

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury

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 2009

Open to Public

				04 2000 42 24 200	\ <u>\</u>		
			r, or tax year beginning 01 C Name of organization	-01-2009 and ending 12-31-200	19	D Employer ide	ntification number
	ck if ap ress ch	pplicable Please use IRS	AMERICAN WATERWAYS OPE	RATORS INC		53-017391!	=
_		label or	Doing Business As			E Telephone nu	
	ne char	type. See				(703)841-9	300
Initi	al retur	m Specific Instruc-		ox if mail is not delivered to street addre	ess) Room/suite	G Gross receipts	
Ten	mınated		801 NORTH QUINCY ST No 20	30		G Gloss receipts ;	
- Am	ended r	return	City or town, state or country	, and ZIP + 4	L	1	
— Арр	lication	pending	ARLINGTON, VA 22203				
		F Nar	ne and address of principal	officer	H(a) To th		for
		тном	AS A ALLEGRETTI			ıs a group return ates?	⊤Yes ▼ No
			ORTH QUINCY ST No 200 GTON,VA 22203				
		AKLIN	G10N, VA 22203		1 ' '	ll affiliates include	
Tax	k-exem	pt status 🔽 501(c) (6) 4 (insert no)	(a)(1) or		o," attach a list up exemption nur	(see instructions)
		•	CANWATERWAYS COM		H(c) Groc	ap exemption nui	ilbei F
			tion Trust Association C		L Year of fo	ormation 1944 M	State of legal domicile VA
Pai		Summary					
	1	Briefly describe th	e organization's mission or	most significant activities			
		Trade Association	of Tugboat, towboat and b	arge ındustry			
чочешансе							
<u> </u>		-					
<u>,</u>	2	Check this box		itinued its operations or disposed	d of more than	25% of its net a	ssets
5		,		oody (Part VI, line 1a)			5
ة م		_		e governing body (Part VI, line 1			5
ACUMUES &			nployees (Part V, line 2a)		-,		3
			olunteers (estimate if neces			6	2
1				Part VIII, column (C), line 12			
		•		Form 990-T, line 34		7a 7b	
				Pric	or Year	Current Year	
	8	Contributions an	d grants (Part VIII, line 1h		, rear	0	
ē	9		revenue (Part VIII, line 20	'	4,632,877	5,106,984	
ē l	10	.		,		-7.601	
Reveni				lines 3, 4, and 7d)	1	, , , , , ,	-18,268
	11			5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), lir		42,528	21,777
	12				ie	4,667,804	5,110,493
	13			olumn (A), lines 1-3)			15,000
	14	Benefits paid to d	or for members (Part IX, co	lumn (A), line 4)			0
	15	Salaries, other co	ompensation, employee be	nefits (Part IX, column (A), lines	5 –		
& &		10)				2,541,981	2,408,576
Expenses	16a	Professional fund	raising fees (Part IX, colur	nn (A), line 11e)			0
ੜੇ '	ь	Total fundraising exp	enses (Part IX, column (D), line	25) ► 0			
	17	Other expenses	(Part IX, column (A), lines	11a-11d, 11f-24f)		1,942,573	2,088,890
	18	Total expenses	Add lines 13–17 (must eq	ual Part IX, column (A), line 25)		4,484,554	4,512,466
	19	Revenue less ex	penses Subtract line 18 fro	om line 12		183,250	598,027
<u>%</u>					_	g of Current	End of Year
net Assets of Fund Balances					'	fear	
88. E. E.	20					2,096,843	2,005,939
3 E I	21					2,868,477	1,628,911
	22			1 from line 20		-771,634	377,028
Par	t II	Signature Bl					
				nined this return, including accompanying in of preparer (other than officer) is base			
				,,			
		*****			2010-	-11-08	
_		Signature of office	er		Date		
_	•		RETTI President and CEO				
_	;						
_	.	THOMAS A ALLEGI Type or print nam					
_	•			Date	Check If	Preparer's identify	
Here		Type or print nam			self-	Preparer's identify (see instructions)	
Paid		Preparer's signature	ne and title				
Paid Prepa	nrer's	Preparer's signature Firm's name (or your if self-employed),	s Tate and Tryon		self-		
Paid Prepa	nrer's	Preparer's signature Firm's name (or your	s Tate and Tryon		self-	(see instructions)	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The American Waterways Operators represents the people who own and operate the tugboats, towboats and barges serving the rivers, coasts, Great Lakes and harbors of the United States AWO promotes the industry's value to the nation as a driver of the U S economy with a positive impact on the American quality of life, moving vital commodities safely, providing family-wage jobs, reducing air and water pollution, relieving highway congestion, and protecting homeland security

		- · ·			Form 990 (2009)
4e	Total program se	rvice expenses ⊁ \$			
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4d	Other program se	ervices (Describe in Schedule	0)		
	industry Over the pa medium tank barge s	st 14 years Quality Action Teams have spills, hurricane communication proce	dvocate for, and promoter of, a safe, re enhanced manne safety and enviro dures, and Coast Guard personnel trai 99 5% decrease in tank barge spills b	nmental protection in such areas as c ning programs Participation in the Re	rew alertness, major and sponsible Carrier Program is a
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4Ь	tugboat, towboat and	d barge industry. At the heart of the p	including grants of \$ de members with several forums each program is the sharing of concerns and 140-150 at each plus 8 regional meet	I the planning of AWO's efforts in proi	noting the industry There were
	transportation and its day on Capitol Hill ar exchange information	s exemplary record as the cleanest, noid provided members with access to non the state of the industry, its imp	S Congress and federal agencies on the nost fuel-efficient method of surface to their elected representatives to explain ortance to the economy, environment	ransportation in the country During 2: n their viewpoints on critical public po and national security	009 AWO sponsored "Barge-In"
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4	Section 501(c)(3)	and 501(c)(4) organizations a	each of the organization's three and section 4947(a)(1) trusts a venue, if any, for each program	are required to report the amou	
	If "Yes," describe	these changes on Schedule O			
3	Did the organization services?	on cease conducting, or make	significant changes in how it co		_ Yes ☑ No
	If "Yes," describe	these new services on Schedu	le O		
2		on undertake any significant pr) or 990-EZ?	ogram services during the year		Yes ▼ No

Part IV	Checklist o	f Required	Schedules
4.11.7.4	CHCCKHISEO	. <i>I</i> IC	Schoules

-			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
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	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
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	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		Νο
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		No
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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.			
	◆ 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.			
	◆ 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 Schedule D, Parts XI, XII, and XIII	12	Yes	
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		Νo
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 U S ? If "Yes," complete Schedule F, Part III	16		Νο
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		Νo
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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 line 25	24a		No
Ь	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	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	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		
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		Νο
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		Νο
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			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		No
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		No
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	Yes	
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		No
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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
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	Yes	
		F	orm 99 0	(2009)

Form	n 990 (2009)				Page 5	
Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					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		10		

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 10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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 and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 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		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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			
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		
	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-C as required?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

801 North Qunicy St Suite 200

Arlington, VA 22203 (703) 841-9300

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

Se	ection A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body 1a 52					
ь	Enter the number of voting members that are independent 1b 52					
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		No		
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		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No		
6	Does the organization have members or stockholders?	6	Yes			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
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		Νο		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal					
Re	evenue Code.)					
		4.5	Yes	No		
	Does the organization have local chapters, branches, or affiliates?	10a		No		
	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		Νo		
11A	A Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					
	to conflicts?	12b	Yes			
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	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
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	Yes			
b	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, 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		Νο		
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				
Se	ection C. Disclosure					
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 Form 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. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n ▶ -		
	Lynn Craig	-				

Part VIII 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, and current key employees 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, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page 8
1 b	Total	0		196,859
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶7			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
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	Yes	
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 I for such person	5		No
S	ection 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		Compe	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \(\mathbb{E}\)0			
		F	orm 99	0 (2009)

Form 99								Page 9
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
## ## ## ## ## ## ## ## ## ## ## ## ##	1a	Federated cam	paigns 1a					
ă O	ь	Membership du	es 1b					
£,€	С	Fundraising eve						
<u>=</u>	d		rations 1d					
Ä. E.ÿ	e	Government grants						
ig ig	f	similar amounts no	ons, gifts, grants, and 1f ot included above					
	g		butions included in					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ _ Total. Add lines	s 1a-1f	▶				
				Business Code				
Program Service Revenue	2a	Membership Dues		900,099	4,577,600	4,577,600		
Es Se	ь	Special Projects		900,099	338,762	338,762		
93	c	Meetings		900,099	106,538	106,538		
<u>₹</u>	d	Management Servi	ces	900,099	70,508	70,508		
Ē	е	Publications		900,099	13,576	13,576		
200	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		5,106,984			
	3		ome (ıncludıng dıvıden	. F	24.625			24.625
	4		ar amounts)		24,625			24,625
	5			· · · ·				
		,	(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)	🕨				
	_	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory						
	ь	Less cost or other basis and	42,893					
	c	sales expenses Gaın or (loss)	-42,893					
	d	Net gain or (los	s)		-42,893			-42,893
e	8a	Gross income f events (not inc						
Other Revenue		\$of contributions See Part IV , lin	reported on line 1c)					
<u>-</u>	١.		a .					
ફ	b c		penses b (loss) from fundraising	events 🟲				
_	9a	Gross income f	rom gaming activities					
	ь		penses b					
	10a	Gross sales of returns and allo		vicies				
	ь	·=	a oods sold b					
	С	Net income or (loss) from sales of inve	entory ► Business Code				
	11a	miscellaneous	o vessing	900,099	21,777			21,777
	ь	scanalieous						
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		21,777			
	12	Total revenue.	See Instructions .	·	5,110,493	5,106,984	0	3,509

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
			(B)	(C)	(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations							
	in the U.S. See Part IV, line 21	15,000						
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	365,363						
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	1,588,243						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	61,647						
9	Other employee benefits	270,195						
10	Payroll taxes	123,128						
11	Fees for services (non-employees)	123,120						
a	Management	25.500						
b	Legal	25,600						
С	Accounting	27,722						
d	Lobbying	10,689						
e	Professional fundraising See Part IV, line 17							
f	Investment management fees	12,148						
g	Other	169,514						
12	Advertising and promotion							
13	Office expenses	166,774						
14	Information technology	31,256						
15	Royalties							
16	Occupancy	370,307			_			
17	Travel	178,111						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	290,922						
20	Interest	1,239						
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	63,255						
23	Insurance	22,063						
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	SpeCIAL PROJECT EXPENSE	329,347						
b	FAS 158 Expense	157,739						
c	strategic communication	135,280						
d	Dues & Subscriptions	51,967						
e	miscellaneous	19,772						
f	All other expenses	25,185						
25	Total functional expenses. Add lines 1 through 24f	· ·						
		4,512,466						
26	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							

Pa	rt X	Balance Sheet								
					(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			194,025	1	304,827			
	2	Savings and temporary cash investments		2						
	3	Pledges and grants receivable, net			3					
	4	Accounts receivable, net			186,126	4	137,409			
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	ables from current and former officers, directors, trustees, key employees, and compensated employees Complete Part II of							
		Schedule L								
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of		4958(f)(1)) and						
		Schedule L				6				
Assets	7	Notes and loans receivable, net				7				
SS	8	Inventories for sale or use				8	_			
⋖	9	Prepaid expenses and deferred charges			20,026	9	88,462			
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	647,383						
	ь	Less accumulated depreciation	10b	475,862	178,321	10c	171,521			
	11	Investments—publicly traded securities	•			11				
	12	Investments—other securities See Part IV, line 11		•	636,742	12	944,863			
	13	Investments—program-related See Part IV, line 11				13				
	14	Intangible assets				14				
	15	Other assets See Part IV, line 11			881,603	15	358,857			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,096,843	16	2,005,939			
	17	Accounts payable and accrued expenses .			433,239	17	177,225			
	18	Grants payable				18				
	19	Deferred revenue	Deferred revenue							
_	20	Tax-exempt bond liabilities		20						
es es	21	Escrow or custodial account liability Complete Part IV of Schedule	D.			21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
7		persons Complete Part II of Schedule L				22				
	23	Secured mortgages and notes payable to unrelated third parties		ı		23				
	24	Unsecured notes and loans payable to unrelated third parties .				24				
	25	Other liabilities Complete Part X of Schedule D	į		2,349,537	25	1,395,448			
	26	Total liabilities. Add lines 17 through 25			2,868,477	26	1,628,911			
or Fund Balances		Organizations that follow SFAS 117, check here ▶ → and complethrough 29, and lines 33 and 34.	ete lin	nes 27						
an(27	Unrestricted net assets			-787,185	27	359,350			
- B	28	Temporarily restricted net assets		15,551	28	17,678				
Z	29	Permanently restricted net assets			29					
F		Organizations that do not follow SFAS 117, check here ▶ ┌ and	l comp	let e						
2		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 fur	nds			32				
Net	33	Total net assets or fund balances			-771,634	33	377,028			
	34	Total liabilities and net assets/fund balances			2,096,843	34	2,005,939			

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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			
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		No
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		

Form **990** (2009)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493312006490

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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

- ◆ 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

FS€ FS€	ection 501(c)(3) organizations that ection 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, thave filed Form 5768 (election und thave NOT filed Form 5768 (elections," to Form 990, Part IV, Line 5 (example to Eart III)	er section 501(h)) (n under section 501	Complete Part II-A Do no (h)) Complete Part II-B	ot comp Do not	olete Part II-B complete Part	II-A
	ame of the organization			Employer	ıdentıf	ication numbe	r
ΑM	ERICAN WATERWAYS OPERATORS INC			53-01739	915		
ar	t I-A Complete if the or	ganization is exempt unde	r section 501(rganizatio	n.
1	Provide a description of the ori	ganization's direct and indirect pol	itical campaign act	tivities in Part IV			
2	Political expenditures	'	, 3	▶	¢		
3	Volunteer hours			·	4		
Pai	tt I-B Complete if the or	ganization is exempt unde	r section 501(c)(3).			
1	Enter the amount of any excise	e tax incurred by the organization (under section 4955	5	► \$		
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	n 4955	► \$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?			☐ Yes	┌ No
4a	Was a correction made?					☐ Yes	┌ No
b	If "Yes," describe in Part IV						
Pai	rt I-C Complete if the or	ganization is exempt unde	r section 501(c) except section	501(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities	- \$		
2	Enter the amount of the filing o exempt funtion activities	rganization's funds contributed to	other organization:	s for section 527 •	- \$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	20-PO L. line 17b	.		
4	Did the filing organization file F			· · · · · · · · · · · · · · · · · · ·	\$	 ☐ Yes	Г
	5 5	•	/ETNI) - C - II t	F27 Idea - I		,	,
5	were made For each organizat contributions received that we	nd employer identification number ion listed, enter the amount paid fr re promptly and directly delivered iittee (PAC) If additional space is	om the filing organ to a separate polit	ızatıon's funds Also en ıcal organızatıon, such	iter the	amount of po	litical
	(a) Name	(b) Address	(c) EIN	(d) A mount paid fro filing organization funds If none, enter	's 0-	(e) A mount of contributions and prompt directly delivent separate proof organization enter - (e)	received ly and ered to a plitical If none,
AME PAC	ERICAN WATERWAYS OPERATORS INC	801 north quincy st 200					77,001

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Sch	edule C (Form 990 or 990-EZ) 2009				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led Fo	rm 57	
		(a	a)	(b)
		Yes	No	A mo	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 referendum, through the use of				
а	V olunteers?				
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?				
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 similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5), o	r sect	ion
			_	Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3 Ye	
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".	II-À,		is	
1	Dues, assessments and similar amounts from members	1		4,!	577,600
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	'	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) dues	3		9	915,520
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5		- 9	915,520
Ρ	art IV Supplemental Information				
Сс	omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and so, complete this part for any additional information	d Part	II-B, lıne	11	
, , 11.	Identifier Return Reference Explanat	ion			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493312006490

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization
AMERICAN WATERWAYS OPERATORS INC

Employer identification number
53-0173915

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete in the complete of the organization of the org

organization answered "Yes" to Form 9	(a) Donor advised funds	(b) Funds and	other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor adfunds are the organization's property, subject to the			┌ Yes ┌ N
Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit		•	┌ Yes ┌ N
rt III Conservation Easements. Complete	e if the organization answered "Yes	" to Form 990, Part	IV, line 7.
Purpose(s) of conservation easements held by the	organization (check all that apply)		
Preservation of land for public use (e g , recrea	<u> </u>		· ·
Protection of natural habitat	Preservation of	a certified historic stru	ıcture
Preservation of open space			
Complete lines 2a-2d if the organization held a qua	alified conservation contribution in the fo	orm of a conservation	
easement on the last day of the tax year			
Tabal asserbance for a second transfer and the			ne End of the Year
Total number of conservation easements Total acreage restricted by conservation easement		2a	
Total acreage restricted by conservation easement		2b	
Number of conservation easements on a certified h	, ,	2c	
Number of conservation easements included in (c)	acquired after 8/17/06	2d	
Number of conservation easements modified, trans	ferred, released, extinguished, or termin	ated by the organizatio	n during
the taxable year 🛌			
Number of states where property subject to conser	vation easement is located be		
Does the organization have a written policy regardi enforcement of the conservation easements it holds		andling of violations, a	^{∩a}
Chaff and wallington having days to day			. No
Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation eas	ements during the year	
A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easeme	nts during the year 🟲 🕏	·
Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	section	┌ Yes ┌ N
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.	f the footnote to the organization's financ		
rt III Organizations Maintaining Collecti Complete if the organization answered			r Assets.
If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel			
provide, in Part XIV, the text of the footnote to its f			oublic service,
provide, in Part XIV, the text of the footnote to its f	financial statements that describes thes .S 116, to report in its revenue statemer r public exhibition, education, or researc	e items nt and balance sheet wo	orks of art,
provide, in Part XIV, the text of the footnote to its f If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo	financial statements that describes thes .S 116, to report in its revenue statemer r public exhibition, education, or researc ns	e items nt and balance sheet wo h in furtherance of publ	orks of art,
provide, in Part XIV, the text of the footnote to its f If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these item	financial statements that describes thes .S 116, to report in its revenue statemer r public exhibition, education, or researc ns	e items nt and balance sheet wo h in furtherance of publ	orks of art, ic service,
provide, in Part XIV, the text of the footnote to its for If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item (i) Revenues included in Form 990, Part VIII, line	financial statements that describes thes \$ 116, to report in its revenue statement r public exhibition, education, or research 1 storical treasures, or other similar asset	e items nt and balance sheet wo h in furtherance of publ	orks of art, ic service,
provide, in Part XIV, the text of the footnote to its for If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item (i) Revenues included in Form 990, Part VIII, line (ii) Assets included in Form 990, Part X If the organization received or held works of art, his	financial statements that describes thes \$ 116, to report in its revenue statement r public exhibition, education, or research 1 storical treasures, or other similar asset	e items nt and balance sheet wo h in furtherance of publ	orks of art, ic service,

Part	IIII Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	res, or O	<u>the</u>	r Similar .	<u>Asse</u>	ts (cc	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check an	y of th	ne fol	lowing	that are	e a significa	int u	se of its coll	ection	l	
а	Public exhibition		d	Γ	Loan	orexch	nange progr	ams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	llections and expla	ıın hov	w the	y furthe	er the o	rganızatıon	's ex	empt purpos	e in		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t								ılar	<u></u>	Yes	□ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organ	ızatıon			es" to Forn			,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	itions o	r other ass	ets r	not	Γ,	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ing t	able		Г			A mou	nt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year						-	1e				
f	Ending balance						-	1f				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	717 م				L				Yes	┌ No
			c Z I ,							'	. 63	, 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n ans	:Wer	ad "Va	s" to F	Form 990	Dar	t IV/ ling 1	n		
Fal	Endowment Funds. Complete F	(a)Current Year		Prior			o Years Back		Three Years Ba		Four Ye	ears Back
1a	Beginning of year balance			-								
ь	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment	%										
ь	Permanent endowment - %											
c	Term endowment ▶ %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and a	dmınıstered	d for	the			
	organization by								_		Yes	No
	(i) unrelated organizations							٠		3a(i)		<u> </u>
	(ii) related organizations							•	🖺	Ba(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•						•		3b		<u> </u>
	t VI Investments—Land, Buildings					90 Da	rt X line	10				
rai	tvi investments—Land, bundings	,, and Equipme	111. 3		a) Cost o	•	(b)Cost or o		(c) Accumul	otod		
	Description of investment				sis (inve		basis (other		depreciation		(d) Bo	ook value
	and		•									
	Buildings		•	-								
c l	easehold improvements		•				76	,619	6	0,703		15,916
	Equipment		•	_				,470	41	3,883		118,587
- /	Other							201	I	4 276		37,018
	. Add lines 1a-1e (Column (d) should equal Fo	· · · · ·	<u> </u>				38	,294	<u> </u>	1,276		171,521

Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives			
Closely-held equity interests Other			
Equity Mutual Funds	591,983		F
Fixed Income mutual funds	348,916		F
Money Market Funds	3,964		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See	,] 3	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			(1) 5
deferred compensation investment	LION		(b) Book value 358,857
·			,
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			358,857
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		358,857
Part X Other Liabilities. See Form 990, Part X			358,857
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		358,857
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE OBLIGATION FOR LEASES	, line 25. (b) A mount 358,857 37,293		358,857
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE	, line 25. (b) A mount 358,857		358,857
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE OBLIGATION FOR LEASES	, line 25. (b) A mount 358,857 37,293		358,857
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE OBLIGATION FOR LEASES	, line 25. (b) A mount 358,857 37,293		358,857
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE OBLIGATION FOR LEASES	, line 25. (b) A mount 358,857 37,293		358,857
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE OBLIGATION FOR LEASES	, line 25. (b) A mount 358,857 37,293		358,857
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE OBLIGATION FOR LEASES	, line 25. (b) A mount 358,857 37,293		358,857
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE OBLIGATION FOR LEASES	, line 25. (b) A mount 358,857 37,293		358,857
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE OBLIGATION FOR LEASES	, line 25. (b) A mount 358,857 37,293		358,857
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE OBLIGATION FOR LEASES	, line 25. (b) A mount 358,857 37,293		358,857
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE OBLIGATION FOR LEASES	, line 25. (b) A mount 358,857 37,293		358,857

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,110,493
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,512,466
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	598,027
4	Net unrealized gains (losses) on investments	4	232,790
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	317,845
9	Total adjustments (net) Add lines 4 - 8	9	550,635
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,148,662
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	5,408,136
2	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		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	309,791
3	Subtract line 2e from line 1	3	5,098,345
4	A mounts 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 12,148		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	12,148
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,110,493
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	4,892,380
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 392,062		
e	Add lines 2a through 2d	2e	392,062
3	Subtract line 2e from line 1	3	4,500,318
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 12,148		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	12,148
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,512,466
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Positions Under FIN 48	MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN INCOME TAX POSITIONS THE ASSOCIATION BELIEVES IT IS NO LONGER SUBJECT TO US FEDERAL, STATE AND LOCAL TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2006
Part XI, Line 8 - Other Adjustments		PENSION RELATED CHANGE 318286 OTHER CHANGES IN PAC NET ASSETS -441
Part XII, Line 2d - Other Adjustments		Pac Income 77001
Part XIII, Line 2d - Other Adjustments		PAC Expense 73776 PENSION RELATED CHANGE BELOW THE LINE 318286

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493312006490 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspect ion Employer identification number

AMERICAN WATERWAYS OPE	RATORS INC					53-0173915	
Part I General Inform	nation on Grants	and Assistance				I	
 Does the organization mainst the selection criteria used Describe in Part IV the organization 	to award the grants o	rassistance?					∀Yes Г
Form 990, Part I	V, line 21 for any re	ecipient that received	d more than \$5,000.	. Check this box if n	Complete If the orgon one recipient rece	ved more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Coast Guard Foundation394 Taugwonk Road Stoppington CT 06378	042899862	501c3	15,000				general support

	· · · · · · · · · · · · · · · · · · ·	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 9	90, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation	

Compensation Information

DLN: 93493312006490

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN WATERWAYS OPERATORS INC

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			53-0173915			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgreimbursement orprovision of all the expenses descr			1b	Yes	
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive			2	Yes	
-	Todacha which is an assume the surrounding		A			
3	Indicate which, if any, of the following the organizatio organization's CEO/Executive Director Check all the	at appl	y			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Por a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 67 If "Yes," de			7		
8	Were any amounts reported in Form 990, Part VII, passible to the initial contract exception described in in Part III			8		
9	If "Yes" to line 8, did the organization also follow the	rebutt	able presumption procedure described in Regulations			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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	f W-2 and/or 1099-MIS		(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	ıncentive reportable		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
THOMAS A ALLEGRETTI	(1) (11)	259,917 0	1 ' 1		701,118		1,040,991	
Jennifer Carpenter	(1) (11)	175,329 0	,	270	10,650		225,144	0
lynn Muench	(1) (11)	121,301 0		1	23,940	21,322 0	184,109	0
	<u> </u>		 '	<u> </u>				
			1'		1			
			'					
			1					
			1'					
			'					
			'					
			1					
			í'					
			1					
1			•	•	•	•	•	•

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 4a	Thomas Allegretti received nonqualified retirement funds during the year
Supplemental Information	Part III	In 2009 the 457h plan (The Rabbı Trust) was terminated and the assets, \$669,918 became taxable to Thomas Allegretti

Schedule J (Form 990) 2009

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

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 AMERICAN WATERWAYS OPERATORS INC Employer identification number

53-0173915

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THERE ARE TWO CLASSIFICATIONS OF MEMBERSHIP 1) CARRIER MEMBERS - INDIVIDUAL U.S. FLAG WATER TRANSPORTATION COMPANIES. CARRIER MEMBERS MUST BE IN COMPLIANCE WITH THE RESPONSIBLE CARRIER PROGRAM 2) AFFILIATE MEMBERS - ASSOCIATIONS, CORPORATIONS, PARTNERSHIPS AND SOLE PROPRIETORSHIPS SHARING COMMON INTERESTS WITH CARRRIER MEMBERS.
Form 990, Part VI, Section A, line 7a		ONE SEAT ON THE BOARD SHALL BE FILLED BY AN AFFILIATE MEMBER NOMINATED BY THE CHAIRMAN AND ELECTED BY THE EXECUTIVE COMMITTEE
Form 990, Part VI, Section B, line 11		OUR AUDITORS, TATE AND TRYON, WILL DO AN INTERNAL REVIEW OF THE FORM 990 THE VICE PRESIDENT - FINANCE AND ADMINISTRATION AND THE PRESIDENT AND CEO WILL BOTH REVIEW THE FORM 990 IN DETAIL BEFORE IT IS FILED
Form 990, Part VI, Section B, line 12c		AS ADMINISTERED BY THE AWO SECRETARY, EACH DIRECTOR WILL BE ASKED TO COMPLETE A CERTIFICATION OF A GREEMENT WITH THE POLICY AND DISCLOSURE OF ANY KNOW CONFLICTS OF INTEREST UPON HIS OR HER ELECTION OR RE-ELECTION TO THE BOARD AND ANNUALLY THEREAFTER
Form 990, Part VI, Section B, line 15		COMPENSATION IS DETERMINED BY AN ANNUAL PERORMANCE EVALUATION AND COMPARABLE COMPENSATION IN OTHER TRADE ASSOCIATIONS AS ANALYZED AND REPORTED BY AN INDEPENDENT ORGANIZATION
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request
Form 990, Part XI, Line 2c		The process has remained unchanged from the prior year

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493312006490

2000

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

arLINGTON, VA 22203

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

Name of the organization
AMERICAN WATERWAYS OPERATORS INC

53-0173915

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

(a)
Name, address, and EIN of disregarded entity

Primary activity

Legal domicile (state or foreign country)

(d) Total income End-of-year assets

(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(b) (d) (f) (c) (e) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status or foreign country) (if section 501(c)(3)) entity NATIONAL WATERWAYS FOUNDATION CHARITABLE, EDUCATIONAL AMERICAN WATERWAYS 801 NORTH QUINCY STREET AND SCIENTIFIC ACTIVITIES VA 501 (C)(3) 170 **OPERATORS** ARLINGTON, VA 22203 52-1124026 american waterways operators inc 801 NORTH QUINCY STREET POLITICAL ACTIVITY VA 527

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on 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)
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

No

No

No

No

No

No

No

Yes

1d

1e

1f

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)	
Note	Complete line 1 if any entity is listed in Parts II III or IV	

Note. Complete line 1 if any entity is listed in Parts II, III or IV	
1 During the tax year, did the orgranization 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 (iv) rent from a controlled entity	1a
b Gift, grant, or capital contribution to other organization(s)	1b
c. Gift grant or capital contribution from other organization(s)	1c

- **c** Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- 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
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	1h		No
	1i		No
	1j		No
	1k		No
	11		No
	1m		No
	1n		No
	10		No
	1р		No
	1q	Yes	
	1r		No
olds			
	,	·~\	
Am		(c) involve	ed
		7	7 001

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.

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) AMERICAN WATERWAYS OPERATORS INC	Q	77,001

- (1) See Additional Data Table
- (2)
- (3) (4)
- (5)
- (6)

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

(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 **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 53-0173915

Name: AMERICAN WATERWAYS OPERATORS INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	1	Jeni C			.013	<u> </u>		<u> </u>		<u> </u>
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	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)	compensation from the organization and related organizations
TIMOTHY J CASEY Chairman	5 00	X		X				0	0	0
GEORge Foster VICE CHAIRMAN	3 00	×		X				0	0	0
william r Barr director	1 00	x						0	0	0
MARK J CARR director	1 00	X						0	0	0
larry R Daily director	1 00	×						0	0	0
stephen Dann director	1 00	X						0	0	0
Z DAVID DELOACH director	1 00	X						0	0	0
joseph A Devall director	1 00	X						0	0	0
JOHN DOUGLASS DIRECTOR	1 00	X						0	0	0
TAYLOR DUCHAINE DIRECTOR	1 00	X						0	0	0
TOMMY ECHOLS	1 00	X						0	0	0
THOMAS ERICKSON	1 00	X						0	0	0
CHERRIE FELDER director	1 00	X						0	0	0
ROBERT A FRY JR director	1 00	Х						0	0	0
C BARRY GIPSON director	1 00	X						0	0	0
STEVE GOLDING director	1 00	Х						0	0	0
CATHY HAMMOND director	1 00	Х						0	0	0
RO GER HARRIS director	2 00	X						0	0	0
CHARLES HAUN director	1 00	X						0	0	0
FREDERICK LULIUCCI director	1 00	X						0	0	0
DONALD IVINS director	1 00	X						0	0	0
pAUL JANOUSH director	1 00	X						0	0	0
dan Jaworskı dırector	1 00	X						0	0	0
R RUSSELL JOHNSON director	1 00	X						0	0	0
CHARLES H KING JR director	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
rıchaRD C KREIDER dırector	1 00	Х						0	0	0	
h MERRITT LANE III director	1 00	х						0	0	0	
GEORGE G LEAVELL director	2 00	Х						0	0	0	
MICHAEL LUHR director	1 00	Х						0	0	C	
BRENDAN MACGILLIVRAY director	1 00	Х						0	0	C	
BRIAN BUCKLEY MCALLISTER director	1 00	Х						0	0	C	
FRANKLIN MORTON director	1 00	Х						0	0	C	
brent Nissen director	1 00	Х						0	0	(
FREDERICK A NYHUIS director	1 00	X						0	0	C	
JEFFREY PARKER director	2 00	Х						0	0	(
JAMES W PATTERSON director	1 00	Х						0	0	(
CHARLES LINN PETERSON director	2 00	Х						0	0	(
JOHN PIGOTT director	1 00	Х						0	0	(
DALE SAUSE director	1 00	Х						0	0	(
STEVE SCALZO director	1 00	Χ						0	0	(
davID G SEHRT dIRECTOR	1 00	Х						0	0	(
RIC SHREWSBURY director	2 00	Х						0	0	(
PETER H STEPHAICH director	2 00	Χ						0	0	(
GREGG THAUVETTE director	1 00	Х						0	0	(
cIARK A TODD dIRECTOR	1 00	Х						0	0	(
CAPT TOM TRAY director	1 00	Х						0	0	C	
edward J Tregurtha dIRECTOR	1 00	Х						0	0	(
WILLIAM M WATERMAN director	1 00	Х						0	0	(
TED WAXLER director	2 00	Х						0	0	(
MATT WOODRUFF director	1 00	Х						0	0	(

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
THOMAS A ALLEGRETTI President & CEO	40 00		•	Х				316,228	0	49,315	
Jennifer Carpenter SVP NATIONAL ADVOCACY	40 00				Х			195,599	0	24,770	
lynn Muench SVP REGIONAL ADVOCACY	40 00					X		138,847	0	40,552	
Anne burns VP PUBLIC AFFAIRS & COMM	40 00	X			114,581	0	8,502				
Robert Clinton VP SAFETY	40 00	X		113,887		27,554					
Christopher Coakley VP legislative affiars	40 00	X			110,594		22,807				
lynn m craig vp finance & administrat	40 00	x			107,713	0	23,359				

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Membership Dues	900,099	4,577,600	4,577,600		
Special Projects	900,099	338,762	338,762		
Meetings	900,099	106,538	106,538		
Management Services	900,099	70,508	70,508		
Publications	900,099	13,576	13,576		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SpeCIAL PROJECT EXPENSE	329,347			
FAS 158 Expense	157,739			
strATEGIC COMMUNICATION	135,280			
Dues & Subscriptions	51,967			
miscellaneous	19,772			