur, chu	ef)					
	<u> </u>							
ь	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	•	provision of all of the expenses described above? If "No," complete Part III to explain	1	ь Х	1			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all officers, direc	tors,		T			
	trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?		X				
3	Indicate which, if a	ny, of the following the organization uses to establish the compensation of the organization's						
	CEO/Executive Dire	ector. Check all that apply.						
	X Compensation	n committee X Written employment contract			1			
	X Independent	compensation consultant X Compensation survey or study						
	X Form 990 of a	ther organizations	nmittee					
4	During the year, die	d any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing						
	•	elated organization:						
a		ce payment or change-of-control payment from the organization or a related organization?	4		X X			
Þ	-	ceive payment from, a supplemental nonqualified retirement plan?	4		$\frac{\Lambda}{X}$			
C	•	ceive payment from, an equity-based compensation arrangement?	4	<u>c</u>	<b></b>			
	It "Yes" to any of II	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1					
	Only contine 501/	a)/2) and 501/a)/4) arganizations must complete lines 5-9						
5		c)(3) and 501(c)(4) organizations must complete lines 5-9. In Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the							
а	The organization?		5	a	1			
-	Any related organiz	zation?	F	b	1			
-		or 5b, describe in Part III.			1			
6		in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		[				
	contingent on the r							
а	The organization?	-	6	a 📃				
	Any related organiz	ration?	6	Ь				
		or 6b, describe in Part III.						
7	For persons listed	in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments						
	not described in lin	es 5 and 6? If 'Yes,' describe in Part III		<u> </u>	<u> </u>			
8	Were any amounts	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	(	1				
	-	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		3				
9		id the organization also follow the rebuttable presumption procedure described in						
	Regulations section	n 53.4958-6(c)?		)				
	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule J (Fo	orm 990	) 2010			

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53-0026315

Page 2

### Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on, row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

<b>(A)</b> Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D) Nontaxable	(E)	(F)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	(i)	429,653.	89,000.	69,060.	65,500.	14,687.	667,900.	0.
1 PHILLIP M. CRISSON	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	122,615.	3,203.	161.	25,724.	3,078.	154,781.	0.
2 HARRY R. OLIBRIS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	282,498.	21,168.	11,261.	37,271.	22,261.	374,459.	0.
3 JAMES NIPPER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	262,230.	21,604.	1,638.	55,448.	4,857.	345,777.	0.
4 SUE KELLY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	243,879.	19,309.	2,503.	48,387.	13,533.	327,611.	0.
5 JEFFREY J. TARBERT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	212,421.	16,915.	470.	52,241.	21,631.	303,678.	0.
6 MIKE HYLAND	<u>(ii)</u>	0.	0.	0.	0.	0.	0.	0.
	(i)	180,747.	4,477.	_1,135.	47,072.	7,831.	241,262.	0.
7 ALLEN MOSHER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	181,515.	5,008.	223.	35,886.	16,533.	239,165.	0.
8 JOY DITTO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	154,337.	3,604.	346.	26,066.	16,051.	200,404.	0.
9 NATHAN MITCHELL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	133,734.	3,750.	815.	38,344.	14,612.	191,255.	0.
10 JEANNE LABELLA	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	137,075.	3,964.	1,202.	36,886.	11,368.	190,495.	0.
11 DIANNE MOODY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
12	(ii)							
	(i)							·
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2010

SCHEDULE O

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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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



AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number 53-0026315

FORM 990, PART VI, SECTION A, LINE 6: CLASSES OF MEMBERS OR STOCKHOLDERS

REGULAR MEMBERS ARE THE ONLY CLASS OF MEMBERSHIP ENTITLED TO ELECT THE

MEMBERS OF THE GOVERNING BODY, APPROVE SIGNIFICANT DECISIONS OF THE

GOVERNING BODY AND VOTE ON MATTERS BROUGHT BEFORE THE MEMBERSHIP, AND ALSO

TO PARTICIPATE FULLY IN THE AFFAIRS OF THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7A: ELECTION BY MEMBERS OR STOCKHOLDERS THE REGULAR MEMBERS SHALL ELECT MEMBERS OF THE BOARD OF DIRECTORS AND APPROVE PUBLIC POLICY POSITIONS OF THE ASSOCIATION ON MAJOR ISSUES AFFECTING PUBLIC POWER SYSTEMS. THE BOARD OF DIRECTORS MAY FILL ANY OTHER VACANCIES THAT OCCUR IN ITS ELECTED MEMBERSHIP BY APPOINTMENT OF INDIVIDUALS QUALIFIED TO FILL SUCH VACANCIES FOR THE REMAINING TERM OF THE POSITION.

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS

THE REGULAR MEMBERS HAVE THE RIGHT TO APPROVE AND RATIFY DECISIONS OF THE GOVERNING BODY. THE REGULAR MEMBERS APPROVE POLICY POSITIONS OF THE ASSOCIATION ON MAJOR ISSUES AFFECTING PUBLIC POWER SYSTEMS AND APPROVE OR DISAPPROVE CHANGES IN DUES AND SPECIAL ASSESSMENTS AND AMENDMENTS TO THE ASSOCIATIONS BYLAWS. ALL ACTIONS OF THE MEMBERSHIP OF THE ASSOCIATION SHALL BE APPROVED BY A MAJORITY VOTE WITH EACH REGULAR MEMBER CASTING ONE VOTE, UNLESS A REGULAR MEMBER REQUESTS AT THE TIME A VOTE IS TAKEN OR IMMEDIATELY THEREAFTER THAT A WEIGHTED VOTE BE TAKEN ON A PARTICULAR MATTER, IN WHICH CASE A MAJORITY OF THE WEIGHTED VOTES CAST SHALL BE REQUIRED FOR ACTION. REGULAR MEMBERS SHALL BE ASSIGNED VOTES PROPORTIONATE TO THE DUES PAYABLE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 012411

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Name of the organization	Employer identification number
AMERICAN PUBLIC POWER ASSOCIATION	53-0026315
BY SUCH MEMBER FOR THE CURRENT CALENDAR YEAR. THE SECRETA	RY SHALL ASSIGN
EACH REGULAR MEMBER ONE VOTE FOR EACH FIFTEEN THOUSAND DO	LLARS (\$15,000),
OR FRACTION THEREOF, OF DUES PAYABLE BY IT, WITH EACH REG	ULAR MEMBER BEING
ASSIGNED AT LEAST ONE VOTE.	

FORM 990, PART VI, SECTION B, LINE 11: THE PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990

A COMPLETE DRAFT OF FORM 990 WILL BE DISTRIBUTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: MONITORING THE CONFLICT OF

INTEREST POLICY

APPA HAS A CODE OF CONDUCT AND A CONFLICT OF INTEREST POLICY. THESE

POLICIES APPLY TO APPA'S DIRECTORS, OFFICERS AND STAFF TO AVOID ANY

INTEREST THAT CONFLICTS OR APPEARS TO CONFLICT WITH THE INTERESTS OF THE

ASSOCIATION OF THAT COULD REASONABLY BE DETERMINED TO HARM THE

ASSOCIATION'S REPUTATION. A CONFLICT OF INTEREST EXISTS IF ACTIONS BY A

DIRECTOR, OFFICER, OR STAFF MEMBER OF THE ASSOCIATION ARE, OR COULD

REASONABLY APPEAR TO BE, INFLUENCED DIRECTLY OR INDIRECTLY BY PERSONAL

INTERESTS, AFFILIATIONS OR ACTUAL OR POTENTIAL BENEFIT OR GAIN TO THE

INDIVIDUAL OR HIS OR HER IMMEDIATE FAMILY.

ANY INDIVIDUAL WHO MAY BE INVOLVED IN AN ISSUE OR TRANSACTION IN WHICH HE OR SHE HAS AN ACTUAL OR APPARENT CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PRESENT AT THAT PORTION OF THE MEETING OF THE BOARD OR ANY COMMITTEE OF THE BOARD AT WHICH THE ISSUE OR TRANSACTION IS CONSIDERED. THE INTERESTED INDIVIDUAL MAY, HOWEVER, ANSWER QUESTIONS REGARDING THE ISSUE OR TRANSACTION. THE MINUTES OF THE MEETING SHALL REFLECT THAT A DISCLOSURE WAS Schedule O (Form 990 or 990-EZ) (2010) 33 10031114 790809 53-0026315 2010.04050 AMERICAN PUBLIC POWER ASSOC 53-00221

Schedule O (Form 990 or 990-EZ) (2010) Page 2							
Name of the organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 53-0026315						
MADE AND THAT THE INTERESTED DIRECTOR, OFFICER, OR OTHER	INDIVIDUAL LEFT						
THE ROOM AND DID NOT PARTICIPATE IN THE DISCUSSION AND DI	D NOT VOTE ON THE						
ISSUE OR TRANSACTION.							

ANY DIRECTOR, OFFICER OR STAFF MEMBER WHO HAS A QUESTION AS TO WHETHER A PARTICULAR SET OF FACTS OR SITUATION GIVES RISE TO A POTENTIAL CONFLICT OF INTEREST MUST SEEK CLARIFICATION FROM THE ASSOCIATION'S GENERAL COUNSEL. IN ADDITION, BOARD MEMBERS AND SENIOR STAFF MUST FILL OUT ANNUAL DISCLOSURE STATEMENTS, WHICH ARE REVIEWED BY THE GENERAL COUNSEL. DIRECTORS, OFFICERS, AND STAFF HAVE AN ONGOING OBLIGATION TO DISCLOSE POTENTIAL OR ACTUAL CONFLICTS OF INTEREST IF THEY ARISE.

FORM 990, PART VI, SECTION B, LINE 15: PROCESS FOR DETERMINING

COMPENSATION

THE ORGANIZATION USES AN INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT A COMPENSATION ANALYSIS WHICH IS PRESENTED TO, DELIBERATED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND VOTED UPON BY THE FULL BOARD AT THE FALL BOARD MEETING. COMPENSATION FOR ALL STAFF POSITIONS IS REVIEWED EVERY THREE YEARS. THE CEO'S SALARY IS RE-EVALUATED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC TO THE EXTENT REQUIRED BY LAW.

FORM 990, PART XI, LIN	5, CHANGES IN NET ASSE	TS:
NET UNREALIZED GAINS O	INVESTMENTS:	427,562.
PENSION CHANGES		-416,921.
TOTAL TO FORM 990, PAR	XI, LINE 5	10,641.
032212 01-24-11		Schedule O (Form 990 or 990-EZ) (2010)
10031114 790809 53-002631	34 5 2010.04050 AMERICAN	N PUBLIC POWER ASSOC 53-00221

Schedule O (Form 990 or 990-EZ) (2010) Name of the organization	Page 2 Employer identification number
AMERICAN PUBLIC POWER ASSOCIATION	53-0026315
THE CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED BY	AN INDEPENDENT
ACCOUNTANT. THE ORGANIZATION DOES HAVE AN INDEPENDENT	AUDIT COMMITTEE
THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE A	UDIT OF ITS
FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPEND	ENT ACCOUNTANT
	<u>.</u>
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
	······································
032212	
35	Schedule O (Form 990 or 990-EZ) (2010)
031114 790809 53-0026315 2010.04050 AMERICAN PUBLIC	POWER ASSOC 53-00221

Page **2** 

1

• • •

### (Form 990)

## Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

OMB No 1545-0047 2010

Open to Public Inspection

Name of the organization

### AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number 53-0026315

\_\_\_\_

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

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity

Part II organizations during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		Yes	No
	_		í.				

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

Schedule R (Form 990) 2010

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	and of yoar		portion- cations?	amount in box	partnei	or Percentag 9 ownershi
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
HOMETOWN CONNECTIONS											
INTERNATIONAL, LLC -							ļ				
84-1428802, PMB 414, 1153			PUBLIC POWER,								
BERGEN PARKWAY, #M,	PUB PWR PRDS	DC	INC.		28,565.	241,795.		X	N/A	X	
								ļ			
							]	}	1		
							1	1			
									1		
					1						
							1		1		

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total Income	Share of end-of-year assets	Percentage ownership
PUBLIC POWER INCORPORATED - 52-2077067			AMERICAN				
1875 CONNECTICUT AVENUE NW #1200			PUBLIC POWER				
WASHINGTON, DC 20009	HOLDING COMPANY	DC	INCORPORATED	C CORP	28,565.	72,251.	100.00%
	-					·	
	-						

### Schedule R (Form 990) 2010 AMERICAN PUBLIC POWER ASSOCIATION

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

# 53-0026315 Page 3

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\*

ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
During the tax year, did the organization engage in any of the following transact	ions with one or more r	elated organizations listed	In Parts II-IV?	:		1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entit	ty			1a		X
b Gift, grant, or capital contribution to other organization(s)				1b		Х
c Gift, grant, or capital contribution from other organization(s)				1c		X
d Loans or loan guarantees to or for other organization(s)				1d		X
e Loans or loan guarantees by other organization(s)				<u>1e</u>	ļ	X
f Sale of assets to other organization(s)				1f		X
g Purchase of assets from other organization(s)				1 <u>g</u>		X
h Exchange of assets				1h		X
i Lease of facilities, equipment, or other assets to other organization(s)				<u>1i</u>		X
j Lease of facilities, equipment, or other assets from other organization(s)				1j	<u>}</u>	X
k Performance of services or membership or fundraising solicitations for other org	janization(s)			1k		X
I Performance of services or membership or fundraising solicitations by other org	anization(s)			11		X
m Sharing of facilities, equipment, mailing lists, or other assets				1m		X
n Sharing of paid employees				<u>1n</u>	X	ļ
Reimbursement paid to other organization for expenses				10	<u>}</u>	X
p Reimbursement paid by other organization for expenses				1p		2
q Other transfer of cash or property to other organization(s)				1q		ž
r Other transfer of cash or property from other organization(s)				1r_		Z
If the answer to any of the above is "Yes," see the instructions for information o	n who must complete t	his line, including covered	relationships and transaction thresholds.			
(a)	(b)	(c)	(D)			

(a) Name of other organization	<b>(b)</b> Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PUBLIC POWER, INC.	N	33,925.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

### Schedule R (Form 990) 2010 AMERICAN PUBLIC POWER ASSOCIATION

### 53-0026315 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	<b>(c)</b> Legal domicile (state or foreign		(d) (e) Are all partners section 501(c)(3) organizations? year asset		(1 Dispr tion allocat	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	n) enalor aging ner?
		country)	Yes	No		Yes	(Form 1065)	No

Schedule R (Form 990) 2010

(Rev. January 2011) Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

► X

0 1

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.

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

Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits

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.

Type or	Name of exempt organization	Employer identification number
print		52 0006215
Els but h	AMERICAN PUBLIC POWER ASSOCIATION	53-0026315
File by the due date for filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions. 1875 CONNECTICUT AVE • , NW, NO • 1200	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return		
Is For	Code	ls For					
Form 990	01	Form 990-T (corporation)			07		
Form 990-BL	02	Form 1041-A			08		
Form 990-EZ	03	Form 4720			09		
Form 990-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		·	11		
Form 990-T (trust other than above)	06	Form 8870			12		
<ul> <li>HARRY OLIBRIS</li> <li>The books are in the care of ► WASHINGTON, DC Telephone No.► (202) 467-2949</li> </ul>		5 CONNECTICUT AVE., 1 9 FAX No. ►	NW,	NO. 1200			
<ul> <li>If the organization does not have an office or place of business</li> </ul>	a in tha l la		·····	<b>&gt;</b>			
<ul> <li>If this is for a Group Return, enter the organization's four digit</li> <li>box</li> <li>if it is for part of the group, check this box</li> </ul>	<b>-</b>						
1 I request an automatic 3-month (6 months for a corporation							
AUGUST 15, 2011 , to file the exemp				The extension			
is for the organization's return for:							
<b>•</b> $\mathbf{X}$ calendar year $\underline{2010}$ or							
▶ tax year beginning	, an	d ending					
2 If the tax year entered in line 1 is for less than 12 months, o	heck reas	on: 🔲 Initial return 🗌 Final	l retur	n			
Change in accounting period							
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any					
nonrefundable credits. See instructions.			<u>3a</u>	\$	0.		
<b>b</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 overp	payment a	lowed as a credit.	3ь	\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required,					
by using EFTPS (Electronic Federal Tax Payment System).	See Instru	ctions.	3c	\$	0.		
Caution. If you are going to make an electronic fund withdrawal w	with this Fo	orm 8868, see Form 8453-EO and Form I	8 <u>879</u> -	EO for payment inst	ructions		
LHA For Paperwork Reduction Act Notice, see Instructions	5.	·		Form <b>8868</b> (Re	∍v. 1•2011)		
023841 01-03-11							
		A A					

10031114 790809 53-0026315

2010.04050 AMERICAN PUBLIC POWER ASSOC 53-00221

Form 8868 (Rev. 1-2011)					Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this bo	ж	• ••••	. 🕨 🔀
Note. Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously filed	Form	8868	
• If you are filing for an Automatic 3-Month Extension, comple					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies r	needed).	
Type or Name of exempt organization			Emp	loyer identifica	tion number
Print AMERICAN PUBLIC POWER ASSOC	IAT IO	N	5	3-002631	15
File by the extended Number, street, and room or suite no. If a P.O box, s					
due date for 1875 CONNECTICUT AVE., NW, 1				·	
return See City, town or post office, state, and ZIP code For a for instructions WASHINGTON, DC 20009	orelgn add	ress, see instructions.			
				· ··	
Enter the Return code for the return that this application is for (file	a separa	te application for each return)	••••		01
Application	Return	Application			Return
ls For	Code	ls For			Code
Form 990	01		9776 N	Sector Space	
Form 990-BL	02	Form 1041-A			8
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a previou	sly file	ed Form 8868.	
HARRY OLIBRIS					
• The books are in the care of $\blacktriangleright$ –		N			
Telephone No. ► (202) 467-2949		FAX No. ►			
• If the organization does not have an office or place of business					
If this is for a Group Return, enter the organization's four digit					
box ► [] if it is for part of the group, check this box ► []		ch a list with the names and EINs of all 3ER 15, 2011.	memp	ers the extension	
	NOV BEI				
5 For calendar year 2010, or other tax year beginning		, and ending on: Initial return	Final r		······································
6 If the tax year entered in line 5 is for less than 12 months, c	neck rease		глаг	etum	
Change in accounting period					
7 State in detail why you need the extension THE INFORMATION NECESSARY TO I	TIF	A COMPLETE AND ACCUR	ATE	RETURN	HAS
NOT YET BEEN OBTAINED.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any		· · · · · · · · · · · · · · · · · · ·	
nonrefundable credits. See instructions		·····	8a	S	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment all					
previously with Form 8868.			8ь	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instru			8c	S	0.
Signa	ture an	d Verification			
Under penalties of perjury, Loteclare that, Phave examined this form, includi it is true, correct, and complete, and that I am authorized to prepare this fo			e best o	f my knowledge a	nd belief,
Signature Mula annuous Title > (			Date	. Ola Tal	ji i
Ungination of produce graves process 100000		<u> </u>			B (Bey 1,2011)

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Date > 8/10/01

Form 8868 (Rev 1.2011)

023842 01-24-11

Form	·99	0	Return of Organization Exempt From In Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co		омв № 1545-0047 2009
	tment of th		<ul> <li>benefit trust or private foundation)</li> <li>The organization may have to use a copy of this return to satisfy state</li> </ul>	e renorting requirements	Open to Public
			dar year, or tax year beginning , 2009, and ending		, 20
	eck if applical		C Name of organization AMERICAN PUBLIC POWER ASSOCIATION	D Employer identificat	ion number
	Address	use IRS tabel or	Doing Business As	53-0026315	
	Name chai	point or	Number and street (or P O box if mail is not delivered to street address) Room/s	uite E Telephone number	_
	Initial retur	n See	1875 CONNECTICUT AVE., NW 1200	(202) 467-29	49
	Terminated	Specific Instruc-	City or town, state or country, and ZIP + 4		
	Amended return	tions	WASHINGTON, DC 20009	G Gross receipts \$	17,107,414
	Application pending	' F Na	me and address of principal officer PHILLIP M. CRISSON	H(a) is this a group return affiliates?	for Yes X N
		1875	CONNECTICUT AVE., NW WASHINGTON, DC 20009	H(b) Are all affiliates includ	led? Yes N
	ax-exemp		X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or 527	lí "No," attach a list (s	see instructions)
<mark>۱ ا</mark>	Vebsite:	► HTTP	://WWW.APPANET.ORG	H(c) Group exemption num	
		rganization	X Corporation Trust Association Other  L Year of fe	ormation 1940 M State of	legal domicile DC
Pa	tl	Summary			
	1 Bri Pl	ef <mark>ly descril</mark> ROMOTIN	be the organization's mission or most significant activitiesG THE INTERESTS OF COMMUNITY-OWNED UTILITIES AC	ROSS THE	<b></b>
Governance		DUNTRY			
ů,					
Š	2 Ch	eck this bo	x F If the organization discontinued its operations or disposed of more than	25% of its net assets.	
	3 Nu	mber of vo	ting members of the governing body (Part VI, line 1a)		30
Activities &	4 Nu	mber of in	dependent voting members of the governing body (Part VI, line 1b)		30
ξ	<b>5</b> To	tal number	of employees (Part V, line 2a)	5	63
Å			of volunteers (estimate if necessary)		0
			nrelated business revenue from Part VH EDUTE IOV. Inc. 2	<mark>7a</mark>	278,482
2	b Ne	t unrelated	business taxable income from Form 990-T, line-34		28,956
	•		and grants (Part VIII, line 1h) & NOV 19 2010	Prior Year 513, 428.	Current Year 71,944
ane			and grants (Part VIII, line 1h) 8 NOV 19 2010	14,443,642.	14,442,774
evenue		-		235,540.	160,774
æ	11 Ot	ber revenu	come (Part VIII, column (A), lines 3, 4, and 3, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	534,796.	163,356
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,727,406.	14,838,848
			milar amounts paid (Part IX, column (A), lines 1-3)	561,797.	621,305
			to or for members (Part IX, column (A), line 4)	0.	0
penses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	6,680,069.	9,542,338
Expenses			iundraising fees (Part IX, column (A), line 11e)	0.	0
кре К			ing expenses, Part IX, column (D), line 25) ▶		
ώ,			es (Part IX, column (A), lines 11a-11d, 11f-24f)	9,132,562.	6,373,341
	18 To	tal expense	es Add lines 13-17 (must equal Part IX, column (A), line 25)	16,374,428.	16,536,984
	19 Re	evenue less	expenses Subtract line 18 from line 12	-647,022.	-1,698,136
ces				Beginning of Year	End of Year
Assets or d Balances	<b>20</b> To	tal assets (	Part X, line 16)	8,997,588.	9,737,812
AS B B B	<b>21</b> To	tal liabilitie	s (Part X, line 26)	17,122,416.	16,830,696
Fund /	22 Ne	et assets or	fund balances Subtract line 21 from line 20.	-8,124,828.	-7,092,884
Pa	rt (I	Signatur	e Block		
	U	nder penalti	s of perjury, I declare that I have examined this return, including accompanying schedule	s and statements, and to the	best of my knowledg
	a	nd believ iv	is true, correct, and complete. Declaration of preparer (other than officer) is based on a	I information of which prepa	rer/has any knowledg
	ign 📔	<b>★</b> #	my ser		
H	ere	▼ Stegna¥u	re of officer		
		HA	RRYR. OLIBRIS VICE		
		Type or	print narde and title		
Paid		reparer's	had A M AA		
	1 9	ignature	A DOAL OF L'E LOOKKING A		
		<u> </u>	Cherry Comment		
	arer's F	<u> </u>	graver GRAVE THORNTON LLP		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instr JSA 9E1010 3 000 71842E 649C 11/12/2010 2:38:10 PM

orm	990 (2009)			53-0026315	Pa
_	rt III Statement of Program Ser	vice Accomplishments	3		
	Briefly describe the organization's m ATTACHMENT 2				
-		· · · · · ·		· · · · ·	
	Did the granization undertake on			ar which were not lated as	
1	Did the organization undertake any the prior Form 990 or 990-EZ? If "Yes," describe these new service: Did the organization cease conduc	s on Schedule O	••••••	l	Yes X
:	services? If "Yes," describe these changes on	Schedule O		[	Yes X
	Describe the exempt purpose achie Section 501(c)(3) and 501(c)(4) org allocations to others, the total exper	anizations and section	4947(a)(1) trusts are re	equired to report the amount of g	
	(Code) (Expenses \$)			) (Revenue \$	)
	SPECIALIZED WORKSHOPS,				
	ON RATE DESIGN, POLICY				
	ACCOUNTING, COST SERVIC	ES, ETC.			
		······			
		<u></u> .	<u> </u>		
-					
•					
b	(Code) (Expenses \$ _	includir	ng grants of \$	) (Revenue \$	)
	MEMBER SERVICES: INFORM				
	AND ANALYSIS, ON LEGISL				
	TECHNICAL AND STATISTIC	AL ISSUES.			
	·····	· · · · · · · · · · · · · · · · · · ·			
				······································	
		• • • • •			
			· · · · · · · · · · · · · · · · · · ·		
	(Code ) (Expenses PUBLICATIONS: BI-MONTHL		grants of \$	) (Revenue \$	)
	NEWSLETTER, SPECIALIZED	•			
	HUMAN RESOURCES, COMMUN				
	AND DEVELOPMENT.			· · ·	
			<b></b>		• <u>••</u> •••••••••••••••••••••••••••••••••
		· · · · · · · · · · · · · · · · · · ·			
					,,,
	<u></u>				
_	Other program conjugate (Decembe	in Schedule O)			
	Other program services (Describe			• ·	
		ing grants of \$	) (Revenue S	\$)	<u> </u>

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•				
Form 9	90 (2009) 53-0026315		F	Page 3
Part				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		<u>X</u>
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
_	Schedule C, Part II	4		
	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_	v	1
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X	
	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ū	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	- <b>-</b>	· · ·	
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-		
	quasi-endowments? If" Yes," complete Schedule D, Part V.	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	Ş.		
٠	Did the organization report an amount for investments-other-securities in Part X, line 12 that is 5% or more	12.13		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	95.4	から	
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	15.5	(平)	
٠	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	5		2.25
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			544
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	6. 1.7		
•	Aba annonimetranla trabitity for uncertain terr annihilana uncher Elli 400 (f. 1)/an II annihila Ochodula D. Dad V.	1.4		14. 14.
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
12	complete Schedule D, Parts XI, XII, and XIII	12	<u>1</u> 85	X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	<b>د</b> بر	(7)÷-3	N.S.
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	-		
		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	l	X

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Part				<u>ugo .</u>
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		<u>X</u>
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d DE o	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		
5	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	······································	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part N.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	28c		x
29	Part IV	280		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	<u> </u>	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
• •	Schedule R, Part V, line 2	35	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	Ì		1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
		1	<u> </u>	L

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Par				<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns Enter -0- if not applicable		德国	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	<b>24.00</b> (766)
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	NY Y		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 63			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	्र क्रुच्च
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	12. 3		-391
_	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		1 X	200
	this return?	3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	~	
4 a	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	4a		x
h	account)? If "Yes," enter the name of the foreign country ►	40	155	-
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1.3	<b>外降</b>	
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		X
	Organizations that may receive deductible contributions under section 170(c).	ĕ,		1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1. S.		
	and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
Ч	If "Yes," indicate the number of Forms 8282 filed during the year		1	To Same
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			14 A.
U	benefit contract?	7e	,	الشدينة ا ا
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	, <u>,</u>	Ť	1.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		_	
	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter	.		
	Initiation fees and capital contributions included on Part VIII, line 12	.		<b>[</b>
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		~	
11	Section 501(c)(12) organizations. Enter		· ·	
	Gross income from members or shareholders	- , ,		]-
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
122	amounts due or received from them )	12a		··'
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		· · ·	
		·		

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 71 for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, o Schedule O. See instructions.			
Sect	tion A. Governing Body and Management			
			Yes	No
1а Б	Enter the number of voting members of the governing body1a30Enter the number of voting members that are independent1b30		-	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	x	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		/	
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			х
	tion B. Policies (This Section B requests information about policies not required by the Internal enue Code.)			

100				<b></b>
		·	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	_	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	}		
	form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b				
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	1
15	Did the process for determining compensation of the following persons include a review and approval by	-		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a				
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
~	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure		•	<u></u>
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only	)	
	available for public inspection indicate how you make these available. Check all that apply		,	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public			
20		ho		
20	State the name, physical address, and telephone number of the person who possesses the books and records of to organization. ► HARRY OLIBRIS 1875 CONNECTICUT AVE., NW, SUITE 1200 WASHINGTON,	DC	2000	29
	(202) 467-2949			
JSA		Form	990	(2009)

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53-0026315

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee.

hours per week         nours p	(A) Name and Title	(B) Average	Posi	10n (		C) kall	that and	-N)	(D) Reportable	(E) Reportable	(F) Estimated
TREASURER       1.00       X       0       0       0       0         GEORGE CAAN       1.00       X       0.0       0       0         MARC GERKEN       1.00       X       0.0       0       0         CHATR-ELECT       1.00       X       0.0       0       0         WILLIAN CARROLL       0       0       0       0       0         DIRECTOR       1.00       X       0.0       0       0         LONNIE CARTER       0.0       0       0       0       0         DIRECTOR       1.00       X       0.0       0       0		hours per			Officer				compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
GEORGE CAAN         1.00         X         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0											
DIRECTOR         1.00         X         0.0         0         0           MARC GERREN         1.00         X         0.0         0         0           CHAIR-ELECT         1.00         X         0.0         0         0           DIRECTOR         1.00         X         0.0         0         0           DIRECTOR         1.00         X         0.0         0         0           LONNIE CARTER         0.0         0         0         0         0           DIRECTOR         1.00         X         0.0         0         0           DIRECTOR         1.00         X         0.0         0         0           DIRECTOR         1.00         X         0.0         0         0           PHYLLIS CURRIE         0.00         0         0         0         0         0           DIRECTOR         1.00         X         0.0         0         0         0         0           JIMED         1.00         X         0.0         0         0         0         0           JRECTOR         1.00         X         0.0         0         0         0         0         0		1.00	X						0.	0.	0.
MARC GERKEN         I.00 X         0.00         0.00           CHAIR-ELECT         1.00 X         0.00         0           WILLIAM CARROLL         DIRECTOR         1.00 X         0.00         0           DIRECTOR         1.00 X         0.00         0         0           LONNIE CARTER         DIRECTOR         0.00         0         0           DIRECTOR         1.00 X         0.00         0         0 <td>GEORGE CAAN</td> <td></td>	GEORGE CAAN										
CHAIR-ELECT         1.00         X         0         0         0         0           WILLIAM CARROLL         DIRECTOR         1.00         X         0         0         0         0           DIRECTOR         1.00         X         0         0         0         0         0           DIRECTOR         1.00         X         0         0         0         0         0           DIRECTOR         1.00         X         0         0         0         0         0           ALLEN CROWSER         1.00         X         0         0         0         0         0           DIRECTOR         1.00         X         0         0         0         0         0           DIRECTOR         1.00         X         0         0         0         0         0           JIM DAVIS         1.00         X         0         0         0         0         0           JAMES A. DICKENSON         1.00         X         0         0         0         0           JIMECTOR         1.00         X         0         0         0         0           JAMES A. DICKENSON         1.00 <t< td=""><td>DIRECTOR</td><td>1.00</td><td>X</td><td></td><td></td><td></td><td></td><td>1</td><td>0.</td><td>. 0</td><td>0.</td></t<>	DIRECTOR	1.00	X					1	0.	. 0	0.
WILLIAM CARROLL       1.00       x       0.0       0       0         DIRECTOR       1.00       x       0.0       0       0         LONNIE CARTER       1.00       x       0.0       0       0         DIRECTOR       1.00       x       0.0       0       0         ALLEN CROWSER       1.00       x       0.0       0       0         DIRECTOR       1.00       x       0.0       0       0         PHYLLIS       CURRIE       0       0       0       0         DIRECTOR       1.00       x       0.0       0       0         MEL DAVIS       1.00       x       0.0       0       0         DIRECTOR       1.00       x       0.0       0       0         JM DAVIS       1.00       x       0.0       0       0         DIRECTOR       1.00       x       0.0       0       0       0         JAMES A. DICKENSON       1.00       x       0.0       0       0       0         DIRECTOR       1.00       x       0.0       0       0       0       0         DIRECTOR       1.00       0.0	MARC GERKEN										
DIRECTOR         1.00         x         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	CHAIR-ELECT	1.00	X						0.	0	0.
LONNIE CARTER         1.00         X         0.0         0         0           DIRECTOR         1.00         X         0.0         0         0         0           ALLEN CROWSER         1.00         X         0.0         0         0         0           DIRECTOR         1.00         X         0.0         0         0         0           JIM DAVIS         1.00         X         0.0         0         0         0           DIRECTOR         1.00         X         0.0         0         0         0           JAMES A. DICKENSON         1.00         X         0.0         0         0         0           JAMES A. DICKENSON         1.00         X         0.0         0         0         0           DIRECTOR         1.00         X         0.0         0         0         0         0           DIRECTOR <t< td=""><td>WILLIAM CARROLL</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	WILLIAM CARROLL										
DIRECTOR         1.00         X         0.0         0         0           ALLEN CROWSER         1.00         X         0.0         0         0           DIRECTOR         1.00         X         0.0         0         0           PHYLLIS CURRIE         0.00         0         0         0         0           DIRECTOR         1.00         X         0.0         0         0           MEL DAVIS         1.00         X         0.0         0         0           DIRECTOR         1.00         X         0.0         0         0         0           JIM DAVIS         1.00         X         0.0         0         0         0         0         0           JIMECTOR         1.00         X         0.0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td>DIRECTOR</td> <td>1.00</td> <td>X</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR	1.00	X	1					0.	0.	0.
ALLEN CROWSER       0.00000000000000000000000000000000000	LONNIE CARTER								· · · · · · · · · · · · · · · · · · ·		
ALLEN CROWSER       0.00000000000000000000000000000000000	DIRECTOR	1.00	X						0.	0	0.
PHYLLIS CURRIE         1.00 X         0.00         0           DIRECTOR         1.00 X         0.00         0           MEL DAVIS         0.00         0         0           DIRECTOR         1.00 X         0.00         0           JIM DAVIS         0.00         0         0           DIRECTOR         1.00 X         0.00         0           MAROLD E. DEPRIEST         0.00         0         0           DIRECTOR         1.00 X         0.00         0           JAMES A. DICKENSON         0.00         0         0           DIRECTOR         1.00 X         0.00         0           DIRECTOR         1.00 X <td>ALLEN CROWSER</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td>	ALLEN CROWSER					1					
DIRECTOR       1.00 X       0.00       0         MEL DAVIS       1.00 X       0.00       0         DIRECTOR       1.00 X       0.00       0         JIM DAVIS       0.00       0       0         DIRECTOR       1.00 X       0.00       0         JIM DAVIS       0.00       0       0         DIRECTOR       1.00 X       0.00       0         JAMES A. DICKENSON       0.00       0       0         JAMES A. DICKENSON       0.00       0       0         DIRECTOR       1.00 X       0.00       0         PAULA J. DIFONZO       0.00       0       0         DIRECTOR       1.00 X       0.00       0         DIRECTOR       0.00       0.00       0	DIRECTOR	- 1.00	X						0.	0	0.
MEL DAVISDIRECTOR1.00 X00JIM DAVIS1.00 X00DIRECTOR1.00 X00HAROLD E. DEPRIEST1.00 X00DIRECTOR1.00 X00JAMES A. DICKENSON1.00 X00DIRECTOR1.00 X00JOEY DURELDIRECTOR00DIRECTOR1.00 X00DIRECTOR1.00 X00	PHYLLIS CURRIE										<del></del>
DIRECTOR       1.00       X       0.00       0         JIM DAVIS       1.00       X       0.00       0         DIRECTOR       1.00       X       0.00       0         HAROLD E. DEPRIEST       0.00       0       0       0         JAMES A. DICKENSON       0.00       0       0       0         DIRECTOR       1.00       X       0.00       0       0         PAULA J. DIFONZO       0.00       0       0       0       0         DIRECTOR       1.00       X       0.00       0       0         DIRECTOR       1.00       0.00       0	DIRECTOR	1.00	X						0.	0	0.
JIM DAVISDIRECTOR1.00 X0.000HAROLD E. DEPRIEST0.00 XDIRECTOR1.00 X0.000JAMES A. DICKENSON0.00 0DIRECTOR1.00 X0.00 0DIRECTOR1.00 X0.00 0PAULA J. DIFONZO0.00 0DIRECTOR1.00 X0.00 0	MEL DAVIS					<u> </u>				······	
DIRECTOR       1.00       X       0.00       0         HAROLD E. DEPRIEST       0.00       0       0       0         DIRECTOR       1.00       X       0.00       0       0         JAMES A. DICKENSON       1.00       X       0.00       0       0         DIRECTOR       1.00       X       0.00       0       0       0         PAULA J. DIFONZO       1.00       X       0.00       0       0       0       0         DIRECTOR       1.00       X       0.00       0       0       0       0       0       0       0         DIRECTOR       1.00       X       0.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0<	DIRECTOR	- 1.00	X						0.	0.	0
HAROLD E. DEPRIEST1.00 X0.00DIRECTOR1.00 X0.00JAMES A. DICKENSON1.00 X0.00DIRECTOR1.00 X0.00PAULA J. DIFONZO0.00DIRECTOR1.00 X0.00DIRECTOR1.00 X0.00	JIM DAVIS			-		+					
DIRECTOR       1.00       X       0.00       0         JAMES A. DICKENSON       1.00       X       0.00       0         DIRECTOR       1.00       X       0.00       0         PAULA J. DIFONZO       1.00       X       0.00       0         DIRECTOR       1.00       X       0.00       0         VILLIAM DOLLAR       0.00       0       0       0         DIRECTOR       1.00       X       0.00       0       0         JOEY DUREL       0.00       0       0       0       0       0         DIRECTOR       1.00       X       0.00       0       0       0	DIRECTOR	1.00	X						0.	0	0
JAMES A. DICKENSON1.00 X0.00DIRECTOR1.00 X0.00PAULA J. DIFONZO1.00 X0.00DIRECTOR1.00 X0.00WILLIAM DOLLAR0.00DIRECTOR1.00 X0.00DIRECTOR1.00 X0.00DIRECTOR1.00 X0.00DIRECTOR1.00 X0.00DIRECTOR1.00 X0.00DIRECTOR1.00 X0.00JOEY DUREL0.000DIRECTOR1.00 X0.00	HAROLD E. DEPRIEST										
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DIRECTOR1.00X0.000PAULA J. DIFONZO1.00X0.000DIRECTOR1.00X0.000WILLIAM DOLLAR1.00X0.000DIRECTOR1.00X0.000TERRY DRAPER1.00X0.000DIRECTOR1.00X0.000JOEY DUREL1.00X0.000DIRECTOR1.00X0.000VOLVEL0.0000DIRECTOR1.00X0.00VOLVEL0.0000DIRECTOR1.00X0.00VOLVEL0.000DIRECTOR1.00X0.00	JAMES A. DICKENSON	i									
PAULA J. DIFONZO1.00 X0.00DIRECTOR1.00 X0.00WILLIAM DOLLAR1.00 X0.00DIRECTOR1.00 X0.00TERRY DRAPER0.00DIRECTOR1.00 X0.00JOEY DUREL0.00DIRECTOR1.00 XDIRECTOR1.00 X	DIRECTOR	- 1.00	x						0.	0	0
DIRECTOR       1.00 X       0.00       0         WILLIAM DOLLAR       0.00       0       0         DIRECTOR       1.00 X       0.00       0         TERRY DRAPER       0.00       0       0         DIRECTOR       1.00 X       0.00       0         JOEY DUREL       0.00       0       0         DIRECTOR       1.00 X       0.00       0         KEVIN EASLEY       0.00       0       0			·			1					
WILLIAM DOLLARDIRECTOR1.00 X0.00TERRY DRAPER0.00DIRECTOR1.00 X0.00JOEY DUREL0.00DIRECTOR1.00 XDIRECTOR0.00VEVIN EASLEY0.00		1.00	x						0	0	0
DIRECTOR         1.00         X         0.         0         0           TERRY DRAPER         1.00         X         0.         0         0           DIRECTOR         1.00         X         0.         0         0         0           JOEY DUREL         1.00         X         0.         0         0         0           DIRECTOR         1.00         X         0.         0         0         0           KEVIN EASLEY         1.00         X         0.         0         0         0				<u> </u>	1						
TERRY DRAPERDIRECTOR1.00 X0.00JOEY DURELDIRECTOR1.00 X0.00KEVIN EASLEY0.00		1.00	x					İ	0	0.	0
DIRECTOR         1.00         X         0.         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td></td><td></td><td><u> </u></td><td> </td><td><del> </del></td><td></td><td></td><td>1</td><td></td><td></td><td></td></t<>			<u> </u>		<del> </del>			1			
JOEY DUREL DIRECTOR 1.00 X 0. 0 0 KEVIN EASLEY		1.00	x						0	0	0
DIRECTOR         1.00 X         0.00         0           KEVIN EASLEY         0         0         0         0					<del> </del>	1-					
KEVIN EASLEY			x						n	]	0
			+	<u> </u>	+	<del>  -</del>	+	-		<u> </u>	
	DIRECTOR	1.00	x					{	0	0	0

JSA

Form 990 (2009)

Form 990 (2009)								53-0026315		Page 8
Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	yee	es,	and H	ligt	nest Compensat	ed Employees	(continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	P or director	E Institutional trustee	chec Officer	all Key employee	a Highest compensated	È Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the organization and related
			e			ated				organizations
ROBERT P. JOHNSTON				<u> </u>						-
DIRECTOR	1.00	x						0.	(	o. o.
ROBERT V. JOLLY										
DIRECTOR	1.00	x						0.	(	ο.
STEVEN KLEIN										
DIRECTOR	1.00	х						0.	(	0.
DONALD E. KOM										
DIRECTOR	1.00	X						0.	(	0.
DAVE LOCK										
EX OFFICIO	1.00	Х						0.	(	0.
LARRY MUSICK										
DIRECTOR	1.00	X			1			0.	(	0.
JOE PACOVSKY										
DIRECTOR	1.00	X						0.	(	0.
BILL RADIO										
DIRECTOR	1.00	Х						0.	(	0.
J. GARY STAUFFER	-									
DIRECTOR	1.00	X						0.	(	). 0.
SHARON STAZ								_		
DIRECTOR	1.00	X	ļ					0.	(	0.
DAVID R. WALTERS				1						
DIRECTOR	1.00	X				ļ	<u> </u>	0.		0.
COLIN WHITLEY				ł			]			
DIRECTOR ,	1.00	X	<u> </u>	ļ	<u> </u>	<u> </u>		0.		0.
ROBERT E. WILLIAMS	1 1 00					1				
DIRECTOR	1.00	X	I		 		Ļ	0.		0. 0.
1b Total CONTINUED AT SCHEDULE J-		<u></u>	<u> </u>	<u> </u>		· · · ·		2,362,969		323,311.
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 2!		ed a	bov	e) wh	o re	eceived more than	\$100,000 in	
reportable compensation from the organizatio		23	5						<u></u>	Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan \$	5150	0,00	)0?	lf "Y	′es,'	" complete Sched	lule J for such	4 X
5 Did any person listed on line 1a receiv										
services rendered to the organization? If "Yes,"										5 X
Section B. Independent Contractors	<u> </u>					E				
1 Complete this table for your five highest compensation from the organization	compensa	ted ir	nde	pen	den	t con	trac	tors that receive	d more than \$	100,000 of
(A)							Τ	(B)		(C)
Name and business add	lress							Description of se	ervices	Compensation
	<u> </u>					<b>-</b>				
		-								
2 Total number of independent contractors (i more than \$100,000 in compensation from th				nite	ed t	o tho: 0	se I	listed above) who	received	و مسلم بالمسلم المسلم المس المسلم المسلم br>المسلم المسلم
JSA										Form <b>990</b> (2009)
96 1050 2 000										

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Part	90 (ż VIII		nue			53-0026315		Page 9
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tay under sections 512, 513, or 514
and other similar amounts	1a b c d	Federated campaigns          Membership dues          Fundraising events          Related organizations	1b 1c 1d					
and other sin	e f g	Government grants (contribu All other contributions, gifts, gran and similar amounts not included Noncash contributions	ts, above 1f n lines 1a-1f \$				- - - - - - - - - - - - - - - - - - -	
Program Service Revenue	h_ 2a b c	Total. Add lines 1a-1f EDUCATION & TRAINING PUBLICATIONS & SUBSCRIPTI ANNUAL CONFERENCE		Business Code 541800 541800 541800	71,944 	1,794,935 519,780 593,900	278,482	
Program Sei	d e f g	All other program service rev Total. Add lines 2a-2f		541800 ▶	11,255,677	11,255,677		
	3 4 5	Investment income (includin other similar amounts) Income from investment of t Royalties	ax-exempt bond p	····►	147,854 0 			147,854
	6a b c d	Gross Rents Less. rental expenses Rental income or (loss) Net rental income or (loss).			0			
ŗ		Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	2,281,486 2,268,566 12,920	(II) Other				
venue	c d 8a	Net gain or (loss)	undraising	•••••	12,920			12,920
Other Revenue	b c 9a	See Part IV, line 18 Less: direct expenses Net income or (loss) from fur Gross income from gaming a	a b ndraising events .		0			an Bull an an
	b	See Part IV, line 19 Less direct expenses Net income or (loss) from ga	a b		0		· · ·	
1	10a b c	Gross sales of inventor returns and allowances Less cost of goods sold Net income or (loss) from sal	ory, less a		0	· · · · · - ·		
1	11a b	Miscellaneous Reven MISCELLANEOUS EMRI-ELECTORNIC MARKET		Business Code 900099 900099	159, 356 4,000	- 159, 356 4,000		
	c d e	All other revenue			163,356	· · · · ·		

Form 990 (2009)

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Part IX Statement of Functional Expenses

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### 53-0026315

Page **1**0

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 2.1	621,305.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,	1			
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
1	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	2,807,183.			
6	Compensation not included above, to disgualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	5,353,082.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	968,292.			
0	Payroll taxes	413,781.			
1	Fees for services (non-employees):				
а	Management	0.			
b	Legal	83,754.			
с		65,841.			
d	Lobbying	0.		<u> </u>	
e	Professional fundraising services See Part IV, line 17	0.	· · · · · · · · · · · · · · · · · · ·		
	Investment management fees	0.			
g	Other	0.			
2	Advertising and promotion	0.			
3	Office expenses	63,665.			
4	Information technology			······································	
5	Royalties	1,469,028.			
6	Occupancy	331,251.			
7	Travel		<u>.                                </u>		
8	Payments of travel or entertainment expenses	0.			
•	for any federal, state, or local public officials	1,914,015.			
9	Conferences, conventions, and meetings	0.		+	
20 21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	465,730.			1
3		0.		···-	
4	Other expenses Itemize expenses not			1	1
	covered above (Expenses grouped together				1
	and labeled miscellaneous may not exceed				1
	5% of total expenses shown on line 25 below )				
а	PRINTING	336,983.	·		
ь	TELECOM CAMPAIGN	351,958.			
	DUES AND MEMBERSHIPS	199,426.			
	REPAIRS AND MAINTENANCE	185,188.			
е	AUDIOVISUAL/FILMS/PHOTOS	166,220.			
f	All other expenses	740,282.			
	Total functional expenses. Add lines 1 through 241	16,536,984.			
	Joint Costs. Check here ► If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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Form	990	(2009)
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Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			513,812.	1	773,974.
	2	Savings and temporary cash investments	[		2		
	3	Pledges and grants receivable, net	[		3		
	4	Accounts receivable, net			242,487.	4	203,366.
	5	Receivables from current and former officers,					
		employees, and highest compensated employe	ees. C	complete Part II of			
		Schedule L				5	
	6	Receivables from other disqualified persons (a	as def	ined under section			
		4958(f)(1)) and persons described in section	4958	(c)(3)(B) Complete		. ]	
		Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net		[		7	
A SS	8	Inventories for sale or use		[		8	
	9	Prepaid expenses and deferred charges			213,299.	9	200,014.
	10a	Land, buildings, and equipment. cost or	10a	4,942,674.	· . ,	·	·. ·
	]	other basis Complete Part VI of Schedule D					. ·
	Ь	Less: accumulated depreciation	10b	2,684,744.	2,549,226.		2,257,930.
	11	Investments - publicly traded securities		4,008,209.	11	4,816,328.	
	12	Investments - other securities See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			1,470,555.		1,486,200.
	16	Total assets. Add lines 1 through 15 (must equal			8,997,588.		9,737,812.
	17	Accounts payable and accrued expenses		-	612,283.	<u> </u>	1,167,875.
	18	Grants payable			4 114 000	18	4 040 700
	19	Deferred revenue			4,114,600.	1	4,848,780.
	20	Tax-exempt bond liabilities				20	
Liabilities	21	Escrow or custodial account liability Complete		r		21	- 7 4
HIIO	22	Payables to current and former officers,		-	6.42		· · ·
Lial		employees, highest compensated employ			- 13	-	•
	23	persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelat			· · · · · ·	22 23	. <u>.</u>
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities Complete Part X of Schedule D.			12,395,533.		10,814,041.
	26	Total liabilities. Add lines 17 through 25		17,122,416.	-	16,830,696.	
		Organizations that follow SFAS 117, check here		Xand			
es		complete lines 27 through 29, and lines 33 and			•		
anc	27	Unrestricted net assets			-8,692,911.	27	-7,348,109.
3ala	28	Temporarily restricted net assets		568,083.	28	255,225.	
ğ	29	Permanently restricted net assets				29	····· "
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, che and complete lines 30 through 34.	ck he	re ▶ 🗌			
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ	upmer	nt fund		31	
ě	32	Retained earnings, endowment, accumulated inc				32	······································
Net	33	Total net assets or fund balances			-8,124,828.	33	-7,092,884.
	34	Total liabilities and net assets/fund balances			8,997,588.	34	9,737,812.

Form 990 (2009)

For	n 990 (2009)		Pa	ge <b>12</b>
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O		ĺ '	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis X Consolidated basis Both consolidated and separate basis			, ·
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE C	Political Campaign	and Lobbyin	g Activities	OMB No 1545-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Inc.	ome Tax Under sect	ion 501(c) and section 527	຺຺຺
	Complete if the org			
Department of the Treasury	► Attach to Form 990 or Form 9		arate instructions	Open to Public
Internal Revenue Service			·	Inspection
<ul> <li>Section 501(c)(3) org</li> </ul>	red "Yes," to Form 990, Part IV, line 3, or Fo anizations Complete Parts I-A and B. Do not cor	nplete Part I-C.		ies), then
	than section 501(c)(3)) organizations: Complete	e Parts I-A and C below	Do not complete Part I-B	
-	tions Complete Part I-A only red "Yes," to Form 990, Part IV, line 4, or Fo	rm 990-E7 Part VI line	47 (Lobbying Activities) then	
•	anizations that have filed Form 5768 (election			olete Part II-B
	anizations that have NOT filed Form 5768 (ele			
	red "Yes," to Form 990, Part IV, line 5 (Proxy 1			
-	), or (6) organizations Complete Part III			
Name of organization			Employer identifi	cation number
	POWER ASSOCIATION		53-002	
Part I-A Complete	e if the organization is exempt unde	r section 501(c) or	r is a section 527 organ	zation.
1 Provide a descript	ion of the organization's direct and indired	t political campaign	activities in Part IV	
2 Political expenditu	res			· · · · · · · · · · · · · · · · · · ·
3 Volunteer hours				• ****
	· · · · · · · · · · · · · · · · · · ·			
	e if the organization is exempt under			
	of any excise tax incurred by the organiza			
	of any excise tax incurred by organization			
<ul> <li>3 If the organization</li> <li>4a Was a correction r</li> </ul>	incurred a section 4955 tax, did it file For	-		
b If "Yes," describe it				Yes No
	e if the organization is exempt unde	er section 501(c), e	except section 501(c)(3)	•
	directly expended by the filing organization			······································
			· ·	
	of the filing organization's funds contribute		ions for section	
527 exempt funct	on activities			
3 Total exempt fund	tion expenditures. Add lines 1 and 2 E	nter here and on Fo		
	nization file Form 1120-POL for this year?			
	addresses and employer identification nun			
	ach organization listed, enter the amoun ons received that were promptly and dire			
	r a political action committee (PAC) If add			
(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-
		-		
		-		
		-		
For Demonstration of Disco	ork Reduction Act Natice see the Instructions for E		Schadul	e C (Form 990 or 990-EZ) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ JSA 9E1264 2 000

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Sct	nedule C (Form 990 or 990-EZ) 2009	53-0	026315	Page 2
Pa	art II-A Complete if the organization under section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ction
A B		belongs to an affiliated group. checked box A and "limited control" provisi	ions apply.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a b c d f	Total lobbying expenditures to influence           Total lobbying expenditures (add lines 1           Other exempt purpose expenditures	public opinion (grass roots lobbying)		
	If the amount on line 1e, column (a) or (b) is: 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	The lobbying nontaxable amount is:           20% of the amount on line 1e           \$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	-	
g h j	Grassroots nontaxable amount (enter 25 Subtract line 1g from line 1a. If zero or le Subtract line 1f from line 1c If zero or le If these is an amount other than zero on	% of line 1f)	Form 4720 reporting	Yes 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	(e) Total					
2a Lobbying non-taxable amount										
b Lobbying ceiling amount (150% of line 2a, column (e))	. <i>i</i>									
c Total lobbying expenditures										
d Grassroots nontaxable amount										
e Grassroots ceiling amount (150% of line 2d, column (e))		· -								
f Grassroots lobbying expenditures										

Schedule C (Form 990 or 990-EZ) 2009

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Schedule C (Form 990 or 990-EZ) 2009
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53-0026315

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

		(a	a)		(	(b)	
		Yes	No		Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of						
a	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c d	Media advertisements? Mailings to members, legislators, or the public?						
e	Publications or published or broadcast statements?						<u> </u>
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	:			i		
i	Other activities? If "Yes," describe in Part IV						
j	Total. Add lines 1c through 1i			<u> </u>			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						;
b	If "Yes," enter the amount of any tax incurred under section 4912				<u> </u>	·	<u> </u>
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)		ectio	 n		_ <u></u> ``
	501(c)(6).	(0)(0)	, 01 3	,cono			
			_			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	- 1	X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?						X
Ра	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A						
	"Yes."	, inte	J 15 č	mswe	neu		
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
	expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ due if notices were part and the amount on line 2e average the amount of line 2 what parts	-		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible l						
	and polytical expenditure port year?		Ũ	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	· · ·	· · ·	5			<b>.</b>
Ра	rt IV Supplemental Information						
	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C b, complete this part for any additional information CTION 6033 (E) NOTICE	, line	5, an	d Part	lł-₿,	line 1i	
SCI	HEDULE C, PART III						
THI	E AMERICAN PUBLIC POWER ASSOCIATION IS A SERVICE ORGANIZATION		<b>-</b>				
RE	PRESENTING MORE THAN 1,500 MUNICIPAL, COUNTY, AND STATE-OWNED E	LECT	RIC				
UT	ILITY SYSTEMS THROUGH DIRECT MEMBERS AND AFFILIATED ORGANIZATION	₩S					

Schedule C (Form 990 or 990-EZ) 2009

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Part IV Supplemental Information (continued)	······································	
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Schedule C (Form 990 or 990-EZ) 2009

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•	DULE D	9	Supplemei	ntal Financia	al Statemen	Its		OMB No 1545-0047
(Forn	n 990)		Complete if the	organization answ IV, line 6, 7, 8, 9, 1	ered "Yes," to Fo			2009
	nent of the Treasury Revenue Service			Form 990. ► See s		ons.		Open to Public Inspection
	f the organization					Emplo	oyer identifica	ation number
	ICAN PUBLIC					_	3-00263	
Part	Organiza the organ	tions Maintaini	ng Donor Advi ed "Yes" to For	sed Funds or Oth m 990, Part IV, lin	er Similar Fund	s or Accou	unts. Com	plete if
. <del></del>					dvised funds	(b)	) Funds and	other accounts
1 1	Fotal number at e	nd of vear					-	
	Aggregate contrib	-					<b>.</b>	
	Aggregate grants						_	
	Aggregate value a	•						
				dvisors in writing the e organization's exc				Yes 🗌 No
				nd donor advisors ii				
				enefit of the donor				
	ourpose conferring	g impermissible j	private benefit?	<u> </u>	<u></u>	<u></u>		Yes No
Part				the organization a		to Form 99	0, Part IV	, line 7.
1 1			-	organization (check		upp of op big	torioolly in	a actant land area
		f natural habitat	c use (e g , recre	ation or pleasure)		ion of a cert	-	nportant land area
	1 1	of open space						
2 (	Complete lines 2a	• •		d a gualified again		on in the for	m of a cor	nservation
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	easement on the			ad a quaimed consi	ervation contributi		Hold at th	- End of the Year
e	easement on the	last day of the tax	year	•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Held at th	ne End of the Year
е а -	easement on the l	last day of the tax onservation ease	ments			2a	Held at th	ne End of the Year
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a <sup>-</sup> b <sup>-</sup> c f	easement on the Total number of c Total acreage res Number of conser	last day of the tax onservation ease tricted by conser- vation easement	ments	nistoric structure inc		2a 2b 2c	Held at th	ne End of the Year
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a - b - c f d f 3 t 4 f 5 f 6 5 7 / 6 5 8 f 6 5 7 / 1 8 f 9 f 9 f 1 1 a f ( 0 1 1 2 f 1 2 f 1 1 2 f 1 1 2 f 1 1 3 t 1 5 f 1 1 3 t 1 5 f 1 1 3 t 1 5 f 1 1 3 t 1 5 f 1 1 5 f 1 5 br>5 1 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1	Total number of c Total acreage res Number of conser Number of conser Number of conser Number of conser Number of states Does the organizat violations, and en Staff and voluntee ► Amount of expense ► Amount of expense ► Does each conser 170(h)(4)(B)(i) and In Part XIV, describatance sheet, and the organization's Completed If the organization art, historical treasured provide, in Part XI If the organization historical treasured provide the follow (i) Assets included following amounts Revenues included	ast day of the tax onservation ease tricted by conser- rvation easement rvation easement rvation easement rvation easement where property se ation have a writte forcement of the er hours devoted ses incurred in m rvation easement d 170(h)(4)(B)(ii)? ibe how the organization d include, if applications Maintaining accounting for con- tions Maintaining e if the organization is sures, or other similar in elected, as per sures, or other similar unded in Form 99 ed in Form 990, For is required to be ri- d in Form 990, F	ments	historic structure inc acquired after 8/1 sferred, released, e rvation easement is ing the periodic mo sements it holds? ispecting, and enfor- ting, and enforcing e 2(d) above satisfy conservation easer of Art, Historical "Yes" to Form 99 FAS 116, not to re id for public exhibition for public exhibition s for sublic exhibition for sublic exhibition for sublic exhibition for sublic exhibition for sublic exhibition in a construction and statements and st	cluded in (a)	n, handling of easements ements during of section ne and expening nancial state <b>Dther Simil</b> ue statement r research in seatement ar research in statement ar	the organiz of s during the ing the year ing	zation during          Yes       No         Sance sheet works       Sance sheet works of a ce of public service         Sance sheet works of a ce of public service       Sance sheet works of a ce of public service         Yes       Yes       Yes         Yes       Yes       No         Yes       No       Yes         Yes       Yes       No         Yes       No       Yes         Yes       Yes       No         Yes       Yes       No         Yes       Yes       No         Yes       Yes       Yes         Yes       Yes       Yes

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-	ule D (Form 990) 2009				Page 2
Par	III Organizations Maintaining Col	lections of Art, Histor	rical Treasures,	or Other Similar I	Assets (continued)
3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and other records	, check any of the	following that are a	significant use of its
а		d	loan or excl	ange programs	
b	Scholarly research	e	Other	ango programo	
c	Preservation for future generation				
4	Provide a description of the organization's		how they further t	he organization's ex	empt purpose in
-	Part XIV.	conections and explain	now they further t	ne organization s ex	
E		t or rocowo donationa a	fort bistoriaal tra	actures or other com	lor
5	During the year, did the organization solic assets to be sold to raise funds rather than				
		-			
Par	IV Escrow and Custodial Arrange IV, line 9, or reported an amou			answered "Yes" to	Form 990, Part
1a	Is the organization an agent, trustee, custo		-		
	included on Form 990, Part X?			•••••	Yes No
b	If "Yes," explain the arrangement in Part X	V and complete the foll	owing table		
					Amount
С	Beginning balance				
d	Additions during the year				
е	Distributions during the year				
f	Ending balance				
2a	Did the organization include an amount or		217		Yes No
	If "Yes," explain the arrangement in Part X				
Par					
		urrent Year (b) Prior ye	ar (c) Two year	s back (d) Three ye	
1a	Beginning of year balance			، مرد در	and the state of the second
D					· · · · · · · · · · · · · · · · · · ·
С	Net investment earnings, gains,				
	and losses				
a	Grants or scholarships			·····	
е	Other expenditures for facilities .				
4	Administrative expenses				
t	Administrative expenses				*
9	End of year balance				
2	Provide the estimated percentage of the y				
а ь	Board designated or quasi-endowment	<u> </u>			
D	· · · · · · · · · · · · · · · · · · ·	6			
с 20	Term endowment > %			and administered fo	
Ja	Are there endowment funds not in the po-	session of the organiza	alion that are neid	and auministered to	Yes No
	organization by.				3a(i)
	(i) unrelated organizations				3a(ii)
Ь	(ii) related organizations				
	Describe in Part XIV the intended uses of	-			
4				V line 10	
Par	· · · · · · · · · · · · · · · · · · ·				(1) - ( )
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
- c	Leasehold improvements		1,644,36	2 893,179	. 751,183.
ď	Equipment		2,935,27		
e	Other	· · · · · · · · · · · · · · · · · · ·	363,03		
Tota	I. Add lines 1a through 1e. (Column (d) mu				
			,		

Schedule D (Form 990) 2009

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Part VII Investments - Other Securities. See Fo	orm 990. Part X lin	e 12.	
(a) Description of security or category	(b) Book value	(c) Method of valua	ation.
(including name of security)		Cost or end-of-year man	ket value
Financial derivatives			
Closely-held equity interests			
Other			
	<u>-</u>		
	<u> </u>		
			. <u></u>
			······
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )			· · · ·
Part VIII Investments - Program Related. See F	orm 990, Part X, lin	e 13.	
(a) Description of investment type	(b) Book value	(c) Method of value	
		Cost or end-of-year ma	rket value
	· · ·		
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, In	ne 15.		
	Description		(b) Book value
ART WORK			31,473
INVESTMENT IN SUBSIDIARY			1,454,727
		· · · · · · · · · · · · · · · · · · ·	1,486,200
Part X Other Liabilities. See Form 990, Part X	, line 25.	· · · · · · · · · · · · · · · · · · ·	1,486,200
Part X         Other Liabilities. See Form 990, Part X           1.         (a) Description of liability			1,486,200
Part X         Other Liabilities. See Form 990, Part X           1.         (a) Description of liability           Federal income taxes         (a) Description of liability	, line 25. (b) Amount	· · · · · · · · · · · · · · · · · · ·	1,486,200
Other Liabilities. See Form 990, Part X           1.         (a) Description of liability           Federal income taxes         ACCRUED LEAVE	, line 25. (b) Amount 639, 158	· · · · · · · · · · · · · · · · · · ·	1,486,200
Part X         Other Liabilities. See Form 990, Part X           1.         (a) Description of liability           Federal income taxes         ACCRUED LEAVE           POST-RETIREMENT BENEFITS	, line 25. (b) Amount 639, 158 2, 127, 749		1,486,200
Part X         Other Liabilities. See Form 990, Part X           1.         (a) Description of liability           Federal income taxes         ACCRUED LEAVE           POST-RETIREMENT BENEFITS         LIABILITY FOR PENSION BENEFITS	, line 25. (b) Amount 639, 158 2, 127, 749 6, 404, 663		1,486,200
Part X         Other Liabilities. See Form 990, Part X           1.         (a) Description of liability           Federal income taxes         ACCRUED LEAVE           POST-RETIREMENT BENEFITS         LIABILITY FOR PENSION BENEFITS           CAPITAL LEASE LIABILITY         CAPITAL LEASE LIABILITY	, line 25. (b) Amount 639, 158 2, 127, 749 6, 404, 663 339, 092		1,486,200
Part X         Other Liabilities. See Form 990, Part X           1.         (a) Description of liability           Federal income taxes         ACCRUED LEAVE           POST-RETIREMENT BENEFITS         LIABILITY FOR PENSION BENEFITS           CAPITAL LEASE LIABILITY         CAPITAL LEASE LIABILITY	, line 25. (b) Amount 639, 158 2, 127, 749 6, 404, 663		1,486,200
Part X         Other Liabilities. See Form 990, Part X           1.         (a) Description of liability           Federal income taxes         ACCRUED LEAVE           POST-RETIREMENT BENEFITS         LIABILITY FOR PENSION BENEFITS           CAPITAL LEASE LIABILITY         CAPITAL LEASE LIABILITY	, line 25. (b) Amount 639, 158 2, 127, 749 6, 404, 663 339, 092		1,486,200
Part XOther Liabilities. See Form 990, Part X1.(a) Description of liabilityFederal income taxesACCRUED LEAVEPOST-RETIREMENT BENEFITSLIABILITY FOR PENSION BENEFITSCAPITAL LEASE LIABILITY	, line 25. (b) Amount 639, 158 2, 127, 749 6, 404, 663 339, 092		1,486,200
Part XOther Liabilities. See Form 990, Part X1.(a) Description of liabilityFederal income taxesACCRUED LEAVEPOST-RETIREMENT BENEFITSLIABILITY FOR PENSION BENEFITSCAPITAL LEASE LIABILITY	, line 25. (b) Amount 639, 158 2, 127, 749 6, 404, 663 339, 092		1,486,200
Part XOther Liabilities. See Form 990, Part X1.(a) Description of liabilityFederal income taxesACCRUED LEAVEPOST-RETIREMENT BENEFITSLIABILITY FOR PENSION BENEFITSCAPITAL LEASE LIABILITY	, line 25. (b) Amount 639, 158 2, 127, 749 6, 404, 663 339, 092		1,486,200
Part XOther Liabilities. See Form 990, Part X1.(a) Description of liabilityFederal income taxesACCRUED LEAVEPOST-RETIREMENT BENEFITSLIABILITY FOR PENSION BENEFITSCAPITAL LEASE LIABILITY	, line 25. (b) Amount 639, 158 2, 127, 749 6, 404, 663 339, 092 1, 303, 379		1,486,200
	, line 25. (b) Amount 639, 158 2, 127, 749 6, 404, 663 339, 092		1,486,20

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Schedul	D (Form 990) 2009	53-0026315			Page 4
Part	Reconciliation of Change in Net Assets from Form 990 to Audi	ted Financial State	ment	S	<u>v</u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)				
2	Total expenses (Form 990, Part IX, column (A), line 25)				
3	Excess or (deficit) for the year Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments	•••••	4		
5	Denated services and use of facilities	• • • • • • • • • • • • •	5		
6	Donated services and use of facilities	• • • • • • • • • • • • •	6		
	Investment expenses	• • • • • • • • • • • • •	7		
7	Prior period adjustments				
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8			· · ·	· · · · · · · · · · · · · · · · · · ·
10	Excess or (deficit) for the year per audited financial statements Combine lines		-	1	
	Reconciliation of Revenue per Audited Financial Statements W				
1	Total revenue, gains, and other support per audited financial statements		••	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	ľ	·	
	Net unrealized gains on investments	2a			
	Donated services and use of facilities		;	2	
	Recoveries of prior year grants				
	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d		· ·	2e	
3	Subtract line 2e from line 1		· ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			i,	
	Investment expenses not included on Form 990, Part VIII, line 7b			a- ,	
ь	Other (Describe in Part XIV.)	4b	!		
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Part	<b>(III</b> Reconciliation of Expenses per Audited Financial Statements V	Vith Expenses per I	Retur	'n	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	
а	Donated services and use of facilities	2a	·		
b	Prior year adjustments	2b		-	
С	Other losses	20		~	
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		· . [	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.,	)		5	
Part	KIV Supplemental Information				
Compl	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P	Part III, lines 1a and 4, F	Part IV	/ lines th	
	, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part				
this pa	t to provide any additional information				
SEE	PAGE 5				
			_		
			<b></b> -		
				· <u> </u>	

Schedule D (Form 990) 2009

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### **Part XIV** Supplemental Information (continued)

53-0026315

Page 5

FIN 48

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PART X, QUESTION 2

EFFECTIVE IN 2009, THE ASSOCIATION ADOPTED NEW GUIDANCE THAT CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN ITS CONSOLIDATED FINANCIAL STATEMENTS. UNDER THE REQUIREMENTS OF THIS GUIDANCE, ORGANIZATIONS COULD NOW BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF TAX POSITIONS THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. THE IMPACT OF THE ADOPTION OF THIS GUIDANCE DID NOT HAVE A MATERIAL EFFECT ON THE CONSOLIDATED FINANCIAL STATEMENTS OF THE ASSOCIATION. PRIOR TO THE ADOPTION OF THIS GUIDANCE, THE DETERMINATION OF WHEN TO RECORD A LIABILITY FOR A TAX EXPOSURE WAS BASED ON WHETHER A LIABILITY WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE IN ACCORDANCE WITH GUIDANCE CONCERNING RECORDING OF CONTINGENCIES.

Schedule D (Form 990) 2009

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Governm	ents, and	r Assistance I Individuals answered "Yes" to Attach to Form 99	in the United Form 990, Part IV,	d States		2009 2009 Open to Public Inspection
Name of the organization							Employer identificati	on number
AMERICAN PUBLI	C POWER ASSOCIA	TION					53-002631	5
Part I General In	formation on Grants	and Assistar	nce					·····
the selection crite	ation maintain records ria used to award the g V the organization's pro	grants or assista	.nce?					Yes X No
Part II Grants and Form 990,	d Other Assistance Part IV, line 21, for Schedule I-1 (Form	to Governme any recipient	nts and Orgathat received	nizations in the Ur 1 more than \$5,000	nited States. Com D. Check this box i	f no one recipient re	eceived more than	\$5,000. Use
	dress of organization ernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BCS, INCORPORATED 8920 STEPHENS RD #200	, LAUREL, MD 20723	52-1612749		70,189				DEED PROJECT PAYMENT
BURNS & MCDONNELL 9400 WARD PKWY KANSAS	CITY, MO 64114-3119	43-0956142		50,000				DEED PROJECT PAYMENT
CITY OF COLUMBIA P O BOX 6912 COLUMBIA	A, MO 65205	-		23,195				DEED PROJECT PAYMENT
CITY OF WESTERVILLE 64 E WALNUT ST POB 61	07, WESTERVILLE OH	31-6401113		38,500				DEED PROJECT PAYMENT
ELECTRICITY OF NORTH	CAROLINA RALEIGH, NC 27626-0513	56-1942763		19,500				DEED PROJECT PAYMENT
PLATTE RIVER POWER AU 2000 E.HORSETOOTH RD,	THORITY FORT COLLINS, CO 80525	84-0642436		7,500				DEED PROJECT PAYMENT
SACRAMENTO MUNICIPAL PO BOX 15830 SACRAMEN'		94-6001157		48,750				DEED PROJECT PAYMENT
TENNESSEE VALLEY AUTH DEPARTMENT 888018 KNO		_ 		35, 587				DEED PROJECT PAYMENT
WAVERLY LIGHT AND POW POB 329 100 ADAMS PAR	ER KWAY WAVERLY, IA 50677	42-0927124		9,537				DEED PROJECT PAYMENT
BURLINGTON ELECTRIC D		03-6000410		10,161				DEED PROJECT PAYMENT
EPRI 13014 COLLECTIONS CEN	TER DR, CHICAGO, IL	23-7175375		11,500.				DEED PROJECT PAYMENT
	D HAVEN, MI 49417-2820			23,250				DEED PROJECT PAYMENT
3 Enter total number	er of section 501(c)(3) a er of other organizations Paperwork Reduction	· · · · · · · · ·		<u></u> .		· · · · · · · · · · · · · · · · · · ·		dule I (Form 990) 2009

Schedule I (Form 990) 2009				53-0026315		Page 2
Part III Grants and Other A Use Part IV and Sch	Assistance to Ind nedule I-1 (Form 9	dividuals in th 990) if additio	he United State nal space is ne	<b>s.</b> Complete if th eded.	e organization answered	d "Yes" on Form 990, Part IV, line 22.
(a) Type of grant or assis	tance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS (DEED PROGRAM PAYME	NTS)		5,714			
Part IV Supplemental Infor	mation. Complet	te this part to	provide the inf	ormation require	d in Part I, line 2, and an	y other additional information.
SCHEDULE I						
THE ORGANIZATION MAKES	GRANTS AKIN	TO SCHOLA	ARSHIPS AS	PART OF THE I	DEED	
PROGRAM.						
				- <b></b>		
						Schedule I (Form 990) 2009
JSA						

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SCHEDULE I-1 (Form 990)	(	Continua	ation She	eet for Sch	edule I (Fo	rm 990)		омв № 1545-0047 20 <b>09</b>
Department of the Treasury Internal Revenue Service				990 to list addition I (Form 990), Part				Open to Public Inspection
Name of the organization							Employer Identifica	
	C POWER ASSOCIA		nce to Gover	ments and Organ	nizations in the Ur	ited States (Sched		
(a) Name and addre or gover	ess of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPERIAL IRRIGATION D 333 EAST BARONI BLVD,		95-6001667		28,901				DEED PROJECT PAYMENT
JACKSON ENERGY AUTHOR 250 NORTH HIGHLAND AV	ITY ENUE JACKSON, TN 38301	61-1868550		16,379				DEED PROJECT PAYMENT
MUNICIPAL ENERGY AGEN PO BOX 95124 LINCOLN,		47-0641284		17,000				DEED PROJECT PAYMENT
NEBRASKA PUBLIC POWER PO BOX 499 COLUMBUS,	NE 68602-0499			30,000				DEED PROJECT PAYMENT
ATIONAL RURAL ELECTR 4301 WILSON BLVD ARL		53-0116145		38,400				DEED PROJECT PAYMENT
CITY OF PRINCETON 2 SOUTH MAIN STREET P				15,750				DEED PROJECT PAYMENT
	NE ROCHESTER, MN 55906	41-6005494		58,106				DEED PROJECT PAYMENT
UNIVERSITY OF LOUISIA	AFAYETTE, LA 70504	72-6023836		18,766				DEED PROJECT PAYMENT
TENNESSEE VALLEY PUBL 1201 CHESTNUT ST CHA		-		7,500				DEED PROJECT PAYMENT
		-						
							<u> </u>	
	· · · · · · · · · · · · · · · · · · ·							

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

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	e I (Form 990), Part III.)	0026315 ted States (Schedule		ner Assistance to Indi	(Form 990) 2009 Continuation of Grants and Ot
(f) Description of non-cash assista	(e) Method of valuation (book, FMV, appraisal, other)	(d) Amount of non-cash assistance	(c) Amount of cash grant	(b) Number of recipients	(a) Type of grant or assistance
					·····
					<u> </u>
		· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·					
					, , , , , , , , , , , , , , , , , , ,
	<u> </u>				
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Schedule I-1 (Form 990) 2009

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ecui	CHEDULE J Compensation Information			1545-0	047	
	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ଭ			
<b>\</b>	,	Compensated Employees Complete if the organization answered "Yes" to Form 990,		JUS	<u> </u>	
	ent of the Treasury	Part IV, line 23.	Open to Public			
	Revenue Service	► Attach to Form 990. ► See separate instructions.	INS http://www.instruction.com	pectio	n	
	-		26315	i Dei		
Part		ns Regarding Compensation				
				Yes	No	
1a	Check the ap	propriate box(es) if the organization provided any of the following to or for a person listed in Fo	orm			
	990, Part VII,	Section A, line 1a Complete Part III to provide any relevant information regarding these items	·-			
	First-cla	ss or charter travel Housing allowance or residence for personal use				
	Travel fo	or companions Payments for business use of personal residence	: I			
	X Tax inde	emnification and gross-up payments Health or social club dues or initiation fees				
	Discretion	onary spending account Personal services (e.g., maid, chauffeur, chef)				
ь	If any of the b	poxes on line 1a is checked, did the organization follow a written policy regarding payment				
-	or reimburser	nent or provision of all of the expenses described above? If "No," complete Part III to		x		
2	explain	nization require substantiation prior to reimbursing or allowing expenses incurred by all	<u>1b</u>		+	
2	-	stors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	x		
	onicers, direc		· · · ·   -			
3	Indicate which	h, if any, of the following the organization uses to establish the compensation of the				
	organization's	s CEO/Executive Director Check all that apply.		-	ļ - ,	
	X Comper	nsation committee		· · ·	1	
		Ident compensation consultant		-	-	
	X Form 99	90 of other organizations X Approval by the board or compensation commit	iee ,	-		
4	Durina the ve	ar, did any person listed in Form 990. Part VII. Section A, line 1a, with respect to the filing			-	
	organization	ar, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing or a related organization.		•		
a	Receive a se	verance payment or change-of-control payment?	· · · 4a		X	
b		, or receive payment from, a supplemental nonqualified retirement plan?			$\frac{1}{x}$	
С		, or receive payment from, an equity-based compensation arrangement?			- <u>^</u>	
	ii ies to ai	$\gamma$ of lines 4a-c, list the persons and provide the applicable amounts for each term in random	n	1		
	Only section	501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5	-	isted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			ľ	
	compensation	n contingent on the revenues of		-		
а		lon?		<u> </u>	ļ	
b		rganization?	5t	2		
		e 5a or 5b, describe in Part III				
6		isted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			'	
~		n contingent on the net earnings of	6.			
a b		lion?	<u>6a</u> 6t	_	+-	
U		e 6a or 6b, describe in Part III.		<u></u>		
7		listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed				
-		t described in lines 5 and 6? If "Yes," describe in Part III	7		1	
8		nounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was				
		e initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe				
			8	_		
9		e 8, did the organization also follow the rebuttable presumption procedure described in				
		section 53.4958-6(c)?	9		1	
For P	rivacy Act and I	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (	Form 9	90) 2009	

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### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(1)-(11) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	Form 990 or Form 990-EZ
	(i)	223,148.	10,344.	24,503.	26,959.	10,900.	295,854.	0
JEFFREY J. TARBERT	(ii)	0.	0.		0.	0.	0.	ō
·······	(i)	231,991.	2,383.	21,977.	19,662.	14,979.	290,992.	0
JAMES J. NIPPER	(ii)	0.	0.	0.	0.	0.	0.	ō
	(i)	214,561.	2,450.	24,047.	34,465.	0.	275,523.	0
SUE KELLY	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)	391,426.	110,302.	24,574.	50,649.	10,900.	587,851.	0
PHILLIP M. CRISSON	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)	172,343.	2,368.	16,921.	36,578.	15,323.	243,533.	0
MIKE HYLAND	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)	155,423.	742.	19,553.	29,292.	1,125.	206,135.	0
ALLEN E MOSHER	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)	121,305.	0.	23,277.	0.	6,748.	151,330.	0
JOHN KELLY	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)	115,426.	0.	22,815.	0.	13,857.	152,098.	0
JEANNE LABELLA	(ii)	0.	0.	0.	0.	0.	0.	0
	0 L	146,474.	728.	7,937.	17,018.	10,054.	182,211.	0
NATHAN MITCHELL	(II)	0.	0.	0.	0.	0.	0.	0
	(1)	135,275.	754.	16,692.	16,756.	7,003.	176,480.	0
JOY DITTO	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(1)							
	(ii) [							
	(1)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2009

Page 2

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hedule J (Form 990) 2009	53-0026315	Pag
art III Supplemental Informat	tion	
omplete this part to provide the r any additional information.	e information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b,	7, and 8. Also complete this p
·		
·		
<b>A</b>		Schedule J (Form 990) ;
7 1000 71842E 649C 11/12/20	010 2:38:10 PM VIENNA - 53-0026315	PAGE 32

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SCHEE	ULE	J-2
(Form	990)	

# **Continuation Sheet for Form 990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization

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Employer identification number 53-0026315

AMERICAN PUBLIC POWER ASSOCIATION

### Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours	Posi	tion (d	() chec	C) k all	that app	oty)	<b>(D)</b> Reportable	(E) Reportable	(F) Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
BRIAN MOECK DIRECTOR	1.00	x						0.	0.	
PAUL J. PALLAS										
DIRECTOR	1.00	X						0.	0.	C
COLEMAN SMOAK										
DIRECTOR	1.00	X				 		0.	0.	0
LYNNE TEJEDA										
DIRECTOR	1.00	Х					<u> </u>	0.	0.	(
JESS TILTON										
DIRECTOR	1.00	X						0.	0.	(
JORGE RODRIGUEZ RUIZ DIRECTOR	1.00	X				ļ		0.	0.	
KELLY ROGER	1.00	^					ļ	0.	0.	
DIRECTOR	1.00	x						0.	0.	(
ROGER FONTES			┼╴╴┤					<b>0.</b>		
DIRECTOR	1.00	x						0.	0.	0
AUSTIN CARROLL										
DIRECTOR	1.00	X						0.	0.	0
MIGUEL CORDERO		1				1	1			
DIRECTOR	1.00	X						0.	0.	(
RON EARL						1				
DIRECTOR	1.00	X						0.	0.	(
RICK HOMRIGHAUSEN										
DIRECTOR	1.00	X						0.	0.	(
PATRICK MCCULLAR										
DIRECTOR	1.00	X			L			0.	0.	(
TED RAMPTON							ļ			
DIRECTOR	1.00	X		L	ļ	ļ		0.	0.	(
BRIAN SKELTON	1 00						1			
DIRECTOR	1.00	X						0.	0.	(
MARC GERKEN DIRECTOR	1.00	x								
MAUDE RICHARDS						ļ	-			
DIRECTOR	1.00	x								
TERRY HUVAL			+							
DIRECTOR	1.00	x						-		
ROGER KELLEY		+	+ -		+		<u> </u>			
DIRECTOR	1.00	X				{				1
PAUL PALLAS				 	┢					
DIRECTOR	1.00	X		ľ				-		1
RON ASCHE		1			1	1	t			
DIRECTOR	1.00	x								

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

Schedule J-2 (Form 990) 2009

SCHEDULE	J-2
(Form 990)	

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# **Continuation Sheet for Form 990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

### Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

See the Instructions for Form 990.

2009 Open to Public Inspection

Name of the Organization

Employer identification number 53-0026315

AMERICAN PUBLIC POWER ASSOCIATION

# Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees

(A) Name and title	(B) Average hours	Posil	ion (i	(C chec		hat app	oly)	(D) Reportable	(E) Reportable	(F) Estimated												
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compansated employee		Former Highest compensated employee		Former Highest compensated employee		Former Highest compensated employee		Former Highest compensated employee		Former Highest compensated employee		Former Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
PATRICK MCCULLAR DIRECTOR	1.00	x																				
PHILLIP M. CRISSON	<u> </u>																					
PRESIDENT & CEO	40.00	ļ		X				526,302.	0.	61,549.												
HARRY R. OLIBRIS VP- FINANCE AND ACCOUNTING	40.00			x				123,230.	0.	1,043.												
JEFFREY J. TARBERT SVP MEMBER SERVICE	40.00				x			257,995.	0.	37,859.												
JAMES J. NIPPER SVP GOV'T RELATIONS	40.00				x			256,351.	0.	34,641.												
SUE KELLY VP POLICY ANALYSIS & GEN COUN	5 40.00				x			241,058.	0.	34,465.												
MIKE HYLAND VP ENGINEERING SERVICES	40.00				x			191,632.	0.	51,901.												
ALLEN E MOSHER SR. POL ANALYSIS DIR	40.00					x		175,718.	0.	30,417.												
JOHN KELLY ECONOMICS & RESEARCH DIRECTOR	40.00					х		144,582.	0.	6,748.												
JEANNE LABELLA SR. VP PUBLISHING	40.00					x		138,241.	0.	13,857.												
NATHAN MITCHELL ENGINEERING & OPERATION DIR.	40.00					x		155,139.	0.	27,072.												
JOY DITTO VP GOVERNMENT RELATIONS	40.00					x		152,721.	0.	23,759.												
	-																					

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

Schedule J-2 (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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# Supplemental Information to Form 990

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



Name of the organization AMERICAN PUBLIC POWER ASSOCIATION Employer identification number

53-002	6315
ATTACHMENT	1

PART IV OF THE FORM 990, QUESTION 12

FINANCIAL STATEMENTS

AS THE ORGANIZATION AND ITS SUBSIDIARIES MEET THE GAAP REQUIREMENTS FOR CONSOLIDATION, THE ORGANIZATION RECEIVED CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR THE YEAR IN WHICH IT IS COMPLETING THE RETURN. AN INDEPENDENT AUDITING FIRM CONDUCTED THE AUDIT OF THE FINANCIAL STATEMENTS. THE AUDITED FINANCIAL STATEMENTS WERE PREPARED IN ACCORDANCE WITH GAAP.

PART VI OF THE FORM 990, SECTION A, QUESTION 6

CLASSES OF MEMBERS OR STOCKHOLDERS

REGULAR MEMBERS ARE THE ONLY CLASS OF MEMBERSHIP ENTITLED TO ELECT THE MEMBERS OF THE GOVERNING BODY, APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY AND VOTE ON MATTERS BROUGHT BEFORE THE MEMBERSHIP, AND ALSO TO PARTICIPATE FULLY IN THE AFFAIRS OF THE ASSOCIATION.

PART VI OF THE FORM 990, SECTION A, QUESTION 7A

ELECTION BY MEMBERS OR STOCKHOLDERS

THE REGULAR MEMBERS SHALL ELECT MEMBERS OF THE BOARD OF DIRECTORS AND APPROVE PUBLIC POLICY POSITIONS OF THE ASSOCIATION ON MAJOR ISSUES AFFECTING PUBLIC POWER SYSTEMS. THE BOARD OF DIRECTORS MAY FILL ANY OTHER VACANCIES THAT OCCUR IN ITS ELECTED MEMBERSHIP BY APPOINTMENT OF INDIVIDUALS QUALIFIED TO FILL SUCH VACANCIES FOR THE REMAINING TERM OF THE POSITION.

Schedule O (Form 990) 2009		Page 2
Name of the organization		Employer identification number
AMERICAN PUBLIC POWER ASSOCIATION	`	53-0026315
		ATTACHMENT 1 (CONT'D)

PART VI OF THE FORM 990, SECTION A, QUESTION 7B

. . . .

DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS THE REGULAR MEMBERS HAVE THE RIGHT TO APPROVE AND RATIFY DECISIONS OF THE GOVERNING BODY. THE REGULAR MEMBERS APPROVE POLICY POSITIONS OF THE ASSOCIATION ON MAJOR ISSUES AFFECTING PUBLIC POWER SYSTEMS AND APPROVE OR DISAPPROVE CHANGES IN DUES AND SPECIAL ASSESSMENTS AND AMENDMENTS TO THE ASSOCIATION BYLAWS. ALL ACTIONS OF THE MEMBERSHIP OF THE ASSOCIATION SHALL BE APPROVED BY A MAJORITY VOTE WITH EACH REGULAR MEMBER CASTING ONE VOTE, UNLESS A REGULAR MEMBER REQUESTS AT THE TIME A VOTE IS TAKEN OR IMMEDIATELY THEREAFTER THAT A WEIGHTED VOTE BE TAKEN ON A PARTICULAR MATTER, IN WHICH CASE A MAJORITY OF THE WEIGHTED VOTES CAST SHALL BE REQUIRED FOR ACTION. REGULAR MEMBERS SHALL BE ASSIGNED VOTES PROPORTIONATE TO THE DUES PAYABLE BY SUCH MEMBER FOR THE CURRENT CALENDAR YEAR. THE SECRETARY SHALL ASSIGN EACH REGULAR MEMBER ONE VOTE FOR EACH FIFTEEN THOUSAND DOLLARS (\$15,000), OR FRACTION THEREOF, OF DUES PAYABLE BY IT, WITH EACH REGULAR MEMBER BEING ASSIGNED AT LEAST ONE VOTE.

PART VI OF THE FORM 990, SECTION B, QUESTION 11 THE PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990 A COMPLETED DRAFT OF FORM 990 WILL BE DISTRIBUTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS.

PART VI OF THE FORM 990, SECTION B, QUESTION 12 MONITORING THE CONFLICT OF INTEREST POLICY APPA HAS A CODE OF CONDUCT AND A CONFLICT OF INTEREST POLICY. THESE POLICIES APPLY TO APPA'S DIRECTORS, OFFICERS AND STAFF TO AVOID ANY INTEREST THAT CONFLICTS OR APPEARS TO CONFLICT WITH THE INTERESTS OF THE

JSA

Schedule O (Form 990) 2009 Name of the organization	Page Employer identification number
AMERICAN PUBLIC POWER ASSOCIATION	53-0026315
	ATTACHMENT 1 (CONT'D)
ASSOCIATION OR THAT COULD REASONABLY BE DETERMINED TO HAR	M THE

ASSOCIATION'S REPUTATION. A CONFLICT OF INTEREST EXISTS IF ACTIONS BY A DIRECTOR, OFFICER, OR STAFF MEMBER OF THE ASSOCIATION ARE, OR COULD REASONABLY APPEAR TO BE, INFLUENCED DIRECTLY OR INDIRECTLY BY PERSONAL INTERESTS, AFFILIATIONS OR ACTUAL OR POTENTIAL BENEFIT OR GAIN TO THE INDIVIDUAL OR HIS OR HER IMMEDIATE FAMILY.

ANY INDIVIDUAL WHO MAY BE INVOLVED IN AN ISSUE OR TRANSACTION IN WHICH HE OR SHE HAS AN ACTUAL OR APPARENT CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PRESENT AT THAT PORTION OF THE MEETING OF THE BOARD OR ANY COMMITTEE OF THE BOARD AT WHICH THE ISSUE OR TRANSACTION IS CONSIDERED. THE INTERESTED INDIVIDUAL MAY, HOWEVER, ANSWER QUESTIONS REGARDING THE ISSUE OR TRANSACTION. THE MINUTES OF THE MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE INTERESTED DIRECTOR, OFFICER OR OTHER INDIVIDUAL LEFT THE ROOM AND DID NOT PARTICIPATE IN THE DISCUSSION AND DID NOT VOTE ON THE ISSUE OR TRANSACTION.

ANY DIRECTOR, OFFICER OR STAFF MEMBER WHO HAS A QUESTION AS TO WHETHER A PARTICULAR SET OF FACTS OR SITUATION GIVES RISE TO A POTENTIAL CONFLICT OF INTEREST MUST SEEK CLARIFICATION FROM THE ASSOCIATION'S GENERAL COUNSEL. IN ADDITION, BOARD MEMBERS AND SENIOR STAFF MUST FILL OUT ANNUAL DISCLOSURE STATEMENTS, WHICH ARE REVIEWED BY THE GENERAL COUNSEL. DIRECTORS, OFFICERS AND STAFF HAVE AN ONGOING OBLIGATION TO DISCLOSE POTENTIAL OR ACTUAL CONFLICTS OF INTEREST IF THEY ARISE.

PART VI OF THE FORM 990, SECTION B, QUESTION 15B

#### PROCESS FOR DETERMINING COMPENSATION

THE ORGANIZATION USES AN INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT A

JSA

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Schedule O (Form 990) 2009	Page <b>2</b>
Name of the organization	Employer identification number
AMERICAN PUBLIC POWER ASSOCIATION	53-0026315
COMPENSATION ANALYSIS WHICH IS PRESENTED TO, DELIBERATED AND APP	ATTACHMENT 1 (CONT'D) PROVED BY
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND VOTED UPON	
FULL BOARD AT THE FALL BOARD MEETING. COMPENSATION FOR ALL STAF	Έ
POSITIONS IS REVIEWED EVERY THREE YEARS. THE CEO'S SALARY IS	
RE-EVALUATED ANNUALLY.	
PART VI OF THE FORM 990, SECTION C, QUESTION 19	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEM	1ENTS, AND
CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC TO THE EXTEN	ΙT
REQUIRED BY LAW.	
PART XI OF THE FORM 990, QUESTION 2	
FINANCIAL STATEMENT AUDIT	
THE CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPEN	IDENT

ACCOUNTANT. THE ORGANIZATION DOES HAVE AN INDEPENDENT AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

PART V OF THE FORM 990, QUESTION 6B

THE ORGANIZATION IS TAKING CORRECTIVE ACTION TO ESTABLISH AND FOLLOW A POLICY TO REQUIRE THAT EVERY SOLICITATION INCLUES AN EXPRESS STATEMENT THAT SUCH CONTRIBUTIONS OR GIFTS ARE NOT TAX DEDUCTIBLE.

## FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PROVIDE LEADERSHIP IN THE EVOLUTION OF THE ELECTRIC UTILITY INDUSTRY

ATTACHMENT 2

Employer identification number
53-0026315
ATTACHMENT 2 (CONT'D)

BY ADVANCING THE PRINCIPLES OF COMMUNITY OWNERSHIP AND REPRESENTING THE INTERESTS OF PUBLIC POWER SYSTEMS AND ELECTRIC CONSUMERS FOR THE MORE THAN 2,000 COMMUNITY OWNED UTILITIES ACROSS THE COUNTRY.

. . . . . . .

SCHEDULE R (Form 990)		Related Organizations	and Unrelat	ed Partners	nips		<u>омв № 1545-0047</u> 20 <b>09</b> -
Department of the Treas		<ul> <li>Complete if the organization answered</li> <li>Attach to Form 990.</li> </ul>		art IV, line 33, 34, 35, rate instructions.	36 or 37.		Open to Public Inspection
Name of the organiz AMERICAN P	zation UBLIC POWER A	SSOCIATION	.,,		····	Employer ic 53-002	lentification number 6315
Part I Ide	entification of Disr	regarded Entities (Complete if the organization	on answered "Yes"	on Form 990, Par	t IV, line 33.)		
	Name, addre	(a) ess, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
			-				
Part II Ide	entification of Rela d one or more rela	ated Tax-Exempt Organizations (Complete if ted tax-exempt organizations during the tax ye	the organization a ar.)	nswered "Yes" on	Form 990, Part I	V, line 34 becaus	ie it
		(a) ss, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
	······································		-				
For Privacy Act and	d Paperwork Reduction A	act Notice, see the Instructions for Form 990.	•	_ • · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Sched	ule R (Form 990) 2009

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# Schedule R (Form 990) 2009

53-0026315

Page 2

Part III Identification of F because it had one	Related Organizat e or more related	ions Tax organiza	able as a Partne	ership (Comple a partnership du	te if the organiz uring the tax yea	zation ans ar.)	wered "Yes" on F	orm 9	990,	Part IV, line 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of tot		(g) Share of end-of-year assets	Dispro	(h) oportionalis cations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen mar par	(j) neral or naging rtner?
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		512-514)				Yes	No		Yes	s No
HOMETOWN CONNECTIONS INT'L LLC PMB 4141153 BERGEN PKWY	PUB PWR PRDS	DC	PPI		2	24,059	208,665		x			x
	4		l I									
Part IV Identification of F IV, line 34 becaus	Related Organizat	tions Tax ore relat	able as a Corpo ed organizations	pration or Trust treated as a co	(Complete if th rporation or tru	e organiz st during t	ation answered "\ he tax year.)	/es" c	on Fo	orm 990, Part		-4
(a) Name, address, and EIN	}		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of e (C corp, S or trus	(f) entity Share of total corp,	income	e	(g) Share of end-of-year assets	(h Percer owner	ntage
PUBLIC POWER INC		2077067	HOLDING CO	DC	N/A	C CORP		24,920		-100,816	100	0000
			-									
												_

Schedule R (Form 990) 2009

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Schedule R	(Form 990) 2009 53-0026315				Page
Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part	IV, line 34, 35, or 36.	.)		
Note C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			,	Yes No
	ing the tax year, did the organization engage in any of the following transactions with one or more related organizations listed	l in Parts II–IV?	[		
a Rer	cept of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		[	1a	X
	grant, or capital contribution to other organization(s)			1b	X
	grant, or capital contribution from other organization(s)			1c	<u> </u>
	ans or loan guarantees to or for other organization(s)			1d	<u> </u>
	ans or loan guarantees by other organization(s)			1e	X
0 200				` _	
f Sal	e of assets to other organization(s)			1f	<u>×</u>
a Pur	chase of assets from other organization(s)			1g	<u> </u>
h Exc				<u>1h  </u>	X
	ase of facilities, equipment, or other assets to other organization(s)			<u>1i</u>	<u>×</u>
			-		
i Lea	ase of facilities, equipment, or other assets from other organization(s)			<u>1j</u>	<u> </u>
	formance of services or membership or fundraising solicitations for other organization(s)			<u>1k</u>	X
	formance of services or membership or fundraising solicitations by other organization(s)			11	
	aring of facilities, equipment, mailing lists, or other assets			<u>1 m</u>	X
				<u>1n</u>	X
			Ĺ		<u>. * 15</u>
o Rei	mbursement paid to other organization for expenses			10	<u> </u>
n Rei	mbursement paid by other organization for expenses			1p	<u> </u>
P 110				·	
a Oth	er transfer of cash or property to other organization(s)			1q	<u> </u>
r Oth	ner transfer of cash or property from other organization(s)	<u> </u>	<u></u>	1r	
2 If th	he answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covere	d relationships and tran	saction thresh	nolds.	
	(a) Name of other organization	(b) Transaction	c) Amount	)	d
		type (a-r)	· · · · · · · · · · · · · · · · · · ·		
	IN TO DOWED INC	N		39.3	205.
<u>(1)</u> P(	JBLIC POWER, INC.				
(2)					
(3)				·	
(					
(4)					
(5)					
(5)					
(6)					
(6)			Schedule R	(Form	990) 200

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PAGE 42

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

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

<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Are all sec 501	d) partners tion (c)(3)	(e) Share of end-of-year assets	Disprop	ortionate	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parte	aging ner?
		Yes			Yes	No	(7 6)(11 7 605)	Yes	No
							-1-2-1-3-1		
							<u> </u>		
	(b) Primary activity	Demonstrative Legal domicile	Primary activity Legal domicile Are all (state or foreign set country) 501 organia	Primary activity Legal domicile Are all partners (state or foreign Soliton) country) organizations?	Primary activity Legal domicile Are all partners Share of section end-of-year country) 501(c)(3) assets	Primary activity Legal domicile Are all partners Share of Disprop (state or foreign section end-of-year alloca country) 501(c)(3) assets	Primary activity Legal domicile Are all partners Share of Disproportionate (state or foreign Socion end-of-year allocations? country) organizations?	Primary activity Legal domicile Are all partners Share of Disproportionate Code V-UBI (state or foreign section end-of-year allocations? arount in box 20 country) organizations? assets (Form 1065)	Primary activity Legal domicile Are all partners Share of Disproportionate Code V-UBI Gene amount in box 20 mana 501(c)(3) assets of Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions? Solutions?

Schedule R (Form 990) 2009

Γι, <sup>1</sup> ι • •		
, Form <b>8868</b> (Rev April 2009)	Application for Extension of Time To File an Exempt Organization Return	6357 Omb No 1545-1709
Department of the Treasury mail Revenue Service	File a separate application for each return.	
······································	an Automatic 3-Month Extension, complete only Part I and check this box	× × × × × × × × ×
	an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of Il unless you have already been granted an automatic 3-month extension on a previously	
Part   Automatic	3-Month Extension of Time. Only submit original (no copies needed).	
	d to file Form 990-T and requesting an automatic 6-month extension - check this box and	complete ▶□
All other corporations time to file income tax	s (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to creturns.	request an extension of
one of the returns n electronically if (1) yo returns, or a composi	<b>Ie</b> ). Generally, you can electronically file Form 8868 if you want a 3-month automatic loted below (6 months for a corporation required to file Form 990-T) However, you ou want the additional (not automatic) 3-month extension or (2) you file Forms 990-B ite or consolidated From 990-T Instead, you must submit the fully completed and signe is on the electronic filing of this form, visit <i>www irs.gov/efile</i> and click on <i>e-file for Charities</i> .	L cannot file Form 8868 L, 6069, or 8870, group d page 2 (Part II) of Form
<i>, , , , , , , , , ,</i>		oyer identification number
Numb	MERICAN PUBLIC POWER ASSOCIATION 5. er. street, and room or suite no If a P O box, see instructions	3-0026315
File by the	.875 CONNECTICUT AVE., NW	
filing your	own or post office, state, and ZIP code For a foreign address, see instructions.	
	ASHINGTON, DC 20009	
	n to be filed (file a separate application for each return).	
X Form 990	Form 990-T (corporation)	
Form 990-BL	Form 990-T (sec 401(a) or 408(a) trust)	
Form 990-EZ	Form 990-T (trust other than above) Form 6069 Form 1041-A Form 8870	
•		, 
The books are in t	the care of  THE ASSOCIATION	
Telephone No 🕨	202 467-2949 FAX No. ►	
•	does not have an office or place of business in the United States, check this box	If this is
for the whole group, o		ch a list with the
1 I request an until for the organizat	automatic 3-month (6 months for a corporation required to file Form 990 $\frac{08/15}{2010}$ , $\frac{2010}{2010}$ , to file the exempt organization return for the organization name tion's return for	
	tar year 2009 or	
► <b>tax ye</b>	ar beginning, and ending	' '
2 If this tax year is	o for less than 12 months, check reason Initial return Final return Cha	nge in accounting period
• •	on is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a	ny
	redits. See instructions	3a \$
	n is for Form 990-PF or 990-T, enter any refundable credits and estimated tax paymer	
	ny prior year overpayment allowed as a credit. ubtract line 3b from line 3a. Include your payment with this form, or, if required, depo	3b \$
	oon or, if required, by using EFTPS (Electronic Federal Tax Payment System) Si	165.521
instructions.		3c \$
	ing to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and I	
payment instructio	•	

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

Form 8868 (Rev. 4-2009)

PAGE 1

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# 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)

2008 Open to Public

OMB No 1545-0047

2008 calendar year, or tax year beginning       , 2008, and ending         able of organization       AMERICAN       PUBLIC       POWER       ASSOCIATION         babe of pint or type.       Doing Business As       Number and street (or P O box if mail is not delivered to street address)       Room/suit         am       Specific       City or town, state or country, and ZIP + 4       1200         bons.       WASHINGTON, DC 20009       F       Name and address of principal officer       PHILLIP       M. CRISSON         1875       CONNECTICUT       AVE., NW       WASHINGTON, DC 20009       527         m       F       Name and address of principal officer       PHILLIP       M. CRISSON         1875       CONNECTICUT       AVE., NW       WASHINGTON, DC 20009         pt status       X       501(c) (6)       (insert no)       4947(a)(1) or       527         HTTP://WWW.APPANET.ORG       Franciation       Trust       Association       Other       L       Year of form         Summary       Telfy describe the organization's mission or most significant activities       EE       STATEMENT       1	(202) 467-2 G Gross receipts \$ H(a) Is this a group return affiliates? H(b) Are all affiliates inclu If "No," attach a list H(c) Group exemption num mation 1940 M State of	15,727,406 15,727,406 160 Yes X 1 160 Yes Yes I (see instructions) mber
use IRS label or print or type.       Doing Business As         mge       Number and street (or P O box if mail is not delivered to street address)       Room/suit         ms       See       1875 CONNECTICUT AVE., NW       1200         chipstruc- bons.       City or town, state or country, and ZIP + 4       1200         m       F Name and address of principal officer 1875 CONNECTICUT AVE., NW WASHINGTON, DC 20009       Room/suit         m       F Name and address of principal officer 1875 CONNECTICUT AVE., NW WASHINGTON, DC 20009       Section         pt status       X       501(c) ( 6 ) ◀ (insert no )       4947(a)(1) or       527         ▶ HTTP: //WWW.APPANET.ORG       Ity or poration       Trust       Association       Other ▶       L Year of form         Summary       Trust       Association       Other ▶       L Year of form	Itelephone number         (202) 467-2         G Gross receipts \$         H(a) Is this a group return affiliates?         H(b) Are all affiliates inclu         If "No." attach a list         H(c) Group exemption num         mation 1940         M State of	15,727,406 n for Yes X / ided? Yes / (see instructions) mber
Image       Image       Number and street (or P O box if mail is not delivered to street address)       Room/sure         Image       Image       Image       Image       Room/sure         Image       Image       Image       Image       Image       Image         Image       Image       Image       Image       Image       Image       Image         Image       Image       Image       Image       Image       Image       Image       Image         Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image       Image	Itelephone number         (202) 467-2         G Gross receipts \$         H(a) Is this a group return affiliates?         H(b) Are all affiliates inclu         If "No." attach a list         H(c) Group exemption num         mation 1940         M State of	15,727,406 n for Yes X / ided? Yes / (see instructions) mber
type.       1875 CONNECTICUT AVE., NW       1200         Specific       City or town, state or country, and ZIP + 4       1200         instruc- bons.       WASHINGTON, DC 20009       Image: Connecticut AVE., NW       1200         m       F Name and address of principal officer PHILLIP M. CRISSON       1875 CONNECTICUT AVE., NW WASHINGTON, DC 20009       Image: Connecticut AVE., NW WASHINGTON, DC 20009         pt status       X       501(c) (6) ◀ (insert no)       4947(a)(1) or       527         HTTP: //WWW.APPANET.ORG       Image: Connecticut Ave: Association       Other       L Year of form         Summary       Image: Connecticut Ave: Association       Other       Image: Connecticut Ave: Association	(202) 467-2 G Gross receipts \$ H(a) Is this a group return affiliates? H(b) Are all affiliates inclu If "No," attach a list H(c) Group exemption num mation 1940 M State of	15,727,406 for Yes X H ided? Yes (see instructions) mber
Specific Instructions       City or town, state or country, and ZIP + 4         Bons       WASHINGTON, DC 20009         F Name and address of principal officer PHILLIP M. CRISSON         1875       CONNECTICUT AVE., NW WASHINGTON, DC 20009         pt status       X 501(c) (6) ◀ (insert no)       4947(a)(1) or         F Name and address of principal officer       FULLIP M. CRISSON         1875       CONNECTICUT AVE., NW WASHINGTON, DC 20009         pt status       X 501(c) (6) ◀ (insert no)       4947(a)(1) or         F Name and address of principal officer       L Year of form         Summary       Insert or most significant activities	G Gross receipts \$ H(a) Is this a group return affiliates? H(b) Are all affiliates indu If "No," attach a list H(c) Group exemption num mation 1940 M State of	15,727,400
Instruc- bons.       WASHINGTON, DC 20009         F Name and address of principal officer       PHILLIP M. CRISSON         1875       CONNECTICUT AVE., NW WASHINGTON, DC 20009         pt status       X 501(c) (6) ◀ (insert no)       4947(a)(1) or       527         ▶ HTTP://WWW.APPANET.ORG       Image: Corporation       Trust       Association       Other       L Year of form         Summary       Image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in the image: Corporation in th	H(a) Is this a group return affiliates? H(b) Are all affiliates inclu If "No," attach a list H(c) Group exemption num mation 1940 M State of	n for Yes X I ided? Yes I (see instructions) mber
Image: Twashington, bc 20009         F Name and address of principal officer         PHILLIP M. CRISSON         1875 CONNECTICUT AVE., NW WASHINGTON, bc 20009         pt status       X 501(c) (6) ◀ (insert no)         4947(a)(1) or       527         HTTP://WWW.APPANET.ORG         rganization       X Corporation         Trust       Association         Other       L Year of form         Summary         riefly describe the organization's mission or most significant activities	H(a) Is this a group return affiliates? H(b) Are all affiliates inclu If "No," attach a list H(c) Group exemption num mation 1940 M State of	n for Yes X ided? Yes (see instructions) mber
1875 CONNECTICUT AVE., NW WASHINGTON, DC 20009         pt status       X       501(c) (6) ◀ (insert no)       4947(a)(1) or       527         ▶ HTTP://WWW.APPANET.ORG         rganization       X       Corporation       Trust       Association       Other       ▶       L Year of form         Summary	Affiliates? H(b) Are all affiliates inclu If "No," attach a list H(c) Group exemption num mation 1940 M State of	ided? Yes (see instructions)
pt status       X       501(c) (6) ◀       (insert no)       4947(a)(1) or       527         ►       HTTP://WWW.APPANET.ORG         rganization       X       Corporation       Trust       Association       Other       ►       L Year of form         Summary       Image: Summary       Image: Summary       Image: Summary       Image: Summary       Image: Summary       Image: Summary	If "No," attach a list H(c) Group exemption num mation 1940 M State c	(see instructions)
▶ HTTP://WWW.APPANET.ORG         rganization       X         Corporation       Trust         Association       Other         Summary         riefly describe the organization's mission or most significant activities	H(c) Group exemption num mation 1940 M State c	mber ►
rganization X Corporation Trust Association Other ► L Year of form Summary refly describe the organization's mission or most significant activities	mation 1940 M State o	<u></u>
Summary		of legal domicile D
refly describe the organization's mission or most significant activities		
EE STATEMENT 1		
neck this box  Image: In the organization discontinued its operations or disposed of more than 2	5% of its assets.	
umber of voting members of the governing body (Part VI, line 1a)	3	30
umber of independent voting members of the governing body (Part VI, line 1b)	4	30
		63
		NONE
atal gross unrelated business revenue from Part VIII line 12 column (C)	79	557,70
et unrelated business taxable income from Form 990-T line 34	76	65,02
		Current Year
ontribution and grants (Part VIII line 1b)		
		513,42
voortmont uncome (Port VIII) eekume (A) kines 2 4. and 7d)		14,443,64
		235,54
the revenue (Part VIII, column (A), lines 5, 60, 80, 90, 100, and 116)		534,79
		15,727,40
ants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>303,519.</u>	561,79
anerite part to on vormembers (Part IX, column (A), line 4)		NC
aries, other componsation, exploivee benefits (Part IX, column (A), lines 5-10).	6,427,824.	6,680,06
ofessional fundraising fees (Part IX, column (A), line 11e)		NC
plai fulksråisikg@experises, Pagyk, column (D), line 25) ▶		······
ther expenses (Part IX, colum A), lines 11a-11d, 11f-24f)	8,405,868.	9,132,56
tal Created And Index 13-17 must equal Part IX, column (A), line 25)	15,137,211.	16,374,42
evenue less expenses Subtract line 18 from line 12	-477,316.	-647,02
	Beginning of Year	End of Year
otal assets (Part X, line 16)	12,103,578.	8,997,58
		17,122,41
et assets or fund balances Subtract line 21 from line 20.		-8,124,82
	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b) otal number of employees (Part V, line 2a) otal number of volunteers (estimate if necessary) otal gross unrelated business revenue from Part VIII, line 12, column (C) et unrelated business taxable income from Form 990-T, line 34 ontribution and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3) enefitie fact for the fact (Part IX, column (A), lines 5-10) refersional fundraising fees (Part IX, column (A), line 11e) of the fact of the fact (Part IX, column (A), line 11e)	batal number of volunteers (estimate if necessary)       6         batal gross unrelated business revenue from Part VIII, line 12, column (C)       7a         et unrelated business taxable income from Form 990-T, line 34       7b         prior Year       7b         contribution and grants (Part VIII, line 2g)       13, 443, 327.         vestment income (Part VIII, column (A), lines 3, 4, and 7d)       532, 140.         ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       154, 823.         batal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3)       303, 519.         energinating amounts paid (Part IX, column (A), lines 1-3)       303, 519.         energinates, other componention, exployee benefits (Part IX, column (A), lines 5-10)       6, 427, 824.         ofessional fundraising fees (Part IX, column (A), line 25)       6         parters expenses (Part IX, column (A), line 25)       15, 137, 211.         evenue tess expenses Subtract line 18 from line 12       -477, 316.         Beginning of Year       12, 103, 578.         batal assets (Part X, line 26)       12, 353, 106.

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_	rt III Statement of Program Service Accomplishme	ents (see instructions)	
	Briefly describe the organization's mission		
	SEE STATEMENT 1	· · · · · · · · · · · · · · · · · · ·	·
 2	Did the organization undertake any significant progra	am services during the year which were not listed on	
	the prior Form 990 or 990-EZ?		
	If 'Yes' describe these new services on Schedule O		
	Did the organization œase conducting, or make signif	ficant changes in how it conducts, any program	
	services?	Yes	XN
	If "Yes," describe these changes on Schedule O		
4		f the organization's three largest program services by expenses.	
		tion 4947(a)(1) trusts are required to report the amount of grants and	I
	allocations to others, the total expenses, and revenue, if	rany, for each program service reported	
1 2	(Code ) (Expenses \$ inclu	iding grants of \$	
70	EDUCATION/TRAINING: ANNUAL CONFERENCE		_)
	SPECIALIZED WORKSHOPS, 25+ TRAINING		
	ON RATE DESIGN, POLICY MAKING, UTILI		
	ACCOUNTING, COST SERVICES, ETC.		
	HOCOUNTING, COST BERNICHO, BIC.		
		······································	
		<u></u>	
	***		
4b		uding grants of \$) (Revenue \$	)
4b 、	MEMBER SERVICES: INFORMATION GATHERI	ING	_)
4b 、	MEMBER SERVICES: INFORMATION GATHERI AND ANALYSIS, ON LEGISLATIVE, REGULA	ING	_)
4b 、	MEMBER SERVICES: INFORMATION GATHERI	ING	_)
4b 、	MEMBER SERVICES: INFORMATION GATHERI AND ANALYSIS, ON LEGISLATIVE, REGULA	ING	_)
4b 、	MEMBER SERVICES: INFORMATION GATHERI AND ANALYSIS, ON LEGISLATIVE, REGULA	ING	_)
4b 、	MEMBER SERVICES: INFORMATION GATHERI AND ANALYSIS, ON LEGISLATIVE, REGULA	ING	_)
4b 、	MEMBER SERVICES: INFORMATION GATHERI AND ANALYSIS, ON LEGISLATIVE, REGULA	ING	_)
4b 、	MEMBER SERVICES: INFORMATION GATHERI AND ANALYSIS, ON LEGISLATIVE, REGULA	ING	_)
4b 、	MEMBER SERVICES: INFORMATION GATHERI AND ANALYSIS, ON LEGISLATIVE, REGULA	ING	_)
4b 、	MEMBER SERVICES: INFORMATION GATHERI AND ANALYSIS, ON LEGISLATIVE, REGULA	ING	_)
`	MEMBER SERVICES: INFORMATION GATHERI AND ANALYSIS, ON LEGISLATIVE, REGULA TECHNICAL AND STATISTICAL ISSUES.		_)
`	MEMBER SERVICES: INFORMATION GATHERI AND ANALYSIS, ON LEGISLATIVE, REGULA TECHNICAL AND STATISTICAL ISSUES.	ING	_)
`	MEMBER SERVICES: INFORMATION GATHERI AND ANALYSIS, ON LEGISLATIVE, REGULA TECHNICAL AND STATISTICAL ISSUES.	ING           ATORY	_)
`	MEMBER SERVICES: INFORMATION GATHERI         AND ANALYSIS, ON LEGISLATIVE, REGULA         TECHNICAL AND STATISTICAL ISSUES.         (Code) (Expenses \$	ING           ATORY	_)
`	MEMBER SERVICES: INFORMATION GATHERI         AND ANALYSIS, ON LEGISLATIVE, REGULA         TECHNICAL AND STATISTICAL ISSUES.	ING           ATORY	_)
`	MEMBER SERVICES: INFORMATION GATHERI         AND ANALYSIS, ON LEGISLATIVE, REGULA         TECHNICAL AND STATISTICAL ISSUES.         (Code) (Expenses \$	ING           ATORY	_)
`	MEMBER SERVICES: INFORMATION GATHERI         AND ANALYSIS, ON LEGISLATIVE, REGULA         TECHNICAL AND STATISTICAL ISSUES.         (Code) (Expenses \$	ING ATORY ding grants of \$) (Revenue \$ WEEKLY ON	_)
`	MEMBER SERVICES: INFORMATION GATHERI         AND ANALYSIS, ON LEGISLATIVE, REGULA         TECHNICAL AND STATISTICAL ISSUES.         (Code) (Expenses \$	ING ATORY ding grants of \$) (Revenue \$ WEEKLY ON	_)
`	MEMBER SERVICES: INFORMATION GATHERI         AND ANALYSIS, ON LEGISLATIVE, REGULA         TECHNICAL AND STATISTICAL ISSUES.         (Code) (Expenses \$	ING ATORY ding grants of \$) (Revenue \$ WEEKLY ON	_)
`	MEMBER SERVICES: INFORMATION GATHERI         AND ANALYSIS, ON LEGISLATIVE, REGULA         TECHNICAL AND STATISTICAL ISSUES.         (Code) (Expenses \$	ING ATORY ding grants of \$) (Revenue \$ WEEKLY ON	_)
`	MEMBER SERVICES: INFORMATION GATHERI         AND ANALYSIS, ON LEGISLATIVE, REGULA         TECHNICAL AND STATISTICAL ISSUES.         (Code) (Expenses \$	ING ATORY ding grants of \$) (Revenue \$ WEEKLY ON	_)
`	MEMBER SERVICES: INFORMATION GATHERI         AND ANALYSIS, ON LEGISLATIVE, REGULA         TECHNICAL AND STATISTICAL ISSUES.         (Code) (Expenses \$	ING ATORY ding grants of \$) (Revenue \$ WEEKLY ON	_)
` 4c	MEMBER SERVICES: INFORMATION GATHERI AND ANALYSIS, ON LEGISLATIVE, REGULA TECHNICAL AND STATISTICAL ISSUES. (Code) (Expenses \$ includ PUBLICATIONS: BI-MONTHLY MAGAZINE, W NEWSLETTER, SPECIALIZED NEWSLETTERS HUMAN RESOURCES, COMMUNICATIONS RESE AND DEVELOPMENT.	ING ATORY ding grants of \$) (Revenue \$ WEEKLY ON	_)
4 c	MEMBER SERVICES: INFORMATION GATHERI AND ANALYSIS, ON LEGISLATIVE, REGULA TECHNICAL AND STATISTICAL ISSUES. (Code) (Expenses \$ include PUBLICATIONS: BI-MONTHLY MAGAZINE, W NEWSLETTER, SPECIALIZED NEWSLETTERS HUMAN RESOURCES, COMMUNICATIONS RESE AND DEVELOPMENT.	ING	_)
4 c	MEMBER SERVICES: INFORMATION GATHERI AND ANALYSIS, ON LEGISLATIVE, REGULA TECHNICAL AND STATISTICAL ISSUES. (Code) (Expenses \$ include PUBLICATIONS: BI-MONTHLY MAGAZINE, W NEWSLETTER, SPECIALIZED NEWSLETTERS HUMAN RESOURCES, COMMUNICATIONS RESE AND DEVELOPMENT.	ING ATORY ding grants of \$) (Revenue \$ WEEKLY ON	_)

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53-0026315 Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 х Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Х 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D, Part III 8 Х - - - -9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Х 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Х 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 Х . . . . . . . . . . . . . . . . . . . 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 х 14a Did the organization maintain an office, employees, or agents outside of the US? 14a Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the US ? If "Yes," complete Schedule F, Part I 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 х 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Х 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Х Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 Х Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21 х Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 22 Х Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete 23 Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b С Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or 27 substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . 27 Х

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Form 990 (2008)

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Form 990 (2008)

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Form 9	99 (2008) 53-0026315		F	Page <b>4</b>
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	· · · · ·		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or		1	
	employee), or an indirect business relationship through ownership of more than 35% in another entity	- 5		
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a	-~	x
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes, "	·		
	complete Schedule L, Part IV	28b		х
c	- <i>n</i> .			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	]		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	<u>M</u>	37		х

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Form	990 (2008) 53-0026315		F	Page <b>5</b>
Par				
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	US Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b NONE		的	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			調整
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 63			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	A MILLION
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	_3a	X	<b></b>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a	BAT SH	X
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
<b>r</b> -	and Financial Accounts		8 da 1	2020
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	-30		<u>x</u>
L	Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6ь	x	
7	Organizations that may receive deductible contributions under section 170(c).	6b		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
8	required?	7h 新潟学		a statu
0	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	1997. 1999 1	<u>tires</u> a
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
ă	Did the organization make any taxable distributions under section 4966?	9a		2232.38
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	30.3		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	3.005 E	经济	
11	Section 501(c)(12) organizations. Enter			1999
а	Gross income from members or shareholders		語語	
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			變
	amounts due or received from them.)	Re l		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	NF4		

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# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		x
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
-	of the governing body?	7a	<u>X</u>	
-	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during	بر <sup>ر</sup> د ۲		~~ '*_ -
_	the year by the following		2	-
a	The governing body?	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a b	Does the organization have local chapters, branches, or affiliates?	9a		<u>x</u>
U	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	9b		
10	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	10	Х	
••	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		v
~				X
Secu	on B. Policies			
Sect	on B. Policies		Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
1 2a		12a	Yes X	No
1 2a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a 12b	Х	No
1 2a	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give			No
12a b	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i>		x x	No
12a b	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i>	12b	Х	No
12a b c	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	12b 12c	x x x	No
12a b c 13	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	12b 12c 13	x x x x x	No
12a b c 13 14	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	12b 12c 13	x x x x x x x	
12a b c 13 14	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official?	12b 12c 13	x x x x x	No
12a b c 13 14	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization?	12b 12c 13 14 15a 15b	x x x x x x x x x x x x	No
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	12b 12c 13 14	X X X X X X X X	
12a b c 13 14	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	12b 12c 13 14 15a 15b	X X X X X X X X	No
12a b c 13 14 15 a b 16a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14 15a 15b	X X X X X X X X	
12a b c 13 14 15 a b 16a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	12b 12c 13 14 15a 15b	X X X X X X X X	
12a b c 13 14 15 a b 16a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	12b 12c 13 14 15a 15b	x x x x x x x x x x	
12a b c 13 14 15 a b 16a b	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	12b 12c 13 14 15a 15b 16a	x x x x x x x x x x	
12a b c 13 14 15 a b 16a b <u>Secti</u>	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	12b 12c 13 14 15a 15b 16a	x x x x x x x x x x	
12a b c 13 14 15 a b 16a b <u>Secti</u> 17	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? <b>on C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <b>b</b> _DC,	12b 12c 13 14 15a 15b 16a	X X X X X X	
12a b c 13 14 15 a b 16a b <u>Secti</u>	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? <b>fon C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶_ <u>DC</u> . Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	12b 12c 13 14 15a 15b 16a	X X X X X X	
12a b c 13 14 15 a b 16a b <u>Secti</u> 17	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? <b>on C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶ <u>DC</u> . Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection Indicate how you make these available Check all that apply	12b 12c 13 14 15a 15b 16a	X X X X X X	
12a b c 13 14 15 a b 16a b <u>Secti</u> 17 18	Does the organization have a written conflict of interest policy? If "No," go to line 13         Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done         Does the organization have a written whistleblower policy?         Does the organization have a written whistleblower policy?         Does the organization have a written document retention and destruction policy?         Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?         Other officers or key employees of the organization?         Describe the process in Schedule O (see instructions)         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?         List the states with which a copy of this Form 990 is required to be filed ▶_DC	12b 12c 13 14 15a 15b 16a 16b	X X X X X X	
12a b c 13 14 15 a b 16a b <u>Secti</u> 17	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization is central deta, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? <b>Son C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶_DC	12b 12c 13 14 15a 15b 16a 16b	X X X X X X	
12a b c 13 14 15 a b 16a b <u>Secti</u> 17 18	Does the organization have a written conflict of interest policy? If "No," go to line 13         Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done         Does the organization have a written whistleblower policy?         Does the organization have a written whistleblower policy?         Does the organization have a written document retention and destruction policy?         Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?         Other officers or key employees of the organization?         Describe the process in Schedule O (see instructions)         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?         List the states with which a copy of this Form 990 is required to be filed ▶_DC	12b 12c 13 14 15a 15b 16a 16b	X X X X X X	

organization ►<u>THE\_ASSOCIATION\_1875\_CONNECTICUT\_AVE., NW, SUITE\_1200\_WASHINGTON, DC\_20009\_</u> (202)467-2949

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average					that app	oly)	Reportable	Reportable	Estimated
	hours per week	or d	Inst	Officer	Key	emp Higt	Former	compensation from	compensation from related	amount of other
	WEEK	Vidu	itutio	cer	em	nest	ner	the	organizations	compensation
		tor tr	onal		Key employee	e S		organization	(W-2/1099-MISC)	from the
		Individual trustee or director	Institutional trustee		ee	lper		(W-2/1099-MISC)		organization and related
		Ö	tee			Highest compensated employee			_	organizations
						å				
SEE SCHEDULE J-2										
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Page 7

	rt VII Section A. Officers, Directors, Tru	istees, Ke	y Em	pic	yee	es,	and H	igl	53-0026315 hest Compensat		yees (c	Page 8
	<ul> <li>(A)</li> <li>Name and title</li> </ul>	(B) Average	_		chec		that appl		(D) Reportable	(E) Reporta		(F) Estimated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compens from rel organiza (W-2/1099	ated itions	amount of other compensation from the organization and related organizations
<u> </u>												
<u> </u>												
												<b></b>
<u>1b</u> 2	Total	e in 1a) v	vho r	ece	ivec	 I m	ore th	▶ nan	2,040,076. \$100,000 in re		NONE ompens	ation from the
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes No 3 X
4	For any individual listed on line 1a, is the the organization and related organizations individual											4 X
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr complete	ue co Sched	omp ule	bens J fo	satio r su	on fro ch per	m sor	any unrelated $\alpha$	organizatior	n for	5 X
<u>Sec</u> 1	tion B. Independent Contractors Complete this table for your five highest	compensa	ted in	dep	- Deno	leni	t conti	rac	tors that receive	d more th	an \$10	0,000 of
	compensation from the organization (A)	· .		<u> </u>		•		Γ	(B)		Ţ	(C)
	Name and business add	ress					_	$\mathbb{L}$	Description of se	rvices	C	ompensation
							· · · ·					
								-				
2	Total number of independent contractors (i compensation from the organization	ncluding t	hose	IN	1) \	who	recei	ive	d more than \$10	00,000 in		
JSA							-					Form <b>990</b> (2008)

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Par	t VIII	Statement of Reven	ue			53-0026315		Page J
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b	Federated campaigns Membership dues		· · · · · · · · · · · · · · · · · · ·				
amo amo	с	Fundraising events	<u>1c</u>					
gift lar i	d	Related organizations	1d					
ns, imi	е	Government grants (contribu	tions)1e	146,928.				
Jtio Pr 8	f	All other contributions, gifts, gran	its.					
the		and similar amounts not included		366,500.				
ont	g	Noncash contributions included						
	ĥ	Total. Add lines 1a-1f	•		513, 428.			
Service Revenue				Business Code				
evel	2a	EDUC. & TRAINING		541800	2,086,442.	2,086,442.		
e Re	ь	PUBS. & SUBSCRIPTIONS		541800	900,769.	343,067.	557,702.	
vice	с	ANNUAL CONFERENCE		541800	718,175.			718,175.
Ser	d	MEMBERSHIP DUES		541800	10,738,256.	10,738,256.		
E	е							
Program	f	All other program service rev Total. Add lines 2a-2f			14,443,642.			
	3	Investment income (includin					1997	NATIO SACINGSIANC A
	-	other similar amounts)			173,966.			173,966.
	4	Income from investment of t			NONE			1,0,500.
	5	Royalties • • • • • • • •			NONE			
	-	( c) dilles	(I) Real	(II) Personal				
	6a	Gross Rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) .			NONE	Cast Hat Shi ta ta L Ard, Shi Filinga,	THE REPORT OF CALCULARY AND	Land and the second second second second second second second second second second second second second second
	_	. ,	(I) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
:	b	Less cost or other basis						
	-	and sales expenses						
	c	Gain or (loss)		·····				
	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·		61, 574.	LA CONCERNE AL CARDIN		61,574.
	8a	_	undraising	<u>_</u> _				TE CAN
e	•••	events (not including \$	anaraising					
enu		of contributions reported on	(me 1c)					
Sev		See Part IV, line 18	-					
erf	ь	Less direct expenses						
Other Revenue	c	Net income or (loss) from fur			NONE	A CONTRACT	LAN FORMATING AND A CONTRACT	The second of the second of the second second second second second second second second second second second s
-	9a	Gross income from gaming a	-					
	54	See Part IV, line 19						
	Ь	Less. direct expenses						
	c	Net income or (loss) from ga			NONE		S DIREAS OF LOW ST A MORE	Mr. J. Water Contract Contract
	10a	Gross sales of invento	-					TRACE 1
		returns and allowances						
	b	Less: cost of goods sold					Winters - Res & B	
	c	Net income or (loss) from sal			NONE	TTE ALBERT AND THE AND A CAN	- The Contraction of Address	COLOR SALES AND A COLOR
		Miscellaneous Reven		Business Code				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	11a	MISCELLANEOUS		900099	229,946.	229,946.	NTAULDI IN ACH. I. PARTOZ	1. The second state of the second second second second second second second second second second second second s
	b	EMRI-ELECTORNIC MARKET		900099	304,850.			
	5	and tout thurth		300033		304,850.	· · · · · · · · · · · · · · · · · · ·	
	ن بر	All other revenue					. <u> </u>	
	a	All other revenue		۰ <u>ـــــ</u>	E24 705	的国家的行业的	the second second second second second second second second second second second second second second second s	13.03 (Mar 197. 1
	e 12	Total. Add lines 11a-11d .			534,796.	1333569 573 5-2 "EESTER"	STATISTICS PROPERTY	1 12 + 07 2 200 2 2 10
	12	Total Revenue. Add lines 1h			15 707 404	10 000 555		052 715
	<u> </u>	9c, 10c, and 11e	· · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	15,727,406.	13,702,561.	557,702.	953,715.
							F	orm 990 (2008)

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Page 9

Part IX Statement of Functional Expenses

. . . .

1

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	Section 501(c)(3) a All other organizations must compl		ations must complete e not required to con		), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the US See Part IV, line 21	561,797.		مونسين. 1	
2	Grants and other assistance to individuals in				
	the US See Part IV, line 22	NONE			
3	Grants and other assistance to governments,			والمعترين فليتعرض والمسترج والمسترج والمسترجة والمتعرض والمتعرض والمتعرض والمسترج والمسترج والمسترج والمسترج و	
	organizations, and individuals outside the			من من من من من من من من من من من من من م	
	US See Part IV, lines 15 and 16	NONE		۲۰ - ۱ ۵۰ - ۲۰۰۳ - ۲۰۰۳ - ۲۰۰۰ - ۲۰۰۰ ۵۴ - ۲۰۰۳ - ۲۰۰۳ - ۲۰۰۰ - ۲۰۰۰	
4	Benefits paid to or for members	NONE		· · · · · · · · · · · · · · · · · · ·	
5	Compensation of current officers, directors,				
	trustees, and key employees	2,243,614.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	3,540,331.			
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)	NONE			
9	Other employee benefits	522,257.			
10	Payroll taxes	373,867.			
11	Fees for services (non-employees)				
а	Management	NONE			
	Legal	102,369.			
С	Accounting	66,192.			
d	Lobbying	NONE			
е	Professional fundraising services See Part IV, line 17	NONE	1	م من من من من من من من من من من من من من	
f	Investment management fees	NONE			
g	Other	NONE			
12	Advertising and promotion	NONE			
13	Office expenses	89,458.			
14	Information technology.	NONE			
15	Royatties	NONE			
16	Occupancy	1,557,082.			
17	Travel	396,179.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	2,343,405.			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	457,525.			
23	Insurance	NONE			
24	Other expenses Itemize expenses not	,		The second second second second second second second second second second second second second second second s	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	PRINTING	665,877.			
b	TELECOM_CAMPAIGN	702,601.			
c	DUES_AND_MEMBERSHIPS	249,115.			
	BOOKS_AND_SUBSCRIPTIONS	117,048.			
е	AUDIOVISUAL/FILMS/PHOTOS	174,325.			
	All other expenses	2,211,386.			
	Total functional expenses. Add lines 1 through 24f	16,374,428.			
	Joint Costs. Check here ► If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation			1	

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VIENNA - 53-0026315

Form **990** (2008) **18** 

Form 990 (	2008	)	
Part X	•	Balance	Sheet

_	•		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	366,753.	1	513,812.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	341,063.	4	242,487.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			يعي وأو علي المراجع
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II			
		of Schedule L		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sales or use	- ···	8	
Ř	9	Prepaid expenses and deferred charges	220,360.	9	213,299.
	10a	Land, buildings, and equipment cost basis 10a 4,770,045			
		Less accumulated depreciation Complete	· .		
	1	Part VI of Schedule D	2,564,476.	10c	2,549,226.
	11	Investments - publicly traded securities	5,349,233.	11	4,008,209.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,261,693.	15	1,470,555.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,103,578.	16	8,997,588.
	17	Accounts payable and accrued expenses	439,560.	17	612,283.
	18	Grants payable		18	·····
	19	Deferred revenue	4,285,036.	19	4,114,600.
	20	Tax-exempt bond liabilities		20	
ŝ	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		2.2	و من محمد الم الي ما الم الم
abi		highest compensated employees, and disqualified persons Complete Part II	and the second second second		م معملة المعلمة المنبعة - يستنت المسالم من مع المعالم المعالم . م معملة المعلمة المنبعة - يستنت المسالم من معالم الم
Ξ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	7,628,510.	25	12,395,533.
	26	Total liabilities. Add lines 17 through 25	12,353,106.	26	17,122,416.
nces		Organizations that follow SFAS 117, check here $\blacktriangleright$ x and complete lines 27 through 29, and lines 33 and 34.			
ano	27	Unrestricted net assets	-848,862.	27	-8,692,911.
Balar	28	Temporarily restricted net assets	599,334.	28	568,083.
Ъ	29	Permanently restricted net assets		29	
or Fund I		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	-249, 528.	33	-8,124,828.
	34	Total liabilities and net assets/fund balances	12,103,578.	34	8,997,588.
Pa	rt XI	Financial Statements and Reporting			
					Yes No
1	Acco	ounting method used to prepare the Form 990: Cash X Accrual Othe	er		
2a	Were	e the organization's financial statements compiled or reviewed by an independent account	tant?		· · · 2a X
b	Were	e the organization's financial statements audited by an independent accountant? $\ldots$ .			

С If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a

Х Form 990 (2008)

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3b

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SCHEDULE C	Political Campaign	and Lobbyi	ng Activities	OMB No 1545-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Inco	ome Tax Under se	ction 501(c) and section 52	7 2008
`	► To be completed by e	organizations desc	ribed below.	Open to Public
Department of the Treasury Internal Revenue Service	Attach to For	m 990 or Form 990	)-EZ.	Inspection
If the organization answ • Section 501(c)(3) or	vered "Yes," to Form 990, Part IV, line 3, or For rganizations Complete Parts I-A and B Do not con	nplete Part I-C		
	er than section 501(c)(3)) organizations Complet	e Parts I-A and C belo	w. Do not complete Part I-B	
-	zations Complete Part I-A only vered "Yes," to Form 990, Part IV, line 4, or For	rm 990-EZ Part VI lin	e 47 (Lobhving Activities) then	
<ul> <li>Section 501(cy)(3)</li> </ul>	organizations that have filed Form 5768 (election rganizations that have NOT filed Form 5768 (election rganizations that have NOT filed Form 5768 (election that have not filed Form 5768 (election ) and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	n under section 501(h	) Complete Part II-A. Do not co	nplete Part II-B
If the organization answ	vered "Yes," to Form 990, Part IV, line 5 (Proxy T	fax), then		
	(5), or (6) organizations Complete Part III		In	
Name of organization			Employer identi	
	<u>C POWER ASSOCIATION</u> ompleted by all organizations exemp	t under section f	53-0(	026315
	instructions for Schedule C for details			gamzations.
1 Provide a descrip	ption of the organization's direct and indirec	t political campaig	n activities in Part IV.	·····
	tures			
3 Volunteer hours			· · · · · · · · · · · · · · · · · · ·	
DoubleD To be of	emploted by all engenizations event	under continu C		
	ompleted by all organizations exempt instructions for Schedule C for details.	under section 5	J1(C)(J).	
	t of any excise tax incurred by the organiza	tion under section	4055 ▶ \$	·
2 Enter the amoun	it of any excise tax incurred by the organization	managers under section	ection 4955 ▶ \$	
	in incurred a section 4955 tax, did it file For			
4a Was a correction	made?			
b If "Yes," describe Part I-C To be co	in Part IV. ompleted by all organizations exemp	t under costion	FO1(a) avaant contian FO	1(0)(2)
· · · · · · · · · · · · · · · · · · ·	instructions for Schedule C for details	a under section	our(c), except section ou	(()()).
	t directly expended by the filing organization	n for section 527	exempt function	
	t of the filing organization's funds contribute			
	ction activities			
	d indirect exempt function expenditures Ac			
	anization file Form 1120-POL for this year? . addresses and employer identification num			Yes No
were made Ente contributions rec	er the amount paid and indicate if the am served and promptly and directly delivered to on committee (PAC) If additional space is ne	ount was paid fro	m the filing organization's al organization, such as a se	funds or were political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		-		
		1		1

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Sch	edule C (Form 990 or 990-EZ) 2008	53-0	026315	Page <b>2</b>
Pa	To be completed by organ (election under section 501	izations exempt under section 501(c)(3) (h)). See the instructions for Schedule C for	that filed Form 5768 or details.	
A	Check ►   if the filing organization	belongs to an affiliated group		
В		checked box A and "limited control" provis	ions apply	
	Limits on Lobb (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals	
1 a	Total lobbying expenditures to influence			
b		a legislative body (direct lobbying)		
c		a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add	I lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the		······································	· · · · · · · · · · · · · · · · · · ·
	columns	5		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		· · · · · · · · · · · · · · · · · · ·
	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.		البون به دارند تورید است طور از ماه بر ا
	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.		د می از در مان والیس است و این است. این از این می و این است و این است و این است و این است و این است و این است و این این این این این این این این این این
g	Grassroots nontaxable amount (enter 25	% of line 1f)		
h	Subtract line 1g from line 1a. Enter -0- it	fline g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if	line f is more than line c		
j		either line 1h or line 1i, did the organization file		
			· •	Yes No

..... Yes 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.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) Total			
2a Lobbying non-taxable amount								
b Lobbying ceiling amount (150% line 2a, column(e))								
c Total lobbying expenditures								
d Grassroots non-taxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))	· · · · · · · · · · · · · · · · · · ·			de 3 -	<u> </u>			
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2008

Schedule	С	(Form	990	or 99	90-EZ)	2008

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Page	3
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# 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	Amo	unt	
1	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					
а	referendum, through the use of Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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	Other activities? If "Yes," describe in Part IV					
j	lotal lines 1c through 11					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			1	- · ·	
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			l		<b></b> .
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		_			p
Pa	rt III-A To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6). See the instructions for Schedule C for details.	ectior	n 501	(c)(5), or		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	x	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•••		2		x
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		••••	3	<b></b>	x
Pa	rt III-B To be completed by all organizations exempt under section 501(c)(4), se	ection	n 501	l(c)(5), or		
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N	lo" O	R if	Part III-A,		
	question 3 is answered "Yes." See Schedule C instructions for details.					
1	Dues, assessments and similar amounts from members			1		- <u></u>
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amou	unts	of			
	political expenses for which the section 527(f) tax was paid).			5 E		
а	Current year			2a		
b	Carryover from last year			2b		
С	Total		• • •	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3		· <u> </u>
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	oppair	ng			
-	and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		• • •	4		
5		<u></u>	•••	5		
Pa	rt IV Supplemental Information					
Соп	aplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C	, line	5 and	d Part II-B, li	ne 1i	
	, complete this part for any additional information					
<u>SEC</u>	TION 6033(E) NOTICE					
<u>SCI</u>	HEDULE C, PART III					
THE	E AMERICAN PUBLIC POWER ASSOCIATION IS A SERVICE ORGANIZATION	~				
REI	PRESENTING MORE THAN 1,500 MUNICIPAL, COUNTY, AND STATE-OWNED ELE	<u>CTR</u>	[ <u>C</u>			
_						
UT	LITY SYSTEMS THROUGH DIRECT MEMBERS AND AFFILIATED ORGANIZATIONS	·				

Schedule C (F	orm 990 or 990-EZ) 2008 Supplemental Information (continued)	53-0026315	Page 4
Part IV	Supplemental Information (continued)		
<b></b>			
<b>-</b>			

Schedule C (Form 990 or 990-EZ) 2008

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SCHEDUL	,E D
(Form 99	0)

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# **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047
2008
Open to Public
Inspection

	artment of the Treasury		990. To be completed o Form 990, Part IV, li			Open to Public Inspection
	nal Revenue Service e of the organization				Employer identifica	
	-	DOMED ACCOUNTING				
		POWER ASSOCIATION tions Maintaining Donor Adv	isod Eunds or Othor		<u>53-0026</u>	315
	the organ	nization answered "Yes" to For	m 990, Part IV, line 6		or Accounts. Con	
	<u> </u>		(a) Donor advi		(b) Funds and	other accounts
1	Total number at e	nd of year				· · · · · · · · · · · · · · · · · · ·
2		utions to (during year)				
3		from (during year)				
4		at end of year				
5		on inform all donors and donor a	dvisors in writing that t	he assets held in (	donor advised	
-	-	anization's property, subject to th	-			🗌 Yes 🗌 No
6		on inform all grantees, donors, a				
	used only for char					
		vate benefit?				
Ра	rt II Conserva	ation Easements. Complete if	the organization and	swered "Yes" to	Form 990, Part IV	
1	Purpose(s) of con	servation easements held by the	organization (check all	that apply)		
	Preservation	of land for public use (e.g., recre	ation or pleasure)	Preservation	of an historically in	portantly land area
	1 1	f natural habitat	• •	1 1	of certified historic	•
	Preservation	of open space				
2	Complete lines 2a	-2d if the organization held a qua	alified conservation co	ntribution in the fo	rm of a conservation	n easement
	on the last day of	the tax year.			(	
					Held at th	e End of the Year
а	Total number of c	onservation easements			. 2a	
b	Total acreage res	tricted by conservation easements	5		. <u>2</u> b	
С	Number of conser	vation easements on a certified	historic structure incluc	ed in (a)	. 2c	, <u></u>
d	Number of conse	rvation easements included in (c)	) acquired after 8/17/0	6	. 20	
3	Number of conser	vation easements modified, tran	sferred, released, exti	nguished, or termi	inated by the organiz	ation during
	the taxable year					
4		where property subject to conse				
5		ation have a written policy regard				
_		e conservation easements it holds				
6		hours devoted to monitoring, ins				
7		es incurred in monitoring, inspec		-		
8		rvation easement reported on line	• •	-		$\square$ , $\square$ ,
~		d 170(h)(4)(B)(ıı)?				Yes No
9		be how the organization reports			•	
		d include, if applicable, the text of accounting for conservation ease		rganization's finar	icial statements that	describes
Pa		tions Maintaining Collections		reasures, or Oth	er Similar Assets	
	Complete	e if the organization answered	"Yes" to Form 990,	Part IV, line 8.		
1a	If the organization	elected, as permitted under SF/	AS 116 not to report u	n its revenue state	ment and balance s	heet works of
	art, historical trea:	sures, or other similar assets hel	d for public exhibition.	education, or rese	earch in furtherance	of public service,
	•	V, the text of the footnote to its f				
b		elected, as permitted under SF/ s, or other similar assets held fo				
		ing amounts relating to these iter		cation, or researc		oddic service,
		uded in Form 990, Part VIII, line 1				i
		ed in Form 990, Part X				
2		received or held works of art, hi				
-	-	required to be reported under S				
а		d in Form 990, Part VIII, line 1 .				;
b		Form 990, Part X				
-						

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

Schedule D (Form 990) 2008

Sche	lule D (Form 990) 2008					F	2 00	26216		Dees
Par			ctions c	of Art Histo	rical			26315 Other Similar /	Secote /	Page Continued
		ng oone			incui	reasures	, 01 0		133613 [1	Jonandeuj
3	Using the organization's accession	and other	records	, check anv	of the	followina th	nat are	e a significant u	se of its d	collection
_	items (check all that apply)					· · · · · · · · · · · · · · · · · ·		<b>j</b>		
а	Public exhibition			d [	٦ I	oan or exc	:hang	e programs		
b	Scholarly research			e –	-	Other		- p. cg		
c	Preservation for future ge	enerations		•	., L			· · · · · ·		
4	Provide a description of the organi		llections	and explain	how th	nev further	the o	'aanization's ex	empt pur	nose in
•	Part XIV							gamzation o on	ompt pai	
5	During the year, did the organization	on solicit o	or receive	e donations o	of art	nistorical tr	easur	es or other simi	lar	
Ū	assets to be sold to raise funds rat									
Dai	t IV Trust, Escrow and Custo									
r ai	Part IV, line 9, or reporte						ion ai	ISWEIEU IES	to rom	1 3 3 0,
1 2	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not									
	included on Form 990, Part X?									Yes N
Ь	If "Yes," explain the arrangement in						• • •		•••• [	
	in res, explain the analycinent i				lowing	labic [	-	Δ	mount	
с	Beginning balance					-	10		anount	
ь Ь	Additions during the year					L				
e	Distributions during the year									
f	Ending balance					L	1f			
2a	Did the organization include an am									Yes
	If "Yes," explain the arrangement in		000				• • • •		•••• L	
Par			organiz	ation answe	ered "	(es" to Fo	rm 90	0 Part IV line	> 10	
r ai		(a) Curre		(b) Prior ye		(c) Two yea				(e) Four years back
1a	Beginning of year balance									1
b					5.5		42.64			
с	Investment earnings or losses				-			و دو هم از بالی می از بالی می از این از می از می از می از می از می از می از می از می از می از می از می از می از می موجه بالی می از می از می از می از می از می از می از می از می از می از می از می از می از می از می از می از می مرابع از می از می از می از می از می از می از می از می از می از می از می از می از می از می از می از می از می از م	2. 3. 1. 1	A second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
d	Grants or scholarships			A ALLE		م المحمد من مستقدم مع من مستقدم من مستقدم من مستقدم من مستقدم من مستقدم من مستقدم من مستقدم من من من من من من مراجع من من من من من من من من من من من من من				
е	Other expenditures for facilities .			and an and the state of the state		<u></u>	1.3 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 .			
	and programs									
f	Administrative expenses					يتعرفه وتيتد الأدرج				
g	End of year balance		· · · · · ·		-		27. 19 X			
2	Provide the estimated percentage	of the yea	r end ba	lance held as	<u>,</u> 1			e al ne rightaria constant		Is a company start
а	Board designated or quasi-endown			%						
b	Permanent endowment	%								
с	Term endowment	%								
3a	Are there endowment funds not in	the posse	ession of	the organiza	ation th	hat are held	d and	administered for	the	
	organization by	•		U						Yes No
	(i) unrelated organizations									3a(i)
	(ii) related organizations									3a(ii)
b	If "Yes" to 3a(II), are the related org									3b
4	Describe in Part XIV the intended u	-		•						
Par							t X. li	ne 10		
	Description of investment		(a) Cost	or other basis	(b)	Cost or other asis (other)		(c) Depreciation	(	d) Book value
 1 a	Land			· · · · · · · · · · · · · · · · · · ·		· · ·		······································		·
	Buildings					<u>-</u>				
	Leasehold improvements	4			<u> </u>	E 20 22	-	711 405		016 700
	Equipment	L L				<u>,528,20</u>		711,495.	{	816,708
	Other				$+^2$	<u>,878,80</u>		1,340,305.		1,538,504
	I. Add lines 1a-1e (Column (d) shou		000	Part V ool		363,03	3.	<u>    169,019.</u>		194,014
		nu equal P	0001 990	, rait A, CON	лин (B	, iii e 10(C)	1	<u> 🏲</u>	l	2,549,226

Schedule D (Form 990) 2008

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Schedule D (Form 990) 2008		53-0026315	Page 3
Part VII Investments - Other Securities. See	Form 990, Part X, lin	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
Financial derivatives and other financial products			
Closely-held equity interests			
Other	<u></u>		
	<u></u>		
	<u>+</u>		
		· · · · · · · · · · · · · · · · · · ·	
		·····	
		·····	
		· · · · · · · · · · · · · · · · · · ·	
	1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments - Program Related. See	Form 990, Part X, III	ne 13	
(a) Description of investment type	(b) Book value	(c) Method of valuatio	
		Cost or end-of-year market	t value
			<u> </u>
		·····	
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	•		A State of the second second
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a	) Description		(b) Book value
ART WORK			15,828.
SUBLEASE ESCROW DEPOSITS			NONE
LEASE INCENTIVE RECEIVABLE	······		NONE
INVESTMENT IN SUBSIDIARY			1,454,727.
			<u> </u>
	<u></u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)			1 470 555
Part X Other Liabilities. See Form 990, Part		·····	1,470,555.
(a) Description of Irability	(b) Amount		
Federal income taxes			
ACCRUED LEAVE	615,749.		
POST-RETIREMENT BENEFITS	NONE		
LIABILITY FOR PENSION BENEFITS	10,017,737.		
CAPITAL LEASE LIABILITY	487,666.		
DEFERRED RENT	1,274,381.		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	12, 395, 533.		

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

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Schedule	D (Form 990) 2008 53-0026315	Page 4
Part >		
	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net). Add lines 4-8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10
Part >		
1	Total revenue, gains, and other support per audited financial statements	. 1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	·
d	Other (Describe in Part XIV)	
е	Add lines 2a through 2d	. <u>2e</u>
3	Subtract line 2e from line 1	. 3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	۰. عربي د
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)	2 5 1 4 4 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Add lines 4a and 4b	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	
Part >		Return
	Total expenses and losses per audited financial statements	. 1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
	Donated services and use of facilities 2a	<u> </u>
	Prior year adjustments	
c	Losses reported on Form 990, Part IX, line 25	
	Other (Describe in Part XIV)	
	Add lines 2a through 2d	- 1 1
-	Subtract line 2e from line 1	· 3
		a fille
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b	
_		
с 5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. <u>4c</u> . 5
	V Supplemental Information	· · · · · · · · · · · · · · · · · · ·
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	d N/ keen 1h
	; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	art IV, nnes ID
4114 20		
		Schedule D (Form 990) 2008

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Schedule D (Fo	em 990) 2008	53-0026315	Page 5
Part XIV	Supplemental Information (continued)		

Schedule D (Form 990) 2008

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990. Employer identification number									
AMERICAN PUBLIC	POWER ASSOCIAT	NOI					53-0026315			
Part I General Inf			nce					· · · · · · · · · · · · · · · · · · ·		
the selection criter	tion maintain records ia used to award the g / the organization's pro	rants or assista	ance?			eligibility for the grants	or assistance, and	Yes X No		
Part II Grants and Form 990, I Use Part IV	Other Assistance Part IV, line 21, for and Schedule I-1 (F	any recipient	that received	1 more than \$5,00	0. Check this box i	f no one recipient r	eceived more than	\$5,000.		
1 (a) Name and address of c or government	organization	(b) EIN		(d) Amount of cash gran		(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SEE SCHEDULE I-	1									
		<u> </u>								
							· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
	of section 501(c)(3) a of other organizations		<u></u>	<u></u> .			<u></u>	lule I (Form 990) 2008		

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Schedule I (Form 990) 2008			53-0026315	······	Page
Part III Grants and Other Assistance to Use Schedule I-1 (Form 990) if ad	Individuals in ti Iditional space is	he United State needed.	s. Complete if th	e organization answered	"Yes" on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		<u> </u>			
					······
Part IV Supplemental Information. Comp	lete this part to	provide the inf	ormation required	d in Part I, line 2, and any	other additional information.
					۸

Schedule I (Form 990) 2008

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Department of the Treasury nternal Revenue Service		►		990 to list additior d Part III, Schedule				Open to Public Inspection
Name of the organization							Employer identifica	ition number
AMERICAN PUBLI	C POWER ASSOCIAT	ION					53-002631	5
	tion of Grants and		ance to Goveri	nments and Orga	nizations in the U.	S. (Schedule I (Forn		**** · · · · · · · · · · · · · · · · ·
(a) Name and addre or gover		(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN MUNICIPAL PO	WER-OHIO							
DEPARTMENT L614 COLUM	BUS, OH 43260			25,000.				DEED PROJECT PAYMENT
BRAINTREE_ELECTRIC_LI	GHT_DEPT							
150 POTTER ROAD BRAIN	TREE, MA 02184-1364			10,262.				DEED PROJECT PAYMENT
BURNS & MCDONNELL INV	<u>#51285-1</u>							
9400 WARD PKWY KANSAS	CITY, MO 64114-3119			12,500.				DEED PROJECT PAYMENT
CITY OF ANAHEIM	SUITE 800			26,786.				DEED PROJECT PAYMENT
CITY OF COLUMBIA								
P.O. BOX 6912 COLUMBI	A, MO 65205		· · · · · · · · · · · · · · · · · · ·	37,493.			<u>-</u>	DEED PROJECT PAYMENT
CITY OF FOREST GROVE P.O. BOX 326 FOREST G				39,174.				DEED PROJECT PAYMENT
CITY OF MANASSAS	NASSAS, VA 20110			38,688.				DEED PROJECT PAYMENT
CITY OF ST. CLAIRSVIL 100 MARKET ST. ST. CL				5,666.			<u> </u>	DEED PROJECT PAYMENT
CITY OF WESTERVILLE	POB 6107			77,530.				DEED PROJECT PAYMENT
CLEVELAND_PUBLIC_POWE				35,000.				DEED PROJECT PAYMENT
ELECTRICITY OF NORTH	CAROLINA RALEIGH, NC 27626-0513			18,000.				DEED PROJECT PAYMENT
ANSING BOARD OF WATE				10,540.				DEED PROJECT PAYMENT
NORTHEAST_PUBLIC_POWE	R ASSOCIATION			7,500.				DEED PROJECT PAYMENT
PLATTE_RIVER_POWER_AU 2000 EAST HORSETOOTH				7,433.				DEED PROJECT PAYMENT
SACRAMENTO MUNICIPAL 5201 S STREET SACRAME	UTIL DIST			73,158.				DEED PROJECT PAYMENT
	er of Section 501(c)(3) a er of other organizations							<u> </u>

**Continuation Sheet for Schedule I (Form 990)** 

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

Schedule I-1 (Form 990) 2008

OMB No 1545-0047

2008

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SCHEDULE I-1 (Form 990)

For Privacy	Act and Paperwork Re	duction Act Notice, see	e the Instructions for Form 990.
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Continuation Sheet for Schedule I (Form 990)
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► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047 2008 Open to Public

Schedule I-1 (Form 990) 2008

Inspection

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Department of the Treasury Internal Revenue Service

SCHEDULE I-1

(Form 990)

Name of the organization

Employer identification number

(a) Name and address of organization	(b) EIN	(c) IRC Code section		(e) Amount of non-cash			(h) Durante of areas
or government		if applicable	(d) Amount of cash grant	assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALT RIVER PROJECT							
O. BOX 52025 PHOENIX, AZ 85072-2025			44,991.	··-·· ··- ··- · - <u>·</u> -·			DEED PROJECT PAYMEN
ENNESSEE_VALLEY_AUTHORITY							
CPARTMENT 888018 KNOXVILLE, TN 37995-8018	· · · · · · · · · · · · · · · · · · ·		21,055.				DEED PROJECT PAYMEN
ENNESSEE_VALLEY_PUBLIC_POWER							
201 CHESTNUT STREET			15,000.				DEED PROJECT PAYMEN
ISCONSIN_PUBLIC_POWER_INC.							
125 CORPORATE CENTER DRIVE			10,450.				DEED PROJECT PAYMEN
		<u> </u>					
			<u></u>				
						· · · · · · · · · · · · · · · · · · ·	



(Form 990) 2008 Continuation of Grants and O	ther Assistance to Ind	ividuals in the U.S	0026315 S. (Schedule I (Form	990), Part III.)	Ρε
(a) Type of grant or assistance	(b) Number of recipents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
·····			· · · · · · · · · · · · · · · · · · ·		, <u>,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					<u>, , , , ,</u> , , , , , , , , , , , , , ,
			· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		<u> </u>			······································
<u> </u>			· · · · · · · · · · · · · · · · · · ·		
			<u></u>		<u> </u>
		<u>.</u>			
					· · · · · · · · · · · · · · · · · · ·
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			<u></u>		<u> </u>
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······					

Schedule I-1 (Form 990) 2008

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SCHEDULE J Compensation Information					OMB No 1545-0047				
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees				<i>୭</i> <b>៣</b>					
			60						
Department of the Treasury Attach to Form 990. To be completed by organizations					Open to				
internal Reve		that answered "Y	'es" to Form 990, Part IV, line 23.		Inspe		n		
	e organization			Employer identification	tion numb	er			
		ER ASSOCIATION	I	53-00263	15				
Partl	Questions Rega	rding Compensation					1		
						Yes	N		
		<b>.</b> .	vided any of the following to or for a personal						
99			provide any relevant information regarding			-			
-	First-class or cha		Housing allowance or residence for						
	Travel for compa		Payments for business use of person						
		on and gross-up payments	Health or social club dues or initiation						
L	Discretionary spe	ending account	Personal services (e g , maid, chauffe	eur, chef)					
1. ICI									
			ten policy regarding payment or reimbur						
			No," complete Part III to explain		<u>1b</u>		<u>x</u>		
			mbursing or allowing expenses incurred						
on	icers, directors, trus	tees, and the CEO/Executive D	Director, regarding the items checked in lin	e 1a?	2	X			
2 10	heats which if any	of the following the energy time		<b>L</b> _	· · · ·				
			uses to establish the compensation of t	ne	1.2	нт <sub>го</sub>	1 -		
		ecutive Director Check all that a							
	Compensation co		X Written employment contract			(-(-)	10		
			X Compensation survey or study		1.1				
L2	C Form 990 of othe	er organizations	x Approval by the board or compensa	tion committee		, .			
4 Du	ring the year did ar	y person listed in Form 990, Pa	art VII. Section A line 1e			,	-		
			yment?						
b Pa	rticipato in or rocoi	re nave and from a supplement	tal parqualities retirement plan?	•••••••	4a 4b		<u> </u>		
		or receive payment from, a supplemental nonqualified retirement plan?							
			ide the applicable amounts for each item in		4c		X		
	res to any or lines	4a-c, list the persons and provi	the the applicable amounts for each tieft in	Partin	1.1	rv -	نۍ پې -		
07	w 501(c)(3) and 50	1(c)(4) organizations must con	nplata linas 5.8			4			
			ne 1a, did the organization pay or accrue a	201		_	•		
		ent on the revenues of	The Ta, the the organization pay of accide a	ary	,				
					5.0				
					5a				
	'Yes" to line 5a or 5l			• • • • • • • • •	5b		<u> </u>		
			as to did the organization new or operior						
	-		ne 1a, did the organization pay or accrue a	ury			1		
		ent on the net earnings of							
a ih b An		<i></i>		•••••	6a				
יזי או	Yes" to line 6a or 6l	ur		• • • • • • • • •	6b				
			ne 1a, did the organization provide any no	n fivod			1		
			cribe in Part III		7		$\vdash$		
	•	-	and or accrued pursuant to a contract that y						
	•	-	egs section 53 4958-4(a)(3)? If "Yes," de						
	eart III				8	ł	1		

JSA

#### 53-0026315

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

## Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	237,427.	NONE	NONE	NONE	8,929.	246,356.	NONE
JEFFREY J, TARBERT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	247,630.	NONE	NONE	NONE	13,259.	260,889.	NONE
JAMES J. NIPPER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	218,895.	NONE	NONE	NONE	2,181.	221,076.	NONE
SUSAN KELLY	(11)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(1)	440,109.	NONE	NONE	14,360.	8,929.	463,398.	NONE
PHILLIP M. CRISSON	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	152,115.	NONE	NONE	NONE	13,259.	165,374.	NONE
MIKE HYLAND	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	159,247.	NONE	NONE	NONE	341.	159,588.	NONE
ALLEN E MOSHER	(ii) [	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(1)	145,770.	NONE	NONE	NONE	NONE	145,770.	NONE
JOHN KELLY	(11)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	137,866.	NONE	NONE	NONE	NONE	137,866.	NONE
JEANNE LABELLA	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(1)							
	(11)							
	(1)							
	(1)							
· · · · · · · · · · · · · · · · · · ·	(i)							
	(ii)							
	(i)							
	l (iii) [							
	(i)							····
	l m							
<u> </u>	(i)							
	(1)		· · · ·					
	(i)				-			
	(0)		†					

Schedule J (Form 990) 2008

Page 2

Schedule J (Form 990) 2008	53-0026315	Page 3
Part III Supplemental Information		*
Complete this part to provide the information, explanation for any additional information.	i, or descriptions required for Part I, lines 1a, 1b, 4c, 5a,	5b, 6a, 6b, 7, and 8. Also complete this part
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### SCHEDULE J-2 (Form 990)

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Department of the Treasury Internal Revenue Service

## **Continuation Sheet for Form 990**

OMB No 1545-0047

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

2008 Open to Public Inspection

Internal	Revenue	Service	
Name	of the	Organization	

Employer Identification number

Part I Continuation of Officers,	Directors, Truste	es, K	ey E	Emp	oloy	yees,	an	d Highest Com	pensated	
Employees	<b></b>	т						r <u>-</u>		
(A)	(B)	1		(C				(D)	(E)	(F)
Name and Title	Average hours per week	Por director	Institutional trustee	<u> </u>	Key employee	Highest compensated	<u> </u>	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MAUDE_GRANTHAM-RICHARDS			$\vdash$			<u>e</u>	-			······
CHAIR	<u> </u>	x						NONE	NONE	NON
MARC_GERKEN		1								
CHAIR-ELECT	1	X					ļ	NONE	NONE	NON
TERRY J. HUVAL	1.	x						NONE	NONE	NON
		┼┻	$\vdash$	<u>  -  </u>			+-	NONE	NONE	NON
MARK_BONSALL TREASURER	1.	x						NONE	NONE	NON
GEORGE M. CAAN		1					1			
DIRECTOR	1	X	$\vdash$				<u> </u>	NONE	NONE	NON
WILLIAM CARROLL										
DIRECTOR	1.	X	ļ					NONE	NONE	NON
LONNIE_CARTER										
DIRECTOR	1.	X						<u>NONE</u>	NONE	NON
ALLEN_CROWSER			1							
DIRECTOR	1	X						NONE	NONE	NON
PHYLLIS_CURRIE										
DIRECTOR	1	X						NONE	NONE	NON
CHARLES_M. DAVIS						ł				
DIRECTOR	1	X					ļ	NONE	NONE	NON
JIM_DAVIS										
DIRECTOR	1.	X				L	1	NONE	NONE	NON
HAROLD_E. DEPRIEST										
DIRECTOR	1.	x	1			L		NONE	NONE	NON
JAMES_ADICKENSON										
DIRECTOR	1.	<u>x</u>				L		NONE	NONE	NON
PAULA_JDIFONZO										
<u>DIRECTOR</u>	1.	X						NONE	NONE	NON
WILLIAM_DOLLAR										
DIRECTOR	1.	X	1					NONE	NONE	<u> </u>
TERRY_DRAPER							1			
DIRECTOR	1.	x						NONE	NONE	NON
JOEY_DUREL			1			1	{			
DIRECTOR	1.	x						NONE	NONE	NON
KEVIN_EASLEY										
DIRECTOR	1.	x				1		NONE	NONE	NON
ROBERT_PJOHNSTON			Γ							
DIRECTOR	] 1	x						NONE	NONE	NON
ROBERT_V. JOLLY						<u> </u>	1			
DIRECTOR	1.	x				1		NONE	NONE	NON
STEVEN_KLEIN			1			<u> </u>	1			
DIRECTOR	1.	X	1	1		1		NONE	NONE	NON
······································						· <b>I</b>	1			

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

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### **SCHEDULE J-2** (Form 990)

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### **Continuation Sheet for Form 990**

OMB No 1545-0047

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

8 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

Employer Identification number

Part I Continuation of Officers, Dire Employees		cs, N	C Y L	ł	, ioj	/663,	am	a ingliest com	henzaren	
(A)	(B)	T		(0	;)			(D)	(E)	(F)
Name and Title	Average hours	Posi	tion (			that app	oly)	Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DONALD_EKOM										
DIRECTOR	1	X						NONE	NONE	NON
DAVE_LOCK	1.	x						NONE	NONE	NON
LARRY_MUSICK	<u>^ •</u> _							NONE	NONE	NON
DIRECTOR	1.	x						NONE	NONE	NON
JOE_PACOVSKY										
DIRECTOR	1.	x						NONE	NONE	NON
BILL RADIO										
DIRECTOR	1.	x						NONE	NONE	NON
J. GARY STAUFFER										
DIRECTOR	1.	x						NONE	NONE	NON
SHARON_STAZ										
DIRECTOR	1.	X						NONE	NONE	NON
DAVID_RWALTERS										
DIRECTOR	1.	X						NONE	NONE	NON
COLIN_WHITLEY	-									
DIRECTOR ROBERT_EWILLIAMS	<u> </u>	X						NONE	NONE	NON
DIRECTOR	1	x						NONE	NONE	NON
BRIAN_MOECK										
DIRECTOR	1	X						NONE	NONE	NON
PAUL J. PALLAS										
DIRECTOR	1.	X						NONE	NONE	NON
COLEMAN_SMOAK DIRECTOR	1							NONE	NONE	
LYNNE_TEJEDA	1.	<u> </u>						NONE	NONE	NON
DIRECTOR	1.	x						NONE	NONE	NON
PHILLIP_MCRISSON	£.	<u>  ^ </u>						NONE		
PRESIDENT & CEO	40.			x				440,109.	NONE	23,289
HARRY_ROLIBRIS		1						110/1051		20/203
DIRECTOR OF FINANCE	40.			x				57,102.	NONE	NON
JEFFREY_JTARBERT										
SENIOR VP- MEMBER SE	40.				х			237,427.	NONE	8,929
JAMES_JNIPPER										
SENIOR VP- GOV'T REL	40.				x			247,630.	NONE	13,259
SUSAN_KELLY										
VP POLICY ANALYSIS & GEN COUNS	40.				х			218,895.	NONE	2,181
MIKE_HYLAND										
VP_ENGINEERING_SERVICES	40				Х			152,115.	NONE	13,259
ALLEN_E_MOSHER										
SR. POL ANALYSIS DIR	40.	1				x		159,247.	NONE	34

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### SCHEDULE J-2 (Form 990)

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Department of the Treasury Internal Revenue Service

## **Continuation Sheet for Form 990**

OMB No 1545-0047

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

2008 Open to Public Inspection

Internal Revenue Service	<u> </u>								-		nspection
Name of the Organization									Employ	er Identification nur	mber
AMERICAN PUBLIC POWER ASSOCIAT										53-0026315	
Part I Continuation of Officers, Dire Employees	ctors, Truste	es, Ke	ey E	Emp	oloy	/ees,	an	d Highes	st Com	pensated	
(A)	(B)			(0	)			(D	)	(E)	(F)
Name and Title	Average hours		ion (	chec	k all i	that app	piy)	Report		Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
JOHN_KELLY											
ECONOMICS & RESEARCH DIRECTOR	40.					x		145	<u>.770.</u>	NONE	5,785.
JEANNE_LABELLA											
VP PUBLISHING	40.					x		137	866.	NONE	13,259.
NATHAN_MITCHELL											
ENGINEERING & OPERATION DIRECT	40.	ļ				X		124	<u>,165.</u>	NONE	8,929.
ROBERT_VARELA											
EDITOR PUBLIC POWER WEEKLY	40.					X		119	,750.	NONE	13,259.
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Schedule J-2 (Form 990) 2008

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VIENNA - 53-0026315

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.	e Open to Public Inspection
Name of the organization		Employer identification number
AMERICAN PUBLI	C_POWER ASSOCIATION	53-0026315
<u>_CLASSES_OF_ME</u>	MBERS OR STOCKHOLDERS	
<u>PART VI OF TH</u>	E FORM 990, SECTION A, QUESTION 6	
_ REGULAR_ MEMBE	RS_ARE_THE_ONLY_CLASS_OF_MEMBERSHIP_ENTITLED_TO_ELEC	<u>T_THE</u>
<u>MEMBERS OF TH</u>	E_GOVERNING_BODY, APPROVE_SIGNIFICANT_DECISIONS_OF_T	НЕ
GOVERNING BOD	Y AND VOTE ON MATTERS BROUGHT BEFORE THE MEMBERSHIP,	<u>AND</u>
<u>ALSO TO PARTI</u>	CIPATE FULLY IN THE AFFAIRS OF THE ASSOCIATION.	
	·	

JSA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 8E1300 1 000

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Schedule O (Form 990) 2008	Page <b>2</b>
	Employer identification number
AMERICAN PUBLIC POWER ASSOCIATION	53-0026315
ELECTION BY MEMBERS OR STOCKHOLDERS	
PART VI OF THE FORM 990, SECTION A, QUESTION 7A	
THE REGULAR MEMBERS SHALL ELECT MEMBERS OF THE BOARD OF DIRECTORS	£
APPROVE PUBLIC POLICY POSITIONS OF THE ASSOCIATION ON MAJOR ISSUE	<u>S</u>
AFFECTING PUBLIC POWER SYSTEMS. THE BOARD OF DIRECTORS MAY FILL	<u>ANY</u>
OTHER VACANCIES THAT OCCUR IN ITS ELECTED MEMBERSHIP BY APPOINTME	NT_OF
INDIVIDUALS QUALIFIED TO FILL SUCH VACANCIES FOR THE REMAINING TE	RM_OF
THE POSITION.	

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Schedule O (Form 990) 2008

Schedule O (Form 990) 2008 Name of the organization	Page 2 Employer identification number				
AMERICAN_PUBLIC_POWER_ASSOCIATION	53-0026315				
_ DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS					
PART VI OF THE FORM 990, SECTION A, QUESTION 7B					
THE REGULAR MEMBERS HAVE THE RIGHT TO APPROVE AND RATIFY DECISION	<u>S_OF_THE</u>				
GOVERNING BODY. THE REGULAR MEMBERS APPROVE POLICY POSITIONS OF THE					
ASSOCIATION ON MAJOR ISSUES AFFECTING PUBLIC POWER SYSTEMS, APPROVE OR					
DISAPPROVE CHANGES IN DUES AND SPECIAL ASSESSMENTS AND AMENDMENTS TO THE					
ASSOCIATION BYLAWS. ALL ACTIONS OF THE MEMBERSHIP OF THE ASSOCIA	TION				
_SHALL_BE_APPROVED_BY_A_MAJORITY_VOTE_WITH_EACH_REGULAR_MEMBER_CAS	TING_ONE				
_ VOTE, UNLESS A REGULAR MEMBER REQUESTS AT THE TIME A VOTE IS TAKE	<u>N_OR</u>				
_ IMMEDIATELY_THEREAFTER_THAT_A_WEIGHTED_VOTE_BE_TAKEN_ON_A_PARTICU	LAR				
_MATTER, IN WHICH CASE A MAJORITY OF THE WEIGHTED VOTES CAST SHALL	<u></u>				
_ REQUIRED FOR ACTION REGULAR MEMBERS SHALL BE ASSIGNED VOTES					
PROPORTIONAL TO THE DUES PAYABLE BY SUCH MEMBER FOR THE CURRENT CALENDAR					
_YEAR THE SECRETARY SHALL ASSIGN EACH REGULAR MEMBER ONE VOTE FO	R_EACH				
_ FIFTEEN_THOUSAND_DOLLARS_(\$15,000), OR_FRACTION_THEREOF, OF_DUES_	PAYABLE				
_ BY IT, WITH EACH REGULAR MEMBER BEING ASSIGNED AT LEAST ONE VOTE.					
JSA 8E 1301 1 000	Schedule O (Form 990) 2008				

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Schedule O (Form 990) 2008	Page <b>2</b>
Name of the organization           AMERICAN         PUBLIC         POWER         ASSOCIATION	Employer identification number 53-0026315
AMERICAN FOBLIC FOWEN ASSOCIATION	
THE PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990	
PART VI OF THE FORM 990, SECTION A, QUESTION 10	
BEGINNING WITH THE 2008 FORM 990 A COMPLETED DRAFT OF FORM 990 WI	LL_BE
DISTRIBUTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS	<u>FOR</u>
REVIEW AND APPROVAL BEFORE IT IS FILED WITH THE IRS.	
JSA 8E 1301 1 000	Schedule O (Form 990) 2008
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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
AMERICAN PUBLIC POWER ASSOCIATION	53-0026315
_ PROCESS_FOR_DETERMINING_COMPENSATION	
PART VI OF THE FORM 990, SECTION B, QUESTION 15B	
THE ORGANIZATION USES A COMPENSATION STUDY CONDUCTED BY AN OUTSID	E
CONSULTANT, WHICH WAS PERSENTED TO AND APPROVED BY THE EXECUTIVE	
COMMITTEE OF THE BOARD OF DIRECTORS AND VOTED UPON BY THE FULL BO	ARD AT
THE FALL BOARD MEETING.	
	· · · · · · · · · · · · · · · · · · ·

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Schedule O (Form 990) 2008

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
AMERICAN PUBLIC POWER ASSOCIATION	53-0026315
_FINANCIAL_STATEMENTS	
PART IV OF THE FORM 990, QUESTION 12	
AS THE ORGANIZATION AND ITS SUBSIDIARIES MEET THE GAAP REQUIREMEN	TS_FOR
CONSOLIDATION, THE ORGANIZATION RECEIVED CONSOLIDATED AUDITED FIN	ANCIAL
STATEMENTS FOR THE YEAR IN WHICH IT IS COMPLETING THE RETURN. AN	
INDEPENDENT AUDITING FIRM CONDUCTED THE AUDIT OF THE FINANCIAL	
STATEMENTS. THE AUDITED FINANCIAL STATEMENTS WERE PREPARED IN AC	CORDANCE
WITH GAPP.	

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Schedule O (Form 990) 2008	Page 2			
Name of the organization           AMERICAN_PUBLIC_POWER_ASSOCIATION	Employer identification number 53-0026315			
MONITORING THE CONFLICT OF INTEREST POLICY				
PART VI OF THE FORM 990, SECTION B, QUESTION 12				
APPA HAS A CODE OF CONDUCT AND A CONFLICT OF INTEREST POLICY. TH	ESE			
POLICIES APPLY TO APPA'S DIRECTORS, OFFICERS AND STAFF TO AVOID A	<u>NY</u>			
INTEREST THAT CONFLICTS OR APPEARS TO CONFLICT WITH THE INTERESTS OF THE				
ASSOCIATION OR THAT COULD REASONABLY BE DETERMINED TO HARM THE				
ASSOCIATION'S REPUTATION. A CONFLICT OF INTEREST EXISTS IF ACTION	S_BY_A			
DIRECTOR, OFFICER, OR STAFF MEMBER OF THE ASSOCIATION ARE, OR COU	LD			
_REASONABLY_APPEAR_TO_BE, INFLUENCED_DIRECTLY_OR_INDIRECTLY_BY_PER	SONAL			
_INTERESTS, AFFILIATIONS OR ACTUAL OR POTENTIAL BENEFIT OR GAIN T	<u>O_THE</u>			
_ INDIVIDUAL OR HIS OR HER IMMEDIATE FAMILY.				
ANY INDIVIDUAL WHO MAY BE INVOLVED IN AN ISSUE OR TRANSACTION IN	WHICH HE			
OR SHE HAS AN ACTUAL OR APPARENT CONFLICT OF INTEREST SHALL NOT				
_PARTICIPATE IN OR BE PRESENT AT THAT PORTION OF THE MEETING OF TH	E_BOARD			
OR ANY COMMITTEE OF THE BOARD AT WHICH THE ISSUE OR TRANSACTION I	<u>S</u>			
CONSIDERED. THE INTERESTED INDIVIDUAL MAY, HOWEVER, ANSWER QUESTI	ONS			
REGARDING THE ISSUE OR TRANSACTION. THE MINUTES OF THE MEETING SH	<u>ALL</u>			
REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE INTERESTED DIRECT	OR,			
OFFICER OR OTHER INDIVIDUAL LEFT THE ROOM AND DID NOT PARTICIPATE	IN THE			
DISCUSSION AND DID NOT VOTE ON THE ISSUE OR TRANSACTION.				
ANY DIRECTOR, OFFICER OR STAFF MEMBER WHO HAS A QUESTION AS TO WH	ETHER A			
PARTICULAR SET OF FACTS OR SITUATION GIVES RISE TO A POTENTIAL CO	NFLICT			
OF INTEREST MUST SEEK CLARIFICATION FROM THE ASSOCIATION'S GENERA	L			
_COUNSEL				

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Schedule O (Form 990) 2008

Schedule O (Form 990) 2008	Page 2 Employer identification number
AMERICAN PUBLIC POWER ASSOCIATION	53-0026315
IN ADDITION, BOARD MEMBERS AND SENIOR STAFF MUST FILL OUT ANNUAL	
DISCLOSURE STATEMENTS, WHICH ARE REVIEWED BY THE GENERAL COUNSEL.	
DIRECTORS, OFFICERS AND STAFF HAVE AN ONGOING OBLIGATION TO DISCL	<u>ose</u>
POTENTIAL OR ACTUAL CONFLICTS OF INTEREST IF THEY ARISE.	

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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
AMERICAN PUBLIC POWER ASSOCIATION	53-0026315
_FINANCIAL_STATEMENT_AUDIT	
PART XI OF THE FORM 990, QUESTION 2	
THE CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPEND	ENT
ACCOUNTANT. THE ORGANIZATION DOES HAVE AN IDEPENDENT AUDIT COMMI	TTEE
THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS	
FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNT	<u>ANT.</u>
JSA 8E 1301 1 000	Schedule O (Form 990) 2008

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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
AMERICAN PUBLIC POWER ASSOCIATION	53-0026315
NONQUALIFIED PLAN COMPENSATION	
SCHEDULE J, PART I, QUESTION 4B	
THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, PHILLIP M. CRISS	<u>ON,</u>
RECEIVED \$14,360 IN CONTRIBUTIONS TO HIS NON-QUALIFIED RETIREMENT	PLAN.
	<b>-</b>
JSA 8E1301 1 000	Schedule O (Form 990) 2008

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SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships										
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990. To be completed by organization</li> <li>See s</li> </ul>	s that answered "Yes" eparate instructions.	to Form 990, Part IV	, line 33, 34, 35, 36, c	or 37.	Open to Public Inspection				
Name of the organization					Employer i	dentification number				
AMERICAN PUBLIC	POWER ASSOCIATION				53-002	6315				
Part I Identifica	tion of Disregarded Entities									
	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity				
	TIONS INTERNATIONAL, LLC 84-1428802 T AVENUE, NW, S WASHINGTON, DC 20009	PUB PWR PRDS	DC	16,914.	339,389.	N/A				
		-								
		_								
		-								
Part II Identifica	tion of Related Tax-Exempt Organizations	<u></u>	1	·		<u> </u>				
	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state	(D) Exempt Code section	(E) Public charity status	(F) Direct controlling				

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Schedule R (Form 990) 2008

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Page 2

### Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionale allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Ger	(J) • neral or inaging intner?
							Yes	No		Yes	s No

Part IV

### Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
PUBLIC POWER INC. 52-2077067							
1875 CONNECTICUT AVE, N.W., SUITE 1200 WASHINGTON, DC 200	HOLDING COMPANY	DC	N/A	C_CORP	12,822.	-123,734.	100.0000

Schedule R (Form 990) 2008

No	te. Complete line 1 if any entity is listed in Parts II, III, or IV				es No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed	I in Parts II–IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	X
b	Gift, grant, or capital contribution to other organization(s)			1b	<u>x</u>
c	Gift, grant, or capital contribution from other organization(s)			1c	_ <u>x</u>
d	Loans or loan guarantees to or for other organization(s)			1d	x
е	Loans or loan guarantees by other organization(s)			1e	x
f	Sale of assets to other organization(s)			1f	x
g	Purchase of assets from other organization(s)			1g	X
h	Exchange of assets			1h	<u> </u>
i	Lease of facilities, equipment, or other assets to other organization(s)			1i	X
	• • • • • • • • • • • • • • • • • • • •				
i	Lease of facilities, equipment, or other assets from other organization(s)			<u>1j</u>	<u>x</u>
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k	<u>x</u>
I	Performance of services or membership or fundraising solicitations by other organization(s)			11	X
m				1 m	X
n	Sharing of paid employees			1n X	
0	Reimbursement paid to other organization for expenses			10	<u>x</u>
р	Reimbursement paid by other organization for expenses			1p	X
q	Other transfer of cash or property to other organization(s)			1g	<u>x</u>
<u>r</u>	Other transfer of cash or property from other organization(s)				X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covere			sholds C)	
		(0)			
	(A) Name of other organization(s)	(B) Transaction type (ar)	) Amouni	t involved	
	(A) Name of other organization(s)		) Amouni	t involved	
(1)	Name of other organization(s)	Transaction	Amouni	38,60	4.
(1)	Name of other organization(s)	Transáction type (a-r)	Amouni	t involved	4.
<u>(1)</u> (2)	Name of other organization(s) PUBLIC POWER, INC.	Transáction type (a-r)	Amouni	t involved	4.
<u> </u>	Name of other organization(s) PUBLIC POWER, INC.	Transáction type (a-r)	Amouni	t involved	4.
<u> </u>	Name of other organization(s) PUBLIC POWER, INC.	Transáction type (a-r)	Amouni	t involved	14.
(2)	Name of other organization(s) PUBLIC POWER, INC.	Transáction type (a-r)	Amouni	t involved	)4
<u>(2)</u> (3)	Name of other organization(s) PUBLIC POWER, INC.	Transáction type (a-r)	Amouni	t involved	)4
<u>(2)</u> (3)	Name of other organization(s) PUBLIC POWER, INC.	Transáction type (a-r)	Amouni	t involved	)4
(2) (3) (4)	Name of other organization(s) PUBLIC POWER, INC.	Transáction type (a-r)	Amouni	t involved	<u>)4 .</u>
(2)	Name of other organization(s) PUBLIC POWER, INC.	Transáction type (a-r)	Amouni	t involved	) <u>4</u>

Schedule R (Form 990) 2009

**Transactions With Related Organizations** 

Part V

Yes No

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### Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	<b>(B)</b> Primary activity	(C) Legal domicite (state or foreign country)	Are all sec 501 organiz	D) partners tion (c)(3) tations?	(E) Share of end-of-year assets	Disproj alloc	(F) portionate ations?	(G) Code V-UB/ amount in box 20 of Schedule K-1 (Form 1065)	) ma   p:	(H) General managli partner	
	· · · · · · · · · · · · · ·		Yes	No		Yes	No	(, <u>.</u> ,	Yes	s N	
								<u> </u>			
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										1	
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Schedule R (Form 990) 2008

### AMERICAN PUBLIC POWER ASSOCIATION

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## FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PROVIDE LEADERSHIP IN THE EVOLUTION OF THE ELECTRIC UTILITY INDUSTRY BY ADVANCING THE PRINCIPLES OF COMMUNITY OWNERSHIP AND REPRESENTING THE INTERESTS OF PUBLIC POWER SYSTEMS AND ELECTRIC CONSUMERS FOR THE MORE THAN 2,000 COMMUNITY OWNED UTILITIES ACROSS THE COUNTRY.

### STATEMENT 1

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VIENNA - 53-0026315 64

### AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

### FORM 990, PART VIII - INVESTMENT INCOME

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FORM 990, PART VIII - INVESTMENT INCOME					
	(A)	(B)	(C)	(D) ·	•
	TOTAL	RELATED OR	UNRELATED	EXCLUDED	
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE	
INTEREST ON SAVINGS	172,868.			172,868.	
DIVIDENDS	1,098.			1,098.	
TOTALS	173,966.			173,966.	
		************			

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. 2 Description of Property

2008

53-0026315

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	Date	Unadjusted Cost		179 exp reduction			Beginning	Ending Accumulated					M A CRS	Current-year 179	•
Asset description	placed in service	Cost or basis	Bus. %	reduction in basis	Basis Reduction	Basis for depreciation	Accumulated depreciation	Accumulated depreciation	Me-	Conv	Lıfe	ACRS class	CRS	179 expense	Current-year- depreciation
	01/01/2005		100.000	111 04313	ricadellori	4,770,045.	1,763,294.	2,280,881.				0,030	01000	CAPCINC	517,587
DEPRECIABLE ASSETS	01/01/2005	4,110,045.	100.000			4,110,045.	1,103,294.	2,200,001.	<u> </u>	<u>├</u>					517,507
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Less Retired Assets			۱. ب						<i>.</i>						ñ, '
Subtotals		4,770,045.	- 15 -			4,770,045.	1,763,294.	2,280,881.		t.			-		517,587
Listed Property		• • • • • • • • •													
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Less: Retired Assets	<u></u>							<u>)</u> (")))))))))))))))))))))))))))))))))))		1				r	
Subtotals										άų.	',		î,		
TOTALS	<u></u>	4,770,045.	1 4			4,770,045.	1,763,294.	2,280,881.				· · · · · · · · · · · · · · · · · · ·	*		517,587
AMORTIZATION							· ········						. <b>6</b> 6		<u> </u>
	Date placed in	Cost	3631				Accumulated	Ending			1,			14 A A	Current-year
Asset description	service	basis		الإيرانية المحاصية			amortization	Ending Accumulated amortization	Code	Life	_ `		~~~~~ •	· .	amortization
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\*Assets Retired JSA 8X9024 1 000

### AMERICAN PUBLIC POWER ASSOCIATION

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FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES 

DESCRIPTION	ENDING BOOK VALUE
MUTUAL FUNDS EQUITY SECURITIES	2,367,852. 1,640,357.
TOTALS	4,008,209.

### STATEMENT 4

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Form 886	S8 (Rev 4-2008)			Paç	je 2				
<ul> <li>If yo</li> </ul>	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box				кТ				
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	For	n 886						
	u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)								
Part	Additional (Not Automatic) 3-Month Extension of Time. You must file original and o	ne	сору.	,					
Type	ype or Name of Exempt Organization Employer identific								
print	AMERICAN PUBLIC POWER ASSOCIATION 53-002631	5							
File by ti	Number, street, and room or suite no. If a P O box, see instructions								
extender due date									
filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
return. S									
Check	type of return to be filed (File a separate application for each return)								
x	Form 990 Form 990-PF Form 1041-A	Γ	Fo	orm 6069	1				
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720	Γ	Fo	orm 8870	ł				
	Form 990-EZ Form 990-T (trust other than above) Form 5227								
STOP	Do not complete Part II if you were not already granted an automatic 3-month extension on a previo	usly	filed	Form 88	68.				
• The	books are in the care of  THE ASSOCIATION		-						
Tele	Phone No ▶ 202 467-2949 FAX No ▶			_					
<ul> <li>If the</li> </ul>	e organization does not have an office or place of business in the United States, check this box			<b>⊳</b> [					
<ul> <li>If th</li> </ul>	is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If t	his i:	6						
for the	e whole group, check this box	h a:							
list wit	h the names and EINs of all members the extension is for.								
4 I	request an additional 3-month extension of time until _ 11/16/2009								
5 F	or calendar year 2008, or other tax year beginningand ending								
			accou	inting per	iod				
7 5	State in detail why you need the extension <u>ADDITIONAL TIME IS REQUESTED TO GATHER THE</u>	3							
Ī	NFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.								
_									
		<b></b>							
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
-	ionrefundable credits See instructions.	8a	\$						
	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated								
	ax payments made Include any prior year overpayment allowed as a credit and any amount paid								
	previously with Form 8868	8b	\$						
	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		•						
	nstructions	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 Magaret a. Bradsharer Title PAlagort Date > 8/04/09 GRANT THORNTON LLP Form 8868 (Rev 4-2008)

GRANT THORNTON LLP 2010 CORPORATE RIDGE, SUITE 400 MCLEAN, VA 22102

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VIENINA - 53-0026315

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(Rev April 2008)

### Department of the Treasury

# App. ation for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

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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 From 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 and click on e-file for Charities & Nonprofits.

Type or	or Name of Exempt Organization Employer		
print	AMERICAN PUBLIC POWER ASSOCIATION 53-00		
File by the	Number, street, and room or suite no If a P.O box, see instructions		
due date for	1875 CONNECTICUT AVE., NW		
filing your return See	City, town or post office, state, and ZIP code For a foreign address, see instructions		
instructions	WASHINGTON, DC 20009		
Check type of	of return to be filed (file a separate application for each return)		
X Form 99	0 Form 990-T (corporation) For	m 4720	
Form 99	D-BL Form 990-T (sec 401(a) or 408(a) trust) For	m 5227	
Form 99	-EZ Form 990-T (trust other than above) For	m 6069	
Form 990	-PF Form 1041-A For	m 8870	
• The books	are in the care of  THE ASSOCIATION		
Telephone	No ▶ 202 467-2949 FAX No. ▶		
	nization does not have an office or place of business in the United States, check this box		► 🗌
If this is for	r 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	t with the
names and El	Ns of all members the extension will cover		
1 I reques	an automatic 3-month (6 months for a corporation required to file Form 990-T) extension	oftime	
	08/15 ,2009 to file the exempt organization return for the organization n		ne extension is
	ganization's return for		
	gan zation o rotannici		
	calendar year 2008 or		
	tax year beginning, and ending		
2 If this ta:	cyear is for less than 12 months, check reason 📃 Initial return 📃 Final return	Change in ac	counting period
			counting period
3a If this a	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	
	idable credits. See instructions.	3a	\$ NONE
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p		V NONE
	clude any prior year overpayment allowed as a credit	36	S NONE
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required		
		, deposit	1
	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Syste		
instruction		30	
Caution. If you	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-E	J and Form 887	9-EO

for payment instructions

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

Form 8868 (Rev 4-2008)