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Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public Inspection

A F	or the	e 2009 ca	endar year, or tax year beginning and ending						
B	Theck if applicable	le Please	C Name of organization	D Employer identific	cation number				
Г	Addre	ss label or	APGA RESEARCH FOUNDATION						
	Name	type	Doing Business As	20-0	654867				
	initial return	See	Number and street (or P O box if mail is not delivered to street address) Room/su	ite E Telephone number	<u> </u>				
	Termi	n- Specific Instruc-	201 MASSACHUSETTS AVENUE, NE C-4		464-2742				
	Amen retum	1	City or town, state or country, and ZIP + 4	G Gross receipts \$	914,409.				
L	Application		WASHINGTON, DC 20002-4988	H(a) Is this a group re					
	pendi	FNar	ne and address of principal officer.BERT KALISCH	for affiliates?	Yes X No				
SAME AS C ABOVE H(b) Are all affiliates included? Yes									
			us. X 501(c) (3		list. (see instructions)				
			W.APGARF.ORG	H(c) Group exemption					
		forganization		ear of formation 2004 N	N State of legal domicile DC				
Pa	art I	Summ		TTT TTND 1					
ce	1	Briefly de	scribe the organization's mission or most significant activities SEE PART	III, LINE 1.					
& Governance		Oh a ala Aba	a basis Distriction and the same of the sa						
ver	3	Check thi		1 . 1	24				
ဗွ			if voting members of the governing body (Part VI, line 1a) If independent voting members of the governing body (Part VI, line 1b)	3 4	24				
ಿ ೮			ther of employees (Part V, line 2a)	5	0				
īţie			aber of volunteers (estimate if necessary)	6	24				
Activities			s unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
٧			ated business taxable income from Form 990-T, line 34	7b	0.				
	†			Prior Year	Current Year				
ø	8	Contribut	ions and grants (Part VIII, line 1h)	928,447.	914,355.				
Revenue	9		service revenue (Part VIII, line 2g)						
eve	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	514.	54.				
<u> </u>	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		, ,				
	12	Total reve	nue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	928,961.	914,409.				
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1·3)						
	14	Benefits p							
es	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)						
Expenses			nal fundraising fees (Part IX, column (A), line 11e)						
ž	1		draising expenses (Part IX, column (D), line 25)						
ш	1		penses (Part IX, column (A), lines 11a-11d, 11f-24f)	981,733.	980,447.				
	18		enses. Add lines 13-17 (must equal Part IX, columnata), line 25)	981,733.	980,447.				
<u> </u>	19	Revenue	less expenses. Subtract line 18 from line 12 TOCT 25 2010	O -52,772.	-66,038.				
Net Assets or Fund Balances				69 Current Year 194, 190.	End of Year 153, 151.				
Asse Bala	20		ets (Part X, line 16) OGDÉN, UT	125,000.	149,999.				
Set /	21		mios (t arry, mo 25)	69,190.	3,152.				
i i	art II		s or fund balances Subtract line 21 from line 20	07,170.	3,132.				
			alties of perjury, I dentifie that I have exampled this return, including accompanying schedules and statemente packaration of preparer (other than officer) is based by all information of preparer has any knowle	nts, and to the best of my knowledge	ge and belief, it is true, correct,				
		and contple	ete Declaration of prestarer (other than officer) is based on all information of which preparer has any knowled	dge / //	O, DAIR				
Sig	n	 	MUN KALLANDE	1 60 -	-21-2000				
Hei		Sigi	ature of officer	Date					
		BE	RT KALISCH, PRESIDENT						
Type or print name and title									
Preparer's Date Check If See Instructions									
signature UMA Bakke C/A 10-10-10 self- continued									
	parer's	Firm's nam		EIN ►					
use only yours ii self-employed). \ \ \ \ 4550 MONTGOMERY AVE. SUITE 650 NORTH									
_		address, ar ZiP + 4	BETHESDA, MARYLAND 20814-2930	Phone no ► (301) 951-9090				
Ma	y the I	RS discus	s this return with the preparer shown above? (see instructions)		X Yes No				

932002 02-04-10

(Expenses \$

Form **990** (2009)

including grants of \$

770,000.

Other program services (Describe in Schedule O.)

4e Total program service expenses ►\$

) (Revenue \$

Pa	t IV Checklist of Required Schedules			- <u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2 ،	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 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	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
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		Χ
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 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			
•	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			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•				
	Part X, line 16? If "Yes," complete Schedule D, Part IX			-
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
404	Schedule D, Parts XI, XII, and XIII	12	Х	:
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			-
40		40		· ·
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		Λ.
	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	13_	<u> </u>	
. •	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- `		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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_		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>	-	
-	complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	-	X
		Form	990 (2009)

Pa	rt iV Checklist of Required Schedules (continued)			
L			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 12 If "Yes," complete Schedule I, Parts I and II	21		Х
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	1		
	Schedule J	23	Х	
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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
d		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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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	Į	Х
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	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, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ŀ	Х
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		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	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	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	(2009)

					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	1a	0			i i			
b.	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	}		ĺ			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ıble gamıng						
	(gambling) winnings to prize winners?			1c					
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	0						
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	ınstru	ctions)			į			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a		X			
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other ${\bf r}$	autho	rity over, a			Х			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	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 a	and						
	Financial Accounts.					l			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X			
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders.	arding	Prohibited						
	Tax Shelter Transaction?			5c		<u> </u>			
6a	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?								
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?								
	7 Organizations that may receive deductible contributions under section 170(c).								
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services								
b	provided to the payor? If "Yes " did the experience patification depart of the yellow of the goods or conjugation provided?								
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	oc rec	uured	7b					
·	to file Form 8282?	as icc	lulled	7c		х			
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a property of the property of the pay premium on a property of the property of the pay premium of the property of the property of the pay premium of the property of the	<u> </u>	ıal						
·	benefit contract?	301001		7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		Х			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required'			7g					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	C as re	equired?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganiz	ations. Did the			<u> </u>			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess bu	usiness holdings			Ė			
	at any time during the year?		N/A	8		L			
9	Sponsoring organizations maintaining donor advised funds								
а	Did the organization make any taxable distributions under section 4966?		N/A	9a		<u> </u>			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		<u> </u>			
10	Section 501(c)(7) organizations. Enter:	1							
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a		-		É			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		Ė			
11	Section 501(c)(12) organizations. Enter:	1	I	-					
а	Gross income from members or shareholders N/A	11a		-					
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b	<u></u>			ŀ			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	7 	12a		<u> </u>			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	<u>L</u>	000	(0000)			
				Form	990 ((2009)			

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

Jec	don A. Governing Body and Management								
			Yes	No					
	Enter the number of voting members of the governing body 1a 24								
	Enter the number of voting members that are independent 1b 24								
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		<u>X</u>					
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		X					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			Х					
	governing body?								
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Χ					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	by the following								
а	The governing body?	8a	Х						
þ	Each committee with authority to act on behalf of the governing body?	8b	Х						
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	9		X					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			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	Х						
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	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise								
	to conflicts?								
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	X						
14	Does the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	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							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
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 interest policy, as	nd fina	ncıal						
	statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨							
	SHEILA DERINGIS - 202-464-2742								
	201 MASSACHUSETTS AVENUE, NE, C-4, WASHINGTON, DC 20002-4988								
		Form	990 (2009)					

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

X Check this box if the organization di (A)	(B)	ĺ		(0				(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	lnstitutional frustee	all	Key employee	Highest compensated de employee		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
RODNEY DILL										
CHAIRMAN	1.00	Х		Х				0.	Ò.	0.
JOSE LOZANO								ii ii		
VICE CHAIRMAN	1.00	Х		Х			<u> </u>	0.	0.	0.
ANTHONY MILLER										
VICE CHAIRMAN	1.00	X		Х				0.	0.	0.
JIMMIE BUTLER		1						_		
DIRECTOR	1.00	X				<u> </u>	<u> </u>	0.	0.	0.
DOUG CLARK		l						_ !		_
DIRECTOR	1.00	X						0.	0.	0.
LES ENOCH										
DIRECTOR	1.00	X			_	<u> </u>		0.	0.	0.
GARY GIBSON	1 00	١								
DIRECTOR	1.00	X	-	<u> </u>			ļ	0.	0.	0.
JOHN HARMS	1 00	\ _V							_	0
DIRECTOR GREG HENDERSON	1.00	X	-		-	\vdash	┝	0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
PATRICK KOTARA	1.00	^					\vdash	0.		0.
DIRECTOR	1.00	X						0.	0.	0.
JOHN LEARY	1.00	<u>Γ</u>						0.		0.
DIRECTOR	1.00	X	ļ				ļ	0.	0.	0.
EDDIT MOFFITT	1.00	1								<u> </u>
DIRECTOR	1.00	X						0.	0.	o.
RANDY NIPP			┢	 		╁				
DIRECTOR	1.00	Х						0.	0.	0.
MASON PARSAYE			l							
DIRECTOR	1.00	$ _{\mathbf{X}}$					İ	0.	0.	0.
ROB REGISTER		İ	İ		1	 	Г			
DIRECTOR	1.00	X						0.	0.	0.
JOHN SHARPE										
DIRECTOR	1.00	X						0.	0.	0.
JOSEPH SMITH					Γ		Γ		_	
DIRECTOR	1.00	X					ĺ	0.	0.	0.

932007 02-04-10

Part VII Section A. Officers, Directors, Tru		_					est	Compensated Employ	rees (continued)	OO7 Page O
(A)	(B)		,		2)	3		(D)	(E)	(F)
Name and title	Average hours	Position (check all that apply)					oly)	Reportable compensation	Reportable compensation	Estimated amount of
•	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JIMMY SPROUSE						Γ				
DIRECTOR	1.00	Х				ĺ		0.	0.	0.
DON SUAREZ										
DIRECTOR	1.00	Х						0.	0.	0.
MIKE TADROS									, -	
DIRECTOR	1.00	Х				:		0.	0.	0.
CHUCK WARRINGTON DIRECTOR	1 00	v						0	0	^
ALONZO WEAVER	1.00	Х	ļ		_			0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
BURT WILLIAMS									· · · · · ·	
DIRECTOR	1.00	Х						0.	0.	0.
ALAN WINTER								_		
DIRECTOR	1.00	Х			_			0.	0.	0.
BERT KALISCH PRESIDENT	1.00			Х				0.	252,998.	38,845.
BOB BEAUREGARD						 	_			
C00	1.00			Х	_			0.	128,810.	29,581.
1b Total								0.	381,808.	68,426.
 Total number of individuals (including but no compensation from the organization 	•									

	compensation from the organization			,
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a ⁹ If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to			
	the organization? If "Yes," complete Schedule J for such person	5		Х
o	Aller O. Lederson de et O. et al. al.			

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN PUBLIC GAS ASSOCIATION 201 MASSACHUSETTS AVE, WASHINGTON, DC 2	EMPLOYEE 0002SHARE/MANAGEMENT	189,000.
		<u> </u>
Total number of independent contractors (including but not limited to the \$100,000 in compensation from the organization)	se listed above) who received more than	

Pa	rt V	Ш	Statement of Rever	nue					
	ı					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
황왕	1 (а	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ı	b	Membership dues	1b					
s, c	(С	Fundraising events	1c					
a gift		d	Related organizations	1d					
S.E		е	Government grants (contribut	tions) 1e					
it s	1	f	All other contributions, gifts, gran						
듗			similar amounts not included abo	ve 1f	914,355.				
gg	•	9	Noncash contributions included in lines	3 1a-1f \$					
مَ ق		h	Total. Add lines 1a-1f			914,355.			
					Business Code				
<u>8</u>	2 6	а							
e G	1	b							
n S	•	С		· · · · · · · · · · · · · · · · · · ·					
yra Re	•	d						•	
Program Service Revenue		e							
_			All other program service reve	enue					
_		9_	Total. Add lines 2a-2f						
	3		Investment income (including other similar amounts)	aividenas, intere	est, and	54.			54.
	4		Income from investment of ta	v-ovemet band r		31.			31.
	4 5		Royalties	x-exempt bond p	noceeus -				
	3		Hoyanes	(ı) Real	(II) Personal				
	6	a	Gross Rents	(l) Hoar	(ii) i crooridi				
	-		Less rental expenses						-
			Rental income or (loss)						
			Net rental income or (loss)		•				
			Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory						
		b	Less. cost or other basis						
			and sales expenses						:
		С	Gain or (loss)						
:			Net gain or (loss)						
ō	8	а	Gross income from fundraising	ng events (not					
Other Revenue			ıncludıng \$	of		,			f .
ě			contributions reported on line	e 1c) See					
er			Part IV, line 18	а					
ફ			Less direct expenses	b					
			Net income or (loss) from fun-						
	9	а	Gross income from gaming a						
			Part IV, line 19	a					
	ı		Less direct expenses	b	•		•		1
	ı		Net income or (loss) from gar					***************************************	· · · · · · · · · · · · · · · · · · ·
	10	а	Gross sales of inventory, less and allowances						
		h	Less cost of goods sold	a b					
			Net income or (loss) from sale				İ		İ
			Miscellaneous Reveni		Business Code				
	11	a	Wildelianeous nevent		200,,000 0000]		
	1	b							
		c						- · · · ·	
		ď	All other revenue						
		е	Total. Add lines 11a-11d						
0320	12		Total revenue See instructions		<u> </u>	914,409.	0.	0.	54.
0220	. 15 1								

Part IX Statement of Functional Expenses

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

	All other organizations must comp				
	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	· - <u>-</u>			······································
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
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				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	189,000.		189,000.	
b	Legal	497.		497.	
С	Accounting	6,802.		6,802.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	270.		270.	
12	Advertising and promotion				
13	Office expenses	160.		160.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				· ·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,287.		11,287.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2 252			
23	Insurance	2,356.		2,356.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
а	expenses shown on line 25 below) OTD R&D PROJECTS	500,000.	500,000.		
о Ь	UTD R&D PROJECTS	250,000.	250,000.	·	
0	ESC MKTG PROJECT	20,000.	20,000.		
ن ب	MISCELLANEOUS	75.	20,000.	75.	
ū					
e f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	980,447.	770,000.	210,447.	0.
26	Joint costs Check here	200,111,	. , , , , , , , ,	210/11/0	
20	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	The second secon				

932010 02-04-10

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		13,570.	1	12,415.
	2	Savings and temporary cash investments		17,168.	2	12,415. 27,190.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		161,924.	4	109,149.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
	l	4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
		Part II of Schedule L			6	
sts	7	Notes and loans receivable, net			7	· · · · · · · · · · · · · · · · · · ·
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		1,528.	9	1,554.
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a 10b			
		Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14	2 042	
	15	Other assets. See Part IV, line 11	194,190.	15	2,843. 153,151.	
	16	Total assets. Add lines 1 through 15 (must equ.	125,000.	16	149,999.	
	17 18	Accounts payable and accrued expenses Grants payable	123,000.	17 18	147,777.	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
s	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
ite	22	Payables to current and former officers, director				
Liabilities		highest compensated employees, and disqualifi				
Ë	1	of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		125,000.	26	149,999.
		Organizations that follow SFAS 117, check he	ere X and complete			
es		lines 27 through 29, and lines 33 and 34.		٠		
auc	27	Unrestricted net assets		-92,734.	27	-117 , 640.
Bali	28	Temporarily restricted net assets		161,924.	28	120,792.
둳	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
ō	1	complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed			31	· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	60.100	32	
_	33	Total net assets or fund balances		69,190.	33	3,152.
	34	Total liabilities and net assets/fund balances		194,190.	34	153,151.

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

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.

Form 990 (2009)

За

3b

Х

X Separate basis

Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Var	ne of t	he organizati	on						E	mployer i	dentificati	on nur	nber
			APGA RE	SEARCH FOUND	ATION					20	-0654	867	
Pa	rt I	Reason 1	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See ins	tructions				
The	organ	ızatıon ıs not a	private foundation	pecause it is (For lines 1	through 1	11, check	only one b	ox.)			_		
1		A church, cor	nvention of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)).				
2		A school desc	cribed in section 17	0(b)(1)(A)(ii) . (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospit	tal service organization of	described i	n section	170(b)(1)	A)(iii).					
4		A medical res	search organization of	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	s nam	e,
		city, and state											
5		An organization	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governi	mental unr	t describe	d in		
			(b)(1)(A)(iv). (Comple	_	•	•	•	Ū					
6				ent or governmental unit	described	d in sectio	n 170(b)(1)(A)(v).					
7	X		_ ·	eives a substantial part					or from the	general o	ublic desci	ribed ir	1
			b)(1)(A)(vi). (Comple				9			g			•
8				ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9	\Box			eives (1) more than 33 1			om contri	butions, n	nembershi	o fees, and	d aross rea	eints f	rom
_				ictions - subject to certa									
			•	axable income (less sect	•	. ,	•			• •	•		
			509(a)(2). (Complete	· ·		,			,e e.g.			J, 1J.	•
10				perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	1).				
11	一	-	- .	perated exclusively for th	•	•			•	v out the r	ourposes o	f one c	or
		-		itions described in section							•		
		• •		organization and comple		•		,		-/(-/-			
		a Type I		- ·	: П Тур	_		egrated		d	Type III - C)ther	
e		• •		t the organization is not					r more disc				า
				nan one or more publicly									•
1	:			ten determination from t						, (4)(1)	3011071 000	(~)(-)	
			rganization, check th				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,					
ç			=	rganization accepted ar	v aift or co	ontribution	from any	of the follo	owing pers	sons?			_
•	•	=		rectly controls, either al			•					Yes	No
				pported organization?					() (,,	11g(i)		
		-	• •	n described in (i) above?							11g(ii)		
			· ·	person described in (i)		2ء					11g(iii)		
ł				about the supported or							<u> </u>		
·		7 101100 1110 11		assat the supported of	gamzanom	(0)							
- /-	\ Alama	of supported	(ii) EIN	(III) Type of	(IV) Is the o	rganization	(v) Did voi	i notify the	(vi) is	the	(viı) Am		
()	•	anization	(11) E114	organization	in col (I) lis				organization	on in col	(VII) AII Sup		
	o.g.	24.011		(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	(i) organiz U S	?	300	5011	
				(see instructions))	Yes	No	Yes	No	Yes	No			
						:]			
												_	
						<u> </u>		-					
			-				_		1				
						L							
Tot	al		<u> </u>	!	E	1	ŀ]	1				

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Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Se	ction A. Public Support					-	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	,Gifts, grants, contributions, and						
	membership fees received (Do not			·			
	ınclude any "unusual grants ")	882,215.	955,289.	863,539.	928,447.	914,355.	4,543,845.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	882,215.	955,289.	863,539.	928,447.	914,355.	4,543,845.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				:	·	
_6	Public support. Subtract line 5 from line 4						4,543,845.
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	882,215.	955,289.	863,539.	928,447.	914,355.	4,543,845.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	4,472.	4,881.	3,304.	514.	54.	13,225.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						4,557,070.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor						>
_	ction C. Computation of Publ	- ii-					
	Public support percentage for 2009 (-	olumn (f))		14	99.71 %
	Public support percentage from 2008					15	99.70 %
16a	33 1/3% support test - 2009.If the o	_			4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-			•	$\triangleright X$
t	33 1/3% support test - 2008.If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		• •				▶
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organ	ization
	meets the "facts-and-circumstances"						▶∟
t	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				•		·
	organization meets the "facts-and-cire						>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2009

Part III Support Schedule for	Organizations	Described in	Section 509(a)(2) (Complete only	ıf you checked the bo	x on line 9 of Part I)
Section A. Public Support			,			
Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf		:				
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	<u> </u>					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	or the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here				•	.,,,	▶ 🗀
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2009			column (f))		15	%
16 Public support percentage from 200	8 Schedule A, Parl	t III, line 15			16	%
Section D. Computation of Inve	estment Incom	ne Percentage				
17 Investment income percentage for 2	009 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2008 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2009. If th	e organization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box	and stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	▶ 🗀
b 33 1/3% support tests - 2008. If th	e organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch	eck this box ands	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶ 🛄
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u>▶</u>
				Scl	nedule A (Form 99	0 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

APCA RESEARCH FOUNDATION

Employer identification number 20-0654867

Pai	rt I Organizations Maintaining Donor Advise		ls or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		of 71000arito: Complete if the
	organization answered Tes to Form 990, Part IV, mile	(a) Donor advised funds	(b) Funds and other accounts
	Total acceptance as and of con-	(a) Bottor davised terres	(b) I alles alle ettler accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		1
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		YesNo
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a cei	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	` '	2d
3	Number of conservation easements modified, transferred, re		——————————————————————————————————————
•	year ▶	is decor, extrigerence, or terminated by tr	to organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		•
Ŭ	violations, and enforcement of the conservation easements i	* '	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) above		· · · · · · · · · · · · · · · · · · ·
Ū	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 17	((1)(4)(B)(I)
9		an accompate to its revenue and evenue	
9	In Part XIV, describe how the organization reports conservationally a standard to the process and the features to the process and the features to the process.		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements rt III Organizations Maintaining Collections o	f Art Historical Treasures or (Other Similar Assets
1 0	Complete if the organization answered "Yes" to Form		ottlei olilliai Assets.
	Complete it the organization and words 100 to 10111	550,1 (1177, 1110)	
1.	If the example tion elected as permitted under CEAC 116 as	t to report in its revenue statement and l	balance about walks of all bustoment
ıa	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
D	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, c	or research in furtherance of public service	ce, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	ıal gaın, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$
			·

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

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

932053 02-01-10

Sche	dule D (Form 990) 2009 APGA RESEARCH FOUNDATION	_				0654867	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financ	cial Sta	tement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			,409.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			,447.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		-66	,038.
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 through 8			9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9		10		-66	038.
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Reven	ue per	Return		
1	Total revenue, gains, and other support per audited financial statements				1	914,	409.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					·	
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c			7		
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	914,	409.
4	Amounts included on Form 990, Part VIII, line 12, 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		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	914,	409.
Pai	t XIII Reconciliation of Expenses per-Audited Financial Stateme	nts V	Vith Expe	nses pe	er Retu	rn	
1	Total expenses and losses per audited financial statements				1	980,	447.
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	2c					
d	Other (Describe in Part XIV)	2d			1		
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	980,	447.
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			7		
С	Add lines 4a and 4b				4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	980,	447.
Pa	rt XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines	la and 4, Pai	t IV, lines	1b and 2	b, Part V, line	4, Part
X, lin	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comple	ete this	s part to prov	ide any a	additional	ınformatıon	
PAI	RT X: IN JUNE 2006, THE FINANCIAL ACCOUNTIN	G S	TANDAR	DS BC	ARD		
(F	ASB) RELEASED FASB ASC 740-10, INCOME TAXES	, T	HAT PRO	OVIDE	S GU	IDANCE I	OR_
REI	PORTING UNCERTAINTY IN INCOME TAXES. FOR TH	ΕΥ	EAR EN	DED D	ECEMI	BER 31.	
200	9, THE FOUNDATION HAS DOCUMENTED ITS CONSI	DER	ATION (OF FA	SB AS	SC 740-	10
ANI	D DETERMINED THAT NO MATERIAL UNCERTAIN TAX	PO	SITION	S QUA	LIFY	FOR EIT	THER
REC	COGNITION OR DISCLOSURE IN THE FINANCIAL ST	ATE	MENTS.				
				-			
						···	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

APGA RESEARCH FOUNDATION

Employer identification number 20-0654867

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			Ė
	First-class or charter travel Housing allowance or residence for personal use			ĺ
	Travel for companions Payments for business use of personal residence			É
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ĺ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			ĺ
				İ
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			į.
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	•			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply			ĺ
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			İ
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			ŀ
	organization or a related organization			ĺ
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	· · · · · · · · · · · · · · · · · · ·	X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			
				1
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			ŧ
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			Ė
	contingent on the net earnings of:			ļ
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III			Ė
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			_
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			_
	ınıtıal contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53 4958-6(c)?	9		L

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

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(l)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	€		0	0	0	0	0	0
BERT KALISCH	: 3	252,99			25,30	13,545.	291,84	0
	€					0		0
BOB BEAUREGARD	҈	128,81	0	• 0	12,881.	16,700.	158,391.	0
	€							
	Ξ							
	(3)							
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				(Schedule	Schedule J (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2009
Open to Public Inspection

Name of the organization

APGA RESEARCH FOUNDATION

Employer identification number 20-0654867

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DOLLARS TO R&D IMPORTANT TO PUBLIC GAS CUSTOMERS. THE RF IDENTIFIES AND

PRIORITIZES RESEARCH PROJECTS IMPORTANT TO CONTRIBUTING PUBLIC GAS

SYSTEMS AND ENSURES THAT PROJECT DELIVERABLES ARE TRACKED AND MET.

FORM 990, PART VI, SECTION A, LINE 3: ON JULY 27, 2004, APGA RF ENTERED

INTO A COOPERATIVE AGREEMENT WITH THE AMERICAN PUBLIC GAS ASSOCIATION

(APGA), FOR THE DURATION OF ONE YEAR FROM INCEPTION, AFTER WHICH TIME THE AGREEMENT WILL AUTOMATICALLY RENEW FOR AN ADDITIONAL YEAR WITHOUT FURTHER ACTION BY EITHER PARTY.

THE MAIN PURPOSE OF THE AFOREMENTIONED COOPERATIVE AGREEMENT IS TO

ESTABLISH WRITTEN DOCUMENTATION ENABLING APGA RF THE USE OF CERTAIN

STAFFING, OFFICE SPACE, OFFICE EQUIPMENT/FURNITURE, OFFICE SUPPLIES,

SERVICES AND OTHER ADMINISTRATIVE SUPPORT SERVICES AS WELL AS UTILIZATION

OF CERTAIN INTELLECTUAL PROPERTY FOR WHICH APGA HAS LICENSED.

APGA RF ALSO FOLLOWS THE POLICIES AND PROCEDURES SET FORTH AND APPROVED BY APGA.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT 990 WAS PREPARED BY THE

OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE DRAFT WAS

PROVIDED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND COMMENT. THE FINAL COPY

OF THE 990 WAS SENT TO THE ENTIRE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE MEMBERS OF THE APGA BOARD OF DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

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

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2009
Open to Public Inspection

Name of the organization APGA RESEARCH FOUNDATION	Employer identification number 20-0654867
	20 0001007
IF A BOARD MEMBER OR OFFICER HAS A CONFLICT, HE OR SHE NE	EDS TO BRING IT TO
ATTENTION OF THE EXECUTIVE COMMITTEE. THE COMMITTEE REVIE	WS THE FACTS, AND
THE CONFLICTED PERSON RECUSES HIMSELF OR HERSELF FROM DE	LIBERATING OR
VOTING ON THAT MATTER.	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S	GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA	TEMENTS ARE
AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.	

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number 20-0654867Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets **e** Total income € ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) ► Attach to Form 990. Primary activity APGA RESEARCH FOUNDATION Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part Partil

Direct controlling INE 11A, TYPE status (if section Public charity 501(c)(3)) N/A **Exempt Code** section 501(C)(6) 501(C)(3) Legal domicile (state or DISTRICT OF COLUMBIA DISTRICT OF COLUMBIA foreign country) INTEGRITY & SAFETY OF SMALL NATURAL GAS DISTRIBUTION SERVICES TO, THE VARIOUS TO PROMOTE SECURITY, OP AMERICAN PUBLIC GAS ASSOCIATION - 52-0805605 TO PROMOTE COOPERATION Primary activity BETWEEN, AND RENDER 20-2756145, 201 MASSACHUSETTS AVENUE, NE, APGA SECURITY AND INTEGRITY FOUNDATION -201 MASSACHUSETTS AVENUE, NE, SUITE C-4 SUITE C-4, WASHINGTON, DC 20002-4988 Name, address, and EIN of related organization 20002-4988 WASHINGTON, DC

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

28

Schedule R (Form 990) 2009

20-0654867

Page 2

Schedule R (Form 990) 2009 APGA RESEARCH FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total Sincome en	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? (i) Yes No
Part IV Identification of Related Orgonizations treated as a cor	Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year)	_	or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	he organizatic	on answered "Yes	to Form 990, Pe	ırt IV, line 34	because It	had one or more	related
(a) Name, address, and EIN of related organization	≧ c	P g	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(d) Type of entity (C corp, S corp, or trust)	Share of total income		(g) Share of Fend-of-year assets	(h) Percentage ownership
APGA INSURANCE GROUP - 54-1475731 201 MASSACHUSETTS AVENUE, NE, SUI WASHINGTON, DC 20002-4988	731 SUITE C-4	PURCHASI PROVIDE OPTIONS	PURCHASING GROUP TO PROVIDE INSURANCE OPTIONS TO PUBLIC GAS	NL	N/A	C CORP	œ œ	88,575.	95,370.	100.00%
932162 02-04-10			29					Sct	Schedule R (Form 990) 2009	990) 2009

Page 3

Part V Transactions With Related Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Schedule R (Form 990) 2009 APGA RESEARCH FOUNDATION

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<u>1</u>	×
b Gift, grant, or capital contribution to other organization(s)		16	×
c Gift, grant, or capital contribution from other organization(s)		2	×
d Loans or loan guarantees to or for other organization(s)		1d	×
e Loans or loan quarantees by other organization(s)		1e	×
f Sale of assets to other organization(s)		+	×
g Purchase of assets from other organization(s)		19	×
		ŧ	X
I Lease of facilities, equipment, or other assets to other organization(s)		; -	X
j Lease of facilities, equipment, or other assets from other organization(s)		į-	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	×
n Sharing of paid employees		-	×
			-
 Reimbursement paid to other organization for expenses 		10	×
p Reimbursement paid by other organization for expenses		1	×
q Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other organization(s)		+	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	action thresholds		
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	olved
(1) APGA	0	189	,000
(2)			
(2)			
(4)			
(5)			
932163 02-04-10	Schedu	Schedule R (Form 990) 2009	990) 2009

Page 4

Schedule R (Form 990) 2009 APGA RESEARCH FOUNDATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes No	(e) Share of end-of- year assets	Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
			.1.				
							:

Schedule R (Form 990) 2009