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Form **990**

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)

2009

OMB No 1545-0047

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please American Public Works Association use IRS label or Address change 36-2202880 Doing Business As E Telephone number print or type. See Name change (816) 472-6100 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 19,633,789 2345 Grand Boulevard Terminated tions. Amended return City or town, state or country, and ZIP + 4 Kansas City, MO 64108 Application pending Name and address of principal officer **H(a)** Is this a group return for Peter B King affiliates? 1275 K STREET NW SUITE 750 Washington, DC 20005 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 Tax-exempt status Group exemption number 🕨 Website: ► WWW APWA NET K Form of organization
✓ Corporation
✓ Trust
✓ Association
✓ Other ► **L** Year of formation 1937 **M** State of legal domicile IL Part I Summary Briefly describe the organization's mission or most significant activities THE AMERICAN PUBLIC WORKS ASSOCIATION EXISTS TO DEVELOP AND SUPPORT THE PEOPLE, AGENCIES, AND ORGANIZATIONS THAT PLAN, BUILD, MAINTAIN, AND IMPROVE OUR COMMUNITIES Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . . 15 Total number of employees (Part V, line 2a) . . 60 29,000 Total number of volunteers (estimate if necessary) . 997,495 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **7**b -12,283 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 402,925 203,916 Program service revenue (Part VIII, line 2g) . 15,817,077 15,112,483 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 298,745 259,345 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,623,707 1,576,501 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 18,142,454 17,152,245 294,560 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 281,942 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 4,354,926 4,560,223 Professional fundraising fees (Part IX, column (A), line 11e) . . 16a 0 ь Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 13,396,038 12,509,076 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18,032,906 17,363,859 Revenue less expenses Subtract line 18 from line 12 . 109,548 -211,614 19 Net Assets or Fund Balances **Beginning of Current End of Year** Year 18,257,365 20 Total assets (Part X, line 16) . 17,390,367 21 Total liabilities (Part X, line 26) . 5,062,157 5,713,139 Net assets or fund balances Subtract line 21 from line 20 12,328,210 12,544,226 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian ***** 2011-03-15 Here Signature of officer PETER B KING EXECUTIVE DIRECTOR/CEO/SECRETARY Type or print name and title Date Check if Preparer's identifying number Preparer's Michael J Engle (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours BKD LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 1201 Walnut Suite 1700

Kansas City, MO 641062246

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Phone no (816) 221-6300

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

SEE SCHEDULE O

						Form 990 (2009)
4e	Total program servi	ce expenses►\$	14,098,86	0		
	(Expenses \$	7,754,374 inc	uding grants o	of\$ 294,!	560) (Revenue \$	12,556,678)
4d	Other program serv	ices (Describe in Sch	edule O)			
	CHAPTERS AND 89 BRAI FUNDING TRAVEL FOR S	NCHES AND THE VOLUNTEER STAFF AND BOARD MEMBER!	R MEMBERS SERV S TO LOCAL APWA	ING IN LEADERSHIP ROLES A BUSINESS MEETINGS AND		PROGRAM SERVICES INCLUDE LLIABILITY INSURANCE, REBATES
4c	(Code) (Expenses \$	986,920	ıncludıng grants of \$	0) (Revenue \$	9,300)
4b	(Code REPORTER MAGAZINE - TRAINING PROGRAMS, A		1,409,886 IDED TO OUR MEI	including grants of \$ MBERSHIP ARTICLES CONTA	0) (Revenue \$ AIN INFORMATION ON MANAGEN	660,000) MENT TECHNIQUES, RESEARCH,
4a	BRINGS MORE THAN 6,0 82,000 SQFT EXHIBIT FI	000 PUBLIC WORKS AND INI	DUSTRY-RELATED RODUCTS AND SE	SINESS MEETING AND TRADE PROFESSIONALS TOGETHER RVICES AVAILABLE TO OUR I		ORKS PROFESSIONALS THIS EVENT HAN 200 EDUCATIONAL SESSIONS,
4	Section 501(c)(3) are allocations to others	nd 501(c)(4) organizati , the total expenses, a	ons and section nd revenue, if a	on 4947(a)(1) trusts a any, for each program s	· 	mount of grants and
		ese changes on Schedu	ıle O			, 155 , 115
3	Did the organization services?		nake sıgnıfıcar	nt changes in how it cor	nducts, any program	ΓYes ∇ No
	If "Yes," describe the	ese new services on Sc	hedule O			
2	Did the organization the prior Form 990 o		ant program se	ervices during the year	which were not listed on	┌ Yes ┌ No

	•		Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes,"		Yes	
	complete Schedule A 🚭	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors? 2	2	Yes	N o
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		
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? <i>If "Yes," complete Schedule D, Part II</i>	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		No
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	Yes	
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 12A No	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b	Yes	
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		No
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	Yes	
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		Νο
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	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

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		Νo
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	Yes	
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
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	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		No
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		Νo
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		No
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		No
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		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
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 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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "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		Νo
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		Νο
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		Νο
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		Νο
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
La	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 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	Yes	
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	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	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	Yes	
b	If "Yes," enter the name of the foreign country ▶CA See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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		
а	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		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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-C as required?	7h		_
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	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			
1	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)			
2a	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 year			

TERI NEWHOUSE

(816) 595-5277

2345 GRAND BLVD STE 700 KANSAS CITY, MO 64108

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					
ь	Enter the number of voting members that are independent 1b 15					
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		Νο		
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		No		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο		
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	Yes			
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		No		
	ection B. Policies (This Section B requests information about policies not required by the Internal					
ке	evenue Code.)		Yes	No		
102	Does the organization have local chapters, branches, or affiliates?	10a	Yes	110		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104	163			
11	affiliates, and branches to ensure their operations are consistent with those of the organization?					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form					
11A	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			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
c	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		Νο		
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 🗠 AZ, CA, DC, FL, IL, MO, OH, OR, W	<u>/A</u>				
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.					
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 th	ıe orga	nızatıor	. ►		

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	(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
See add'l data										

- 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 ►5
- Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Nο 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 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services 5 Nο

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)	(B)	(C)
Name and business address	Description of services	Compensation
AUDIO VISUAL MANAGEMENT GROUP	AUDIO VISUAL	345,760
MOHANNA ASSOCIATES INC	AD SALES MANAGEMENT	135,407
NATIONAL TRADE REODUCTIONS	EXHIBIT SALES MGMT	325,453
COLORMARK INC	PRINTING	128,478
HARMONY PRINTING AND DEVELOPMENT	PRINTING	249,842
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►6	who received more than	

Form 9		<u> </u>						Page 9
Part	/!!!!	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
<u> </u>	1a	Federated cam	paıgns 1a					
ie in	ь	Membership du	es 1b					
s, ç ami	c	Fundraising eve	ents 1c	48,104				
±g±	d	Related organiz	rations 1d					
ž.	e	Government grant	s (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	ons, gifts, grants, and 1f ot included above butions included in	155,812				
E G	-	lınes 1a-1f\$_						
	h	Total. Add lines	s 1a-1f	· · · •	203,916			
<u> </u>				Business Code				
Program Serwce Revenue	2a	REGISTRATION FE	ES	230,000	5,851,443	5,851,443		
	Ь	MEMBERSHIP DUE	S	230,000	3,700,752	3,700,752		
- 56	C	EXHIBIT SPACE SA	LES	230,000	3,821,692	3,821,692		
	d	TECHNICAL PUBLIC	CATIONS	230,000	1,008,474	1,008,474		
Ē	e	SPONSORSHIP/REE	BATE INCOME	900,099	715,674	715,674		
<u> </u>	f	All other progra	am service revenue		14,448	14,448		
Š	g	Total. Add lines	s 2a-2f		15,112,483			
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
			aramounts)	-	260,298			260,298
	4		stment of tax-exempt bond		7 074			7.074
	5	Royalties	() Part	· · · · · · · · · · · · · · · · · · ·	7,874			7,874
	6a	Gross Rents	(ı) Real	(II) Personal				
	Ь	Less rental						
	_c	expenses Rental income						
		or (loss)						
	d	Net rental inco	me or (loss) (i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	2,091,258	(II) O ther				
	ь	than inventory Less cost or other basis and sales expenses	2,092,211					
	c	Gain or (loss)	-953					
	d	Net gain or (los	s)	▶	-953			-953
ane	8a	events (not inc \$48	,104					
Other Revenue			reported on line 1c) ne 18	633,891				
the	b	Less direct ex	penses b	389,333				
Ò	С		(loss) from fundraising	events ►	244,558			244,558
	9a		rom gaming activities ie 19 a					
	b c		penses b (loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of invo	entory	o			
		Miscellaneou		Business Code				
	11a	ADVERTISING	GINCOME	541,800	851,227		851,227	
	b	CHAPTER ADV	/ERTISING	900,099	146,268		146,268	
	С	MISSCELLANE		541,800	326,574			326,574
	d	All other reven						
	e	Total. Add lines	s 11a-11d		1,324,069			
	12	Total revenue.	See Instructions .	· .	17,152,245	15,112,483	997,495	838,351

	990 (2009)				Page 10
Par	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations m	ust complete all c	olumns.		
А	Il other organizations must complete column (A) but are not required to			(D).	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	278,345	278,345		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	16,215	16,215		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	779,912	445,890	334,022	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,984,757	1,706,439	1,278,318	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	82,764	46,348		
9	Other employee benefits	464,420	260,075	204,345	
10	Payroll taxes	248,370	139,087	 	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	8,196		8,196	
c	Accounting	53,510		53,510	
d	Lobbying	0		33,523	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g g	Other	2,453,398	2,318,730	134,668	
12	Advertising and promotion	323,407	306,769	 	
13	Office expenses	4,284,796	,		
14	Information technology	50,066	20,786	 	
15	Royalties	68,316	68,316	 	
16	Occupancy	2,712,640	,		
17	Travel	759,308	498,748	· ·	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	130,770	250,555	
19	Conferences, conventions, and meetings	11,112		11,112	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	443,597	340,409	103,188	
23	Insurance	78,003	31,257	· ·	
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	CHAPTER REBATES	252,981	252,981		
b	A WARDS, FELLO WSHIPS	602,887	601,325	 	
С	DUES & SUBSCRIPTIONS	144,645	85,820	· · ·	
d	BAD DEBT EXPENSE	128,219	128,219	 	
e	MISCELLANEOUS EXPENSE	133,995	133,995	t	
f	All other expenses	, , ,	, 12		
25	Total functional expenses. Add lines 1 through 24f	17,363,859	14,098,860	3,264,999	0
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	2.,303,033	2.,050,000	5,23,,555	<u> </u>
	campaign and landraising solicitation		İ	<u> </u>	

Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 1 12.514.357 2 12.887.829 2 3 3 4 138.263 4 344.067 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 334.005 Inventories for sale or use 345,699 526,135 646,611 Land, buildings, and equipment cost or other basis Complete 2.597.679 10a 10a Part VI of Schedule D 10b 1.500.927 1.096.752 b Less accumulated depreciation 1.008.491 10c 2.836.496 11 2,932,470 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 20.926 15 15.631 15 16 17,390,367 16 18,257,365 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 632,187 551.368 17 17 Accounts payable and accrued expenses . 18 18 4,549,789 19 5,080,952 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D -39.000 25 0 26 **Total liabilities.** Add lines 17 through 25 5,062,157 5,713,139 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 11.672.354 12,167,248 27 Unrestricted net assets 27 28 593.194 28 74.703 Temporarily restricted net assets Fund 62.662 29 302.275 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 12,328,210 12,544,226 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 17.390.367 18,257,365 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
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 Consolidated basis Both consolidated and separated basis			
3а	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)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

American Public Works Association

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

Public Charity Status and Public Support

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

Inspection

Employer identification number

36-2202880

									30-220200			
	rt I			olic Charity Stat						tructions		
he o	organız —			foundation because					x)			
1		A churc	h, conventio	on of churches, or as:	sociation of o	churches s	ection 170(b))(1)(A)(i).				
2	Г			ın section 170(b)(1)			•					
3	Г	A hospi	tal or a coop	erative hospital serv	vice organiza	atıon descri	bed in sectio i	n 170(b)(1)	(A)(iii).			
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a	hospital desc	ribed in sec	tion 170(b)(1)	(A)(iii). Ente	erthe	
5	Γ	_	•	rated for the benefit	-	or universit	cy owned or op	perated by a	ı governmental	unıt describ	_ ed ın	
_	_			()(iv). (Complete Pa	· ·							
6	_			ocal government or	=							
7	ı	describe	ed ın	t normally receives a \)(vi) (Complete Pa		part of its	support from	a governme	ntal unit or froi	m the genera	l public	
8	Г					.)(vi) (Con	nplete Part II)				
9	<u></u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
	,			ties related to its ex								
		•		ss investment incom	-	-		-				
			_	anızatıon after June 3				•		•		
10	Г	•		anized and operated	•			•	•			
11	Γ	An orga one or n the box	nızatıon orga nore publicly	anized and operated value supported organizates the type of supported by Type II	exclusively tions describ erting organiz	for the bene bed in secti zation and c	efit of, to perfo on 509(a)(1)	orm the func or section ! s 11e throug	tions of, or to 509(a)(2) See gh 11h	•	a)(3).	Check
e f g	1	other th section If the or check th Since A	an foundation 509(a)(2) rganization r his box ugust 17, 20	x, I certify that the o on managers and othe eceived a written de 006, has the organiz	er than one c	r more pub	licly supporte	ed organizat 「ype I, Type	ions described	ın section 5	09(a)(1) or
			g persons? rson who dire	ectly or indirectly co	ntrols eithe	ralone ort	ogether with r	nersons des	crihed in (ii)		Yes	No
				overning body of the	•			, , , , , , , , , , , , , , , , , , , ,	eribed iii (ii)	11g(i)	163	110
			_	r of a person describ		_				11g(ii)		
		• •	•	ed entity of a person	٠,		hove?			11g(iii)		
h				g information about t							1	<u> </u>
				9		g <u>-</u>	(. ,					
(i) Name of supported organizatio		organization organization of (ii) (described on col (i) list rted EIN lines 1- 9 above your gover		(iv) Is the anization in (i) listed in col (i) or suppose sup		otify the tion in f your	(vi) Is th organizat col (i) org in the U	e ıon ın anızed	(vii) A mount of support?			
				(see instructions))	Yes	No	Yes	No	Yes	No		
-	ı											

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization'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						
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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support	_					
Cale	ndar 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")	4,043,435	4,304,944	4,315,590	4,112,312	3,904,116	20,680,39
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12,171,808	13,128,649	14,426,632	11,164,587	11,397,283	62,288,95
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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 7a	Total. Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified persons	16,215,243	17,433,593	18,742,222	15,276,899	15,301,399	82,969,35
	A mounts 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 Add lines 7a and 7b						
8	Public Support (Subtract line 7c from line 6)						82,969,35
Se	ction B. Total Support	•	•				
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	16,215,243	17,433,593	18,742,222	15,276,899	15,301,399	82,969,35
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	1,214,959	1,443,506	267,324	314,532	268,172	3,508,49
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	1,214,959	1,443,506	267,324	314,532	268,172	3,508,49
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			267,814	102,545	0	370,35
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	61,645	112,589	55,803	354,082	341,574	925,69
13	Total support (Add lines 9, 10c, 11 and 12)	17,491,847	18,989,688	19,333,163	16,048,058	15,911,145	87,773,90
14	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	third, fourth, or f	Ifith tax year as a	1 1 501(c)(3) organ	ızatıon, ▶┌
Se	ction C. Computation of Pub	olic Support Po	ercentage				
15	Public Support Percentage for 200			13 column (f))		15	94 526 %
16	Public support percentage from 20	08 Schedule A, P	art III, line 15			16	94 049 %
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge	(5)		

15	94 526 ⁰	%
16	94 049 9	<u>~</u>

Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))

Investment income percentage from 2008 Schedule A, Part III, line 17

17 3 997 % 18 4 774 %

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 36-2202880

Name: American Public Works Association

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) Average hours		tion (hat a	che		11		(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
GEORGE R CROMBIE PRESIDENT ELECT	10 0	×		Х				0	0	0
NOEL C THOMPSON PAST PRESIDENT	10 0	X		X				4,106	0	0
ELIZABETH TREADWAY DIRECTOR REGION III	5 0	Х						0	0	0
JEAN-GUY COURTEMANCHE DIRECTOR REGION I	5 0	Х						0	0	0
ANN BURNETT- TROSI FORMER DIRECTOR REGION VIII	5 0	Х						0	0	0
SHELBY P LASALLE DIRECTOR REGION IV	5 0	Х						0	0	0
DAVID LAWRY DIRECTOR REGION V	5 0	Х						0	0	0
LARRY STEVENS DIRECTOR REGION VI	5 0	Х						0	0	0
JIMMY B FOSTER DIRECTOR REGION VII	5 0	Х						0	0	0
RON CAULKINS DIRECTOR REGION VIII	5 0	Х						0	0	0
DOUG J DREVER DIRECTOR REGION IX	5 0	Х						0	0	0
DARYL GRISGBY DIRECTOR-AT-LARGE ENVIRONMENT	5 0	X						0	0	0
PATRICIA HILDEBRAND DIRECTOR-AT-LARGE ENG & TECH	5 0	X						0	0	0
DIANE LINDERMAN DIRECTOR-AT-LARGE PW MGMT/LDRS	5 0	Х						0	0	0
KEN A NERLAND DIR-AT-LARGE FLEET & FACILITY	5 0	Х						0	0	0
SUSAN HANN DIRECTOR-AT-LARGE TRANSPORT	5 0	Х						0	0	0
LARRY KOEHLE PRESIDENT	10 0	Х		х				0	0	0
EDWARD GOTTKO DIRECTOR REGION II	5 0	Х						0	0	0
PETER KING SECRETARY/ EXEC DIRECTOR/ CEO	37 5			х				327,378	0	65,798
KAYE SULLIVAN DEPUTY EXEC DIRECTOR / COO	37 5			х				174,669	0	21,331
TERI NEWHOUSE DIRECTOR OF FINANCE	37 5			х				112,302	0	11,883
JAMES FAHEY DIRECTOR OF GOVERNMENT AFFAIRS	37 5					Х		145,182	0	14,833
ELISABETH DANIELS DIRECTOR OF TECHNICAL SERVICES	37 5					x		104,406	0	12,048

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

, ,		(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue
	Business Code		Exempt Function Revenue	Business Revenue	Excluded from Tax under IRC 512, 513, or 514
REGISTRATION FEES	230,000	5,851,443	5,851,443		
MEMBERSHIP DUES	230,000	3,700,752	3,700,752		
EXHIBIT SPACE SALES	230,000	3,821,692	3,821,692		
TECHNICAL PUBLICATIONS	230,000	1,008,474	1,008,474		
SPONSORSHIP/REBATE INCOME	900,099	715,674	715,674		

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
CHAPTER REBATES	252,981	252,981		
A WARDS, FELLO WSHIPS	602,887	601,325	1,562	
DUES & SUBSCRIPTIONS	144,645	85,820	58,825	
BAD DEBT EXPENSE	128,219	128,219		
MISCELLANEOUS EXPENSE	133,995	133,995		

DLN: 93493136050661

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

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

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

Na	ection 501(c)(4), (5), or (6) organi nme of the organization lerican Public Works Association			Employer ide	ntıfıcatıon number				
7411	reflection violes violes resociation			36-2202880	1				
Par	t I-A Complete if the or	ganization is exempt und	ler section 501(c) or is a section 52	7 organization.				
1	Provide a description of the or	ganızatıon's dırect and ındırect p	olitical campaign ac	tivities in Part IV					
2	Political expenditures			▶	\$				
3	V olunteer hours								
Par	rt I-B Complete if the or	ganization is exempt und	ler section 501 <i>(</i>	(c)(3).					
1	•	e tax incurred by the organization			\$				
2		e tax incurred by organization ma			\$				
3		section 4955 tax, did it file Form			Yes No				
- 4a	Was a correction made?	,	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		「Yes				
ь	If "Yes," describe in Part IV				,,				
		ganization is exempt und	ler section 501(c) except section 50	1(c)(3).				
1	Enter the amount directly exp	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$				
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organization	s for section 527 ▶	\$				
3	Total exempt function expend	tures Add lines 1 and 2 Enter h							
	· · · · · · · · · · · · · · · · · · ·								
4 5	Did the filing organization file l State the names, addresses a				Yes No				
	State the names, addresses a were made For each organizat contributions received that we	Form 1120-POL for this year?	r (EIN) of all section from the filing organ d to a separate polit	n 527 political organization iization's funds Also enter ical organization, such as a	s to which payments the amount of political				
	State the names, addresses a were made For each organizat contributions received that we	Form 1120-POL for this year? nd employer identification numbe tion listed, enter the amount paid re promptly and directly delivere	r (EIN) of all section from the filing organ d to a separate polit	n 527 political organization iization's funds Also enter ical organization, such as a	s to which payments the amount of political a separate segregated (e) A mount of political contributions received				
	State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe ion listed, enter the amount paid ire promptly and directly delivere nittee (PAC) If additional space	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization iization's funds Also enter ical organization, such as a iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe ion listed, enter the amount paid ire promptly and directly delivere nittee (PAC) If additional space	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization iization's funds Also enter ical organization, such as a iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe ion listed, enter the amount paid ire promptly and directly delivere nittee (PAC) If additional space	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization iization's funds Also enter ical organization, such as a iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe ion listed, enter the amount paid ire promptly and directly delivere nittee (PAC) If additional space	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization iization's funds Also enter ical organization, such as a iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe ion listed, enter the amount paid ire promptly and directly delivere nittee (PAC) If additional space	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization iization's funds Also enter ical organization, such as a iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe ion listed, enter the amount paid ire promptly and directly delivere nittee (PAC) If additional space	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization iization's funds Also enter ical organization, such as a iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe ion listed, enter the amount paid ire promptly and directly delivere nittee (PAC) If additional space	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization iization's funds Also enter ical organization, such as a iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				
	State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe ion listed, enter the amount paid ire promptly and directly delivere nittee (PAC) If additional space	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization iization's funds Also enter ical organization, such as a iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,				

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a	an affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a	ixpenditures	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)	(
b	Total lobbying expenditures to influence a legisl	457,788	В	
c	Total lobbying expenditures (add lines 1a and 1	b)	457,788	В
d	Other exempt purpose expenditures	16,906,071	L	
e	Total exempt purpose expenditures (add lines 1	17,363,859	9	
f	Lobbying nontaxable amount Enter the amount to	1,000,000		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
	Subtract line 1 f from line 1 c. If zero or less, ente	ur - N -		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total		
2a	Lobbying non-taxable amount	1,000,000	678,324	1,000,000	1,000,000	3,678,324		
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,517,486		
c	Total lobbying expenditures	474,127	474,003	546,305	457,788	1,952,223		
_d	Grassroots non-taxable amount	250,000	169,581	250,000	250,000	919,581		
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,379,372		
f_	Grassroots lobbying expenditures	0	0	0	0	0		

		organization is exempt unde section 501(h)).	er section 501(c)(3) and has			orm :	
				Yes	a) No	A	(b) mount
1		organization attempt to influence forei npt to influence public opinion on a le					
а	through the use of Volunteers?		,				
b c	Paid staff or management (incl Media advertisements?	ude compensation in expenses repor	ted on lines 1c through 1i)?				
d e	Mailings to members, legislator Publications, or published or b						
f	Grants to other organizations f	or lobbying purposes?	a lagralativa bady2				
g h	Rallies, demonstrations, semir	, their staffs, government officials, or nars, conventions, speeches, lectures					
i j	Other activities? If "Yes," des Total lines 1c through 1:	cribe in Part IV					
2a b		se the organization to be not describe ny tax incurred under section 4912	ed in section 501(c)(3)?				
	· ·	ny tax incurred by organization mana ed a section 4912 tax, did it file Form					
Part	Complete if the $501(c)(6)$.	organization is exempt unde	r section 501(c)(4), section	501 (c)(5), c	r se	ction
1	Were substantially all (90% or	r more) dues received nondeductible l	by members?		Г	1	Yes N
2 3	-	/ in-house lobbying expenditures of \$ arryover lobbying and political expen			F	2	
Part	Complete if the	organization is exempt unde H Part III-A, lines 1 and 2 a	er section 501(c)(4), section				ction
1	answered "Yes" Dues, assessments and simila	'.		1			
2	Section 162(e) non-deductible expenses for which the section	e lobbying and political expenditures (n 527(f) tax was paid).	(do not include amounts of political				
	Current year Carryover from last year			2a 2b			
с 3	Total Aggregate amount reported in	section 6033(e)(1)(A) notices of nor	ndeductible section 162(e) dues	2c 3			
4		mount on line 2c exceeds the amount carryover to the reasonable estimate					
5	political expenditure next year Taxable amount of lobbying an	·? d political expenditures (see instruct	ions)	5			
	rt IV Supplemental I	nformation escriptions required for Part I-A, line	1. Part I-B. line 4. Part I-C. line 5. a	nd Part	II-B. line	11	
	o, complete this part for any ad		Explan				
			501(H) OF THE IRS CODE, RELATO INFLUENCE LEGISLATION, WITH OUR TAX YEAR ENDING MARCH 14, 2000, APWA REGIS EXECUTIVE DIRECTOR, AND J. GOVERNMENT AND PUBLIC AF ACCORDANCE WITH THE LOBE 1995 APWA REGISTERED JULI MANAGER OF GOVERNMENT A ITS JULY 1 - DECEMBER 31, 20 APWA REGISTERED LAURA BEIGOVERNMENT AFFAIRS WITH SEPTEMBER 30, 2008 QUARTE INCURRED A TOTAL OF \$ 457, EXPENDITURES FOR FISCAL YISTAFF SALARIES, TRAVEL, GEIPRINTING AND PRODUCTION LOBBYING EXPENSES WERE REOF REPRESENTATIVES AND U WITH THE LOBBYING DISCLOSE DESCRIPTION OF APWA LOBBY PRODUCTION AND DISTRIBUT ASSOCIATION NEWSLETTER, REPORT, ON NATIONAL LEGIS AFFAIRS AFFECTING PUBLIC VERGRAMS AND SERVICES, RITRACKING OF FEDERAL AND SEGULATIONS, LETTERS, COR CALLS FROM ASSOCIATION VEGISLATION AND REGULATION VEGISLATION AND REGULATION VEGISLATION AND REGULATION TRANSPORTATION, WATER IN QUALITY, ENVIRONMENT, EME	APPLY DECEME TERED AMES F, FAIRS, BYING D A ANAS FFAIRS OS SEM RKEY, M THE FIL RLY REF 788 IN EARAL C COORTE SURE AC TION A LATIVE EARAL TION EARAL	TO USI BER 31, PETER AHEY, D AS LOS ISCLOS GTASIO WITH T IANNU, ANGER LOBBYI LO RELA D FICE ETC T CASHING AND R CTIVITY AND	BEGIN 1997 KINE SINE SINE SINE SINE SINE SINE SINE S	NNING ON TOR OF TIN ACT OF ACT

CONGRESSIONAL HAZARDS ALLIANCE, STAFFORD ACT COALITION, FLOOD MAP MODERNIZATION COALITION, HOMELAND SECURITY CONSORTIUM, WATER RESOURCES COALITION, SUSTAINABLE URBAN FOREST AND OTHERS, ACTIVITIES OF ASSOCIATION TASK FORCE TO PROMOTE

REAUTHORIZATION OF SURFACE TRANSPORTATION
LEGISLATION (SAFETEA-LU), INCLUDING DEVELOPMENT
OF ADVOCACY TOOLKIT AND VIDEO FOR GRASSROOTS
OUTREACH, DISSEMINATION, DISSEMINATION OF
TOOLKIT AND VIDEO LEGISLATIVE AND REGULATORY
POLICY DEVELOPMENT, PRIORITY-SETTING AND
STRATEGIC PLANNING CONDUCTED BY ASSOCIATION
COMMITTEE (GOVERNMENT AFFAIRS COMMITTEE),
SPRING POLICY FORUM MEETING OF of GOVERNMENT
AFFAIRS COMMITTEE IN WASHINGTON, DC TO ADVOCATE

ASSOCIATION PRIORITIES WITH CONGRESS AND CONGRESSIONAL STAFF INDIVIDUAL CHAPTER ADVOCACY ON STATE LEGISLATION, BALLOT INITIATIVESINITIATIVES, AND/OR REFERENDA

ASSOCIATION POLICY POSITION FOR

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

DLN: 93493136050661

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

F Atta	cii to Foriii 990. F See separate ilistructions.	Inspection
me of the organization encan Public Works Association		Employer identification number
Cited in ablic Works / Backaton		36-2202880
		r Funds or Accounts. Complete if the
organization answered "Yes" to Fo	T ·	(b) Funds and other accounts
Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
·		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and dor funds are the organization's property, subject		
Did the organization inform all grantees, dono used only for charitable purposes and not for conferring impermissible private benefit	, , , , , , , , , , , , , , , , , , ,	·
rt II Conservation Easements. Con	nplete if the organization answered "Ye	s" to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by Preservation of land for public use (e.g., in Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held assembly on the last day of the tax years.	recreation or pleasure)	of an historically importantly land area of a certified historic structure form of a conservation
easement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation eas	ements	2b
Number of conservation easements on a cert		2c
Number of conservation easements included	· ·	2d
Number of conservation easements modified, the taxable year ▶	transferred, released, extinguished, or termi	nated by the organization during
Number of states where property subject to c	onservation easement is located b	
Does the organization have a written policy re enforcement of the conservation easements i	egarding the periodic monitoring, inspection,	
Staff and volunteer hours devoted to monitori	ng, inspecting and enforcing conservation ea	sements during the year 🛌
A mount of expenses incurred in monitoring, ii	nspecting, and enforcing conservation easem	nents during the year ► \$
Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements o	fsection Yes No
In Part XIV, describe how the organization re balance sheet, and include, if applicable, the the organization's accounting for conservatio	text of the footnote to the organization's final	
	llections of Art, Historical Treasure vered "Yes" to Form 990, Part IV, line 8	
If the organization elected, as permitted unde art, historical treasures, or other similar asse provide, in Part XIV, the text of the footnote t	ts held for public exhibition, education or res	earch in furtherance of public service,
If the organization elected, as permitted unde historical treasures, or other similar assets h provide the following amounts relating to thes	eld for public exhibition, education, or resear	•
(i) Revenues included in Form 990, Part VIII	I, line 1	► \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of a following amounts required to be reported und		
Revenues included in Form 990, Part VIII, III	ne 1	► \$
Shadd maladda mir dini 550, i dit viii, iii	· - -	· +

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	liections of Art	, nisi	torica	ireas	ures, or c	itne	i Sillilla	r Asse	ts (cc	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	y of th	e follow	ng that a	are a signific	ant u	se of its co	ollection	1	
а	Public exhibition		d	Γ Lα	an or ex	change prog	rams				
b	Scholarly research		e	Г о	ther						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	llections and expla	ın how	they fu	rther the	organization	ı's ex	cempt purp	ose in		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t			•				nılar	Г	Yes	Г No
Par	Part IV, line 9, or reported an an					on answere	d "Y	es" to Fo	rm 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for cont	rıbutıons	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	followi	ing table	2	Г			A mou	nt	
c	Beginning balance						1c				
d	Additions during the year					ŀ	1d				
e	Distributions during the year					ŀ	1e				
f	Ending balance					}	1f				
2a	Did the organization include an amount on Fo	rm 990 Part V line	0 212			L				Yes	☐ No
	-		e 21'						'	165	1 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		2 200	wered	"Vac" to	Form 990	Dar	t IV line	10		
Fal	Endowment Funds. Complete i	(a)Current Year		Prior Yea		Two Years Back		Three Years		Four Ye	ears Back
1a	Beginning of year balance	62,034			,777		 			,	
ь	Contributions	14					1				
С	Investment earnings or losses	3,657		4	,257		<u> </u>				
d	Grants or scholarships										
e	Other expenditures for facilities and programs	1,000		1	,000						
f	Administrative expenses										
g	End of year balance	64,705		62	,034						
2	Provide the estimated percentage of the yea	r end balance held a	as		•						
а	Board designated or quasi-endowment										
ь	Permanent endowment - 88.040 %										
с	Term endowment ▶ 11.960 %										
3a	Are there endowment funds not in the posses	sion of the organiza	atıon t	hat are	held and	admınıstere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations								3a(i)	Yes	
	(ii) related organizations								3a(ii)		No
	If "Yes" to 3a(II), are the related organization	•					•		3b		<u> </u>
4	Describe in Part XIV the intended uses of th					D- 1 1/ 1	10				
Par	VI Investments—Land, Buildings	s, and Equipme	nt. 50			1					
	Description of investment				st or other nvestment			(c) Accumi depreciat		(d) Bo	ok value
1 a L	and		•								
	Buildings			1							
b E											
	easehold improvements					905	,912	3	10,413		595,499
c L	easehold improvements						,912 ,898		10,413 09,473		595,499 169,425
c L d E e C	•					978	'	8			

Part VII Investments—Other Securities. Se	ee Form 990, Part X, line 12.	(a) Mathadas valuation
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	-	
Part VIII Investments—Program Related. S	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(2, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	P	
Part IX Other Assets. See Form 990, Part X,	line 15.	
	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	line 15.	
Part IX Other Assets. See Form 990, Part X, (a) Desc	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Described by the second	line 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	line 15. cription e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15. cription e 15.) t X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	t X, line 25. (b) A mount 0	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,152,245
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,363,859
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-211,614
4	Net unrealized gains (losses) on investments	4	427,629
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-542,453
9	Total adjustments (net) Add lines 4 - 8	9	-114,824
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-326,438
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	9,422,223
2	A mounts 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)		
е	Add lines 2a through 2d	2e	975,125
3	Subtract line 2e from line 1	3	8,447,098
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)		
С	Add lines 4a and 4b	4c	8,705,147
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	17,152,245
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	9,748,661
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	547,496
3	Subtract line 2e from line 1	3	9,201,165
4	A mounts 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)		
c	Add lines 4a and 4b	4c	8,162,694
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	17,363,859

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

Part XIV Supplemental Information

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
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ORGANIZATION'S ENDOWMENTS ARE UTILIZED FOR CASH AWARDS AND OTHER PROJECTS TO FURTHER PRESERVE THE HISTORY OF PUBLIC WORKS PROFESSION THROUGH THE APWA PUBLIC WORKS HISTORICAL SOCIETY
UNCERTAIN TAX POSITIONS DISCLOSURE	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
RECONCILIATION OF CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	CHAPTER (INCOME)/LOSS \$ (542,453)
RECONCILIATION OF REVENUES PER AUDIT REPORT	SCHEDULE D, PART XII, LINES 2D & 4B	LINE 2D FUNDRAISING EVENT EXPENSES \$ 389,333 LINE 4B CHAPTER REVENUES \$ 8,645,897 INCOME TAX EXPENSE RECLASS \$ 59,250 \$ 8,705,147
RECONCILIATION OF EXPENSES PER AUDIT REPORT	& 4B	LINE 2D FUNDRAISING EVENT EXPENSES \$ 389,333 CHAPTER UNREALIZED LOSS \$ 54,914

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DLN: 93493136050661

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

2009

Open to Public **Inspection**

Internal Revenue Service Name of the organization Employer identification number American Public Works Association 36-2202880 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in agents in region region service(s) in region the region) North America 0 0 Program Services EDUCATION 1,391,513

Totals

1,391,513

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ ☐ Use Schedule F-1 (Form 990) if additional space is needed.										
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►			
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of cash grant disbursement of non-cash valuation assistance recipients non-cash (book, FMV, assistance assistance appraisal, other) 16,215 CHECK STUDENT EDUCATIONAL North America 23 SCHOLARSHIPS

Schedule F (Form 990) 2009

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.									
Identifier MONITORING USE OF GRANTS OUTSIDE OF THE UNITED STATES		Explanation SCHOLARSHIPS AND DONATIONS MADE OUTSIDE THE US ARE PERFORMED BY OUR 8 CANADIAN CHAPTERS THE SAME PROCESS IS IN PLACE FOR ALL CHAPTERS AN APPLICATION IS REQUIRED, AN INDEPENDENT SELECTION							
		COMMITTEE, AWARDS ARE MADE SPECIFIC TO THE PUBLIC WORKS PROFESSION, CANDIDATES EITHER MUST COMPLETE A POST-AWARD SURVEY, PROVIDE TRANSCRIPTS OR CERTIFICATE OF COMPLETION TO SUBSTANTIATE THE AWARD WAS USED APPROPRIATELY							

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DLN: 93493136050661

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

merican Public Works Associa	ation				36-2202880	ı
Part I Fundraising Ac Form 990-EZ filei					to Form 990, Part IV	', line 17.
Indicate whether the organ	nızatıon raısed funds	through a	any of the	following activities Ch	eck all that apply	
a Mail solicitations			e	□ Solicitation of no	n-government grants	
b Internet and e-mail so	licitations		f	☐ Solicitation of go	vernment grants	
c Phone solicitations			g	Special fundraisi	ng events	
d In-person solicitations	S					
2a Did the organization have or key employees listed in						Г _{Yes} Г м
b If "Yes," list the ten higher to be compensated at least						
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contribu Yes	er have dy or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
otal			.			

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form					report	:ed
			(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) O ther Events 54 (total number)	(d) Tot (Add col co		
<u>4</u>	1	Gross receipts	29,456	27,974	624,565		68	1,995
Revenue	2	Less Charitable contributions	O	C	48,104		4	8,104
~	3	Gross income (line 1 minus line 2)	29,456	27,974	576,461		63	3,891
	4	Cash prizes			9,914			9,914
	5	Non-cash prizes	4,102	3,518	50,827		5.	8,447
nseg	6	Rent/facility costs	10,956	10,118	83,079		10	4,153
Expenses	7	Food and beverages	3,064	8,278	68,176		7	9,518
Direct	8	Entertainment						
ā	9	Other direct expenses .	2,406	754	134,141		13	7,301
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌		38	9,333
	11	Net income summary Combine li	nes 3, column d, and line	10			24	4,558
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
		Gross revenue						
Ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	Г Yes%_ Г No			
		Direct expense summary Add line Net gaming income summary Com		d)				
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain				· 9a	Yes	No
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Ist	es the organization operate gaming the organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ip or other entity	11		
					Schedule G (Form 9	990 or 990-	∟∠) 20	U9

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I

Name of the organization

American Public Works Association

DLN: 93493136050661 OMB No 1545-0047

Open to Public

Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Department of the Treasury Attach to Form 990 Internal Revenue Service

Inspection Employer identification number

36-2202880

Davit T. Company Inform	matian an Cuanta	and Assistance				30 220200	
	mation on Grants						
Does the organization m the selection criteria use							✓ Yes
2 Describe in Part IV the o							
Part II Grants and Ot	ther Assistance to	Governments and	l Organizations in	the United States	. Complete if the org	anızatıon answered "	'Yes" to
Form 990, Part	IV, line 21 for any	recipient that receive	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
Part IV and Scr	nedule I-1 (Form 99	0) if additional space	is needed				▶ □
(a) Name and address of	(b) EIN	(c) IRC Code section	(d) A mount of cash	(e) A mount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization	(5) 2111	ıf applicable	grant	cash	(book, FMV, appraisal,	1	or assistance
or government				assistance	other)		
2 Enter total number of sec	ction 501(c)(2) and co	warnment organizations			1		
Enter total number of secEnter total number of oth		-					
For Privacy Act and Paperwork Re				Cat No 50055P		•	lule I (Form 990) 2009
roi Frivacy Act and Paperwork K	eduction ACL NOTICE, See	e me msnuchons for form	1 770.	Cat NO 20022P		scned	idie I (FUI III 990) 2009

	,											
Part III	Grants and Other	r Assistar	nce to Individ	luals in the l	United States.	Complete	ıf the organızatıon	answered	"Yes" t	o Form 990,	Part IV,	line 22.
	Use Schedule I-1 (Form 990)	if additional sp	ace is neede	d.							

(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
PUBLIC WORKS PROFED SCHOLARSHIPS	115	23,026			
STUDENT EDUCATIONAL SCHOLARSHIPS	165	255,319			
See Addıtıonal Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
MONITORING USE OF GRANTS IN THE UNITED STATES	SCHEDULE I, PART I, LINE 2	APWA CHAPTERS HAVE ESTABLISHED EDUCATIONAL SCHOLARSHIPS FOR STUDENTS AND PROFESSIONALS COMPLETING PUBLIC WORKS RELATED DEGREES OR PROGRAMS EACH HAS ESTABLISHED AN APPLICATION, SELECTION, AND REVIEW PROCESS USING INDEPENDENT COMMITTEE MEMBERS STUDENTS ARE REQUIRED TO COMPLETE A POST-AWARD SURVEY, PROVIDE TRANSCRIPTS, ETC TO SUBSTANTIATE APPROPRIATE USE OF THE AWARD

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DLN: 93493136050661

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

Name of the organization American Public Works Association **Employer identification number**

36-2202880

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
Ь	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all t	hat apply	•			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> -</u>				
	Form 990 of other organizations	▽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	t?	4a		Νo
Ь	Participate in, or receive payment from, a supplement	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe			
				8		No
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	ne rebutta	able presumption procedure described in Regulations	9		

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(I) base in	and/or 1099-MIS) Bonus & ncentive npensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
l —							F01111 990-E2
PETER KING (I)	297,266 0	25,000 0	5,112 0	26,756 0	39,043 0	393,177 0	0
KAYE SULLIVAN (I)	171,580 0	0	3,089 0	8,919 0	12,412 0	196,000 0	0
JAMES FAHEY (I)	145,170 0	0	12 0	7,285 0	7,547 0	160,014 0	o 0

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	APWA PROVIDED HEALTH CLUB DUES TO PETER KING, EXECUTIVE DIRECTOR/CEO THIS BENEFIT WAS REPORTED AS TAXABLE COMPENSATION ON HIS W-2 APWA PROVIDES COMPANION TRAVEL ONLY FOR THE BOARD PRESIDENT COMPANION TRAVEL PROVIDED IS REPORTED ON FORM 1099-MISC TO THE SPOUSE

Schedule J (Form 990) 2009

Software ID: Software Version:

As Filed Data -

EIN: 36-2202880

Name: American Public Works Association

SCHEDULE O

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.

DLN: 93493136050661
OMB No 1545-0047

Open to Public

Name of the organization American Public Works Association ► Attach to Form 990.

Inspection

Employer identification number

36-2202880

ldentifier	Return Reference	Explanation e
ORGANIZATION'S MISSION	FORM 990, PART III, LINE	THE AMERICAN PUBLIC WORKS ASSOCIATION EXISTS TO DEVELOP AND SUPPORT THE PEOPLE, AGENCIES, AND ORGANIZATIONS THAT PLAN, BUILD, MAINTAIN, AND IMPROVE OUR COMMUNITIES WORKING TOGETHER, APWA AND ITS MEMBERSHIP CONTRIBUTE TO A HIGHER AND SUSTAINABLE QULAITY OF LIFE
Idantisia.	Detum	Funtanation
ldentifier	Return Reference	Explanation
OTHER PROGRAM	FORM 990	CHAPTER ACTIVITIES ON A LOCAL LEVEL WE HAVE 64 ACTIVE CHAPTERS AND 85 ACTIVE BRANCHES

identifier	Reference	Explanation (
OTHER PROGRAM SERVICE ACCOMPLISHMENT	FORM 990, PART III, LINE 4D	CHAPTER ACTIVITIES ON A LOCAL LEVEL, WE HAVE 64 ACTIVE CHAPTERS AND 85 ACTIVE BRANCHES WHICH PROVIDE EDUCATIONAL AND TECHNICAL TRAINING TO LOCAL MEMBERS OF APWA VIA EDUCATIONAL CONFERENCES, SEMINARS, WORKSHOPS, TECHNICAL TOURS AND SAFETY AND TRAINING COURSES ON VARIOUS TOPICS SURROUNDING THE PUBLIC WORKS PROFESSION THESE CHAPTERS ALSO PROVIDE SERVICES TO THEIR LOCAL COMMUNITIES IN THE WAY OF PUBLIC OUTREACH TO K-12 STUDENTS, SPONSORSHIPS OF LOCAL AGENCY EFFORTS AND EDUCATIONAL SCHOLARSHIPS TO UNIVERSITY STUDENTS ENTERING THE ENGINEERING OR PUBLIC WORKS RELATED FIELDS OVERALL, THE CHAPTERS AND BRANCHES CONDUCTED MORE THAN 1050 ACTIVITIES ACROSS THE UNITED STATES AND CANADA, INCLUDING THEIR MEMBERSHIP AND BUSINESS MEETINGS PROGRAM EXPENSES \$7,659,197 GRANTS INCLUDED IN PROGRAM EXPENSES \$294,560 PROGRAM REVENUES \$7,957,681 OTHER PROGRAM SERVICES APWA PROVIDES SERVICES TO MORE THAN 29,500 MEMBERS IN NORTH AMERICA OUR CUSTOMER BASE IS MADE UP OF OVER MORE THAN 11,500 CUSTOMERS ON AN ANNUAL BASIS, IN WHICH NEARLY 20% ARE NON-MEMBERS OUR PRIMARY SERVICES INCLUDE EDUCATIONAL FORUMS, CONFERENCES, WORKSHOPS, EXHIBITS, PUBLICATIONS, TRAINING PROGRAMS AND ADVERTISING SERVICES THE RESULTS OF OUR SERVICES TO PUBLIC WORKS PROFESSIONALS EXTENDS FAR BEYOND THE INDIVIDUAL AND TRULY BENEFITS THE COMMUNITIES IN WHICH EACH OF THESE INDIVIDUALS SERVIS ON A DAILY BASIS, PROVIDING SERVICES IN THE FOLLOWING AREAS EMERGENCY MANAGEMENT, ENGINEERING & TECHNOLOGY, FACILITIES & GROUNDS, LEADERSHIP & MANAGEMENT, SOLID WASTE MANAGEMENT, TRANSPORTATION, WATER RESOURCES, UTILITY AND PUBLIC RIGHT-OF-WAY AND FLEET SERVICES WE ALSO PARTNER WITH OTHER PEER ASSOCIATIONS AND ORGANIZATIONS TO EXTEND INFORMATION AND KNOWLEDGE BEYOND ON OUR OWN SERVICES PROGRAM EXPENSES \$95,177 GRANTS INCLUDED IN PROGRAM EXPENSES \$ 0 PROGRAM REVENUES \$4,787,913

ldentifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 6	THE APWA IS AN ILLINOIS NOT-FOR-PROFIT CORPORATION, WITH ITS HEADQUARTERS IN MISSOURI AND SECONDARY OFFICE IN THE DISTRICT OF COLUMBIA APWA'S MEMBERSHIP GENERALLY CONSISTS OF INDIVIDUALS WHO ARE EITHER EMPLOYED BY A PUBLIC AGENCY (MUNICIPALITY) OR SERVE THE PUBLIC WORKS SECTOR ACROSS NORTH AMERICA THE ASSOCIATION IS NOT ORGANIZED FOR PROFIT, AND THEREFORE NO PART OF THE EARNINGS SHALL INURE TO THE BENEFIT OF ANY MEMBER OR OFFICER EXCEPT AS COMPENSATION FOR SERVICES RENDERED OR FOR NECESSARY EXPENSES ACTUALLY INCURRED IN THE EVENT OF A DISSOLUTION OR LIQUIDATION OF THE ASSOCIATION ANY ASSETS THEN REMAINING SHALL BE DISTRIBUTED TO AND AMONG SUCH EDUCATIONAL OR SCIENTIFIC ORGANIZATIONS HAVING A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1954 AS THE BOARD OF DIRECTORS OF THE ASSOCIATION SHALL DETERMINE THE PRIVILEGES OF VOTING (ELECTING) THE MEMBERS OF THE GOVERNING BODY AND OF HOLDING OFFICE ARE LIMITED TO ACTIVE MEMBERS ACTIVE MEMBERS ARE INDIVIDUAL MEMBERS OF THE ASSOCIATION, DESIGNEES OF AGENCY OR CORPORATE MEMBERSHIPS, AND SPECIAL MEMBERS WHOSE PREVIOUS CATEGORY OF MEMBERSHIP PRIOR TO BECOMING A SPECIAL MEMBER QUALIFIED AS AN ACTIVE MEMBERSHIP ELECTIONS OR VOTES ARE MADE BY EITHER LETTER OR ELECTRONIC BALLOT OF ALL ACTIVE MEMBERS

ldentifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS MAY ELECT GOVERNING BODY	FORM 990, PART VI, SECTION A, LINE 7A	OFFICERS AND MEMBERS OF THE GOVERNING BODY ARE ELECTED (OR APPOINTED AS SPECIFIC SITUATIONS ARISE) ANNUALLY BY THE MEMBERSHIP EACH OFFICER WITH THE EXCEPTION OF THE EXECUTIVE DIRECTOR WHO SERVES AS SECRETARY, SERVES A ONE YEAR TERM THE TREASURER, WHO IS AN ACTIVE MEMBER OF THE GOVERNING BODY IS APPOINTED BY THE PRESIDENT AND RATIFIED BY THE REMAINING MEMBERS OF THE GOVERNING BODY VACANCIES ARE FILLED BY BOTH ELECTION OF THE MEMBERSHIP AND APPOINTMENT BY THE FULL GOVERNING BODY, DEPENDING UPON THE POSITION VACATED AND AMOUNT OF TIME REMAINING ON THE TERM IN SOME CASES, THE NOMINATING COMMITTEE AND CHAPTERS ARE INVOLVED IN THE PROCESS FOR DETERMINING ELIGIBLE CANDIDATES FOR THE POSITIONS THE PRESIDENT (WITH THE APPROVAL OF THE FULL GOVERNING BODY) APPOINTS THE NATIONAL NOMINATING COMMITTEE CONSISTING OF ONE ACTIVE MEMBER FROM EACH GEOGRAPHICAL REGION, THE MOST IMMEDIATE PAST PRESIDENT AND THE NEXT IMMEDIATE PAST PRESIDENT THE COMMITTEE REPORTS THE NAMES OF CANDIDATES FOR EACH POSITION TO BE VOTED UPON AT THE ANNUAL ELECTION OTHER THAN REGIONAL DIRECTOR POSITIONS, WHICH SHALL BE NOMINATED BY RESPECTIVE REGIONAL NOMINATING COMMITTEES THE PRESIDENT MAY APPOINT A REGIONAL NOMINATING COMMITTEE WHOSE MEMBERS RESIDE IN THAT RESPECTIVE REGION, REPORT THE NAMES OF EACH CANDIDATE TO BE PLACED UPON THE BALLOT FOR CONSIDERATION OF REGIONAL DIRECTOR FROM THAT REGION, SUBJECT TO THE VOTE (APPROVAL) OF THE MEMBERSHIP FROM THAT RESPECTIVE REGION DURING FISCAL YEAR 2009, THE REGION V DIRECTOR WAS APPOINTED TO A PARTIAL TERM TO COMPLETE A TERM VACATED DUE TO ELECTION OF THE EXISTING REGION V DIRECTOR TO THE PRESIDENT-ELECT POSITION

ldentifier	Return Reference	Explanation
GOVERNING BODY DECISIONS SUBJECT TO APPROVAL OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 7B	THE PRIVILEGES OF VOTING (ELECTING) THE MEMBERS OF THE GOVERNING BODY AND OF HOLDING OFFICE ARE LIMITED TO ACTIVE MEMBERS ACTIVE MEMBERS ARE INDIVIDUAL MEMBERS OF THE ASSOCIATION, DESIGNEES OF AGENCY OR CORPORATE MEMBERSHIPS, AND SPECIAL MEMBERS WHOSE PREVIOUS CATEGORY OF MEMBERSHIP PRIOR TO BECOMING A SPECIAL MEMBER QUALIFIED AS AN ACTIVE MEMBERSHIP ELECTIONS OR VOTES ARE MADE BY EITHER LETTER OR ELECTRONIC BALLOT OF ALL ACTIVE MEMBERS ANY PROPOSED AMENDMENT TO THE APWA BYLAWS IS SUBJECT TO APPROVAL OF THE MEMBERSHIP DURING FISCAL YEAR 2010, THERE WERE NO CIRCUMSTANCES WHICH REQUIRED A VOTE OF THE MEMBERSHIP, OUTSIDE OF THE ANNUAL ELECTIONS OF OFFICERS AND APWA BOARD OF DIRECTORS DESCRIBED ABOVE

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11A	THE DIRECTOR OF FINANCE/CONTROLLER GATHERS INFORMATION TO PREPARE THE FORM 990 TAX RETURN THIS INFORMATION IS THEN GIVEN TO AN INDEPENDENT ACCOUNTING FIRM WHO PREPARES AND REVIEWS THE FORM 990 THE INDEPENDENT ACCOUNTING FIRM THEN PROVIDES THE ORGANIZATION'S DIRECTOR OF FINANCE/CONTROLLER AND THE EXECUTIVE DIRECTOR WITH A DRAFT OF THE FORM 990 FOR COMMENTS AND APPROVAL THE FINAL FORM 990 AND FORM 990-T WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE FORM 990

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	BOARD OPERATING POLICIES ARE FORMALLY REVIEWED AND REVISED, AS NECESSARY EVERY TWO YEARS ANNUALLY, THE ORGANIZATION OBTAINS WRITTEN AFFIRMATION FROM EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE AS TO THEIR COMPLIANCE WITH THE ESTABLISHED POLICY IF A CONFLICT ARISES, THE OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE ABSTAINS FROM THE VOTE OF THE CONFLICTED POSITION

ldentifier	Return Reference	Explanation
COMPENSATION REVIEW OF TOP MANAGEMENT OFFICIAL	FORM 990, PART VI, SECTION B, LINE 15A	THE CEO CONTRACT WAS LAST NEGOTIATED IN JUNE 2009, EFFECTIVE JULY 1, 2009 FOR A 3-YEAR TERM CONTRACT TERMS SPECIFIC TO COMPENSATION WERE NEGOTIATED IN LINE WITH THE CURRENT ASAE SALARY GUIDELINES AS WELL AS OTHER INDUSTRY COMPENSATION STUDIES AND OTHER PUBLICLY AVAILABLE DATA IN CONJUNCTION WITH THE SERVICES OF AN OUTSIDE CONSULTANT CONTRACT WAS NEGOTIATED BY THE EXECUTIVE COMMITTEE, PRESENTED TO THE FULL BOARD FOR AUTHORIZATION WHICH IS DOCUMENTED WITHIN THE BOARD MINUTES THE FULL BOARD PROVIDES A FORMAL EVALUATION OF THE CEO ON AN ANNUAL BASIS AT WHICH TIME THEY DETERMINE IF THE PERFORMANCE INDICATORS WERE MET AND IF ANY BONUS IS DUE, PER THE CONTRACT TERMS

ldentifier	Return Reference	Explanation
COMPENSATION REVIEW OF OTHER OFFICERS AND KEY EMPLOYEES	l ' ' '	GALLAGHER BENEFIT SERVICES PERFORMED THE REVIEW FOR KEY EMPLOYEES USING MARKET DATA A FORMAL COMPENSATION REVIEW IS PERFORMED ON A THREE-YEAR CYCLE THIS PROCESS WAS LAST COMPLETED IN 2008
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ldentifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S BY-LAWS ARE LISTED ON THE ORGANIZATION'S WEBSITE THE CONFLICT OF INTEREST POLICY IS LISTED AS BOARD OF DIRECTOR'S POLICY BUT ONLY ACCESSIBLE TO APWA MEMBERS VIA SECURE WEBSITE LOGIN THE ORGANIZATION ALSO PUBLISHES AN ANNUAL REPORT IN THE APWA REPORTER MAGAZINE WHICH IS DISTRIBUTED BEYOND THE ORGANIZATION'S MEMBERSHIP DETAILED FINANCIALS STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC