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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)

2010

OMB No 1545-0047

Open to Public

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

A Fo	r the 2	2010 ca	lendar year	, or tax year beg	jinning 07-01-2010 a	and ending 06-30-20	011			<u> </u>
B Ch	eck ıf aı	pplicable	C Name of o	rganization Public Works Associa	tion			D Emplo	oyer i	dentification number
☐ Ad	dress ch	ange						36-2	2028	80
┌ Na	me chai	nge	Doing Busir APWA	ness As				E Teleph	none i	number
☐ Ind	tial retur	rn	Number ar	nd street (or PO bo	x if mail is not delivered to	street address)	Room/suite	(816)) 472	-6100
Те	mınated	d	2345 Grand	d Boulevard				(= = 7		
☐ Am	ended r	return		n, state or country,	and ZIP + 4		I	G Gross	receipt	ts \$ 18,908,476
Гар	olication	pending	Kansas Cit	y, MO 64108						
			F Nam	e and address o	f principal officer		H(a) is this	a group return f	for affilia	ates? Yes Vo
			Peter B	King STREET NW SU	ITE 750			,		
				gton, DC 20005			H(b) Are all			· ·
								o," attach ıp exemptı		(see instructions)
I Ta	x-exem	pt status	▽ 501(c)(3)) ◄ (Insert no)	7(a)(1) or	H(c) Grou	ap exempti	011 110	amber P
J W	ebsit e	:⊨ ww	W APWA NI	ΕT						
K For	n of org	ganization	Corporation	on Trust Asso	ciation Other 🕨		L Year of fo	rmation 193	37 N	State of legal domicile IL
Pa	rt I	Sum	mary				1			
Governance	1	THEAM	ERICAN PU	BLIC WORKS A	ISSION OF MOST SIGNIFIC SSOCIATION PROV TIES AND ADVOCA	IDES EDUCATION		•		NAL DEVELOPMENT, OFESSIONALS
ş.	-									
					on discontinued its op			25% of its I	1	1
2 6					verning body (Part VI			_	3	17
Activities &			•	_	ers of the governing b		•	•	4	15
Ę.					d in calendar year 20:			-	5 6	60
ă	6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12								7a	28,500 1,071,972
					me from Form 990-T,	• • • • • • • • • • • • • • • • • • • •		-	7b	85,212
					,		Prio	r Year		Current Year
	8	Contrib	butions and	grants (Part VI	II, line 1h)			203,9	16	268,771
≘	9				II, line 2g)			15,112,4		15,575,452
Revenue	10	Invest	ment incom		259,3	345	192,891			
ä	11					c, 10c, and 11e)		1,576,5	01	1,595,638
	12			_	h 11 (must equal Part		ine	17,152,2	45	17,632,752
	13				· · · · · · · · · · · · · · · · · · ·			294,5	-	691,804
	14				art IX, column (A), lin			0		0 0 1,00 1
	15				ployee benefits (Part I		5 5 -			_ _
Expenses		10)			,					4,346,435
ক্	16a	Profes	sıonal fundr	aising fees (Par	t IX, column (A), line	11e)			0	0
ठ	Ь			nses (Part IX, colun			-			
	17			·	(A), lines 11a-11d, 1	•		12,509,076		12,717,847
	18				(must equal Part IX,			17,363,8	-	17,756,086
 	19	Revent	ue less exp	enses Subtract	line 18 from line 12	· · · · · ·		-211,6	-	-123,334
Net Assets or Fund Balances							_	g of Curren 'ear	"	End of Year
SS e	20	Totala	ssets (Part	X, line 16) .				18,257,3	65	18,474,725
PA P	21	Totall	iabilities (P	art X, line 26)				5,713,1	. 39	5,520,798
z:	22	_			ract line 21 from line	20		12,544,2	26	12,953,927
Unde know		ties of pe		are that I have ex	amined this return, incl lete. Declaration of pre					o the best of my f which preparer has any
		****	**					012_0E_1E		
Sigr	1	I B	ture of officer					012-05-15 ate		
Her		PETF	R B KING EXF	CUTIVE DIRECTOR/	CEO/SECRETARY					
			or print name		,					
		Print/Type		lichael J Engle	Preparer's signature	Mıchael J Engle	Date	Check if self employed	-	PTIN
Paid		preparer's Fırm's nan	name M ne 🎙 BKD LLP			menaer i Engle		employed F	ı	Euron's ETN
Prep	arer -	I Firm's address 📕 1201 Wainut Suite 1700								Firm's EIN
Use (Only		Kansa	s City, MO 641062	246 rer shown above? (see	e instructions)				Phone no ► (816) 221- 6300 ✓ Yes

Par	t III		f Program Sei le O contains a re			art III			দ
1	Brief	fly describe the or	ganızatıon's mıssı	on					
SEE	SCHE	DULE O							
2		he organization un rior Form 990 or 9		ficant program se	rvices during th	ne year which were	not listed on	┌ Yes ┌	No
	If "Ye	es," describe these	new services on	Schedule O					
3		he organization ce ces?	ase conducting, c	or make significar	nt changes in ho	wit conducts, any	program	┌ Yes ┌	, No
	If "Y€	es," describe these	changes on Sch	edule O					
4	Secti	ribe the exempt po ion 501(c)(3) and ations to others, th	501(c)(4) organiz	zations and secti	on 4947(a)(1) t	rusts are required	to report the an		nts and
4a	(Cod	le) (Expenses \$	2,882,156	ıncludıng grants o	of \$	0) (Revenue \$	2,	816,929)
	BRIN 82,0	O CONGRESS & EXPO- IGS MORE THAN 6,000 00 SQFT EXHIBIT FLOO UAL BUSINESS MEETIN	PUBLIC WORKS AND OR SHOWCASING NEV	INDUSTRY-RELATED V PRODUCTS AND SE	PROFESSIONALS T	OGETHER IN ONE FOR TO OUR PUBLIC WORK	RUM WITH MORE TH	IAN 200 EDUC	ATIONAL SESSIONS,
	(Cod	la .) (Expenses \$	1,152,863	ıncludıng grants o	. f. d.	0) (Revenue \$		708,505)
4b	•	orter magazine - Mo	,	, ,	3 3		, ,		•
		INING PROGRAMS, ANI		COVIDED TO OOK ME	MDERSHIP ARTICL	ES CONTAIN INTOKMA	TION ON PIANAGER	LIVI TECHNIQO	JES, RESEARCH,
				4.450.050			2) (2		10.005.)
4c	(Cod) (Expenses \$	1,152,863	including grants o	•	0) (Revenue \$	TODING CEDIA	10,385)
	CHAI FUNI	PTER RELATIONS THIS PTERS AND 89 BRANCI DING TRAVEL FOR STA IELP FUND LOCAL INTI	HES AND THE VOLUNT FF AND BOARD MEME	TEER MEMBERS SERV BERS TO LOCAL APWA	ING IN LEADERSHIF BUSINESS MEETIN	ROLES THROUGHOU GS AND EDUCATIONA	T NORTH AMERICA L EVENTS, GENERAL	PROGRAM SEI	RVICES INCLUDE
4d		er program service	•	•					
	(Ex	penses \$	9,222,901 ।	including grants o	of \$	691,804) (Rev	enue \$	13,111,60)5) —————
4e	Tota	al program service	expenses►\$	14,410,78	3				

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 1	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 2	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? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	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.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
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		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV.	16		No
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 (see instructions)	17		No
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	Yes	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		No
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			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
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 I	RS Filings	and Tax	Compliance

	990 (2010) rt V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
ГĊ	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	110
	1a 101			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
٠	gaming (gambling) winnings to prize winners?	1c	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?			
_		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
la	Did the organization have unrelated business gross income of \$1,000 or more during the		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
L	year?	3a 3b	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30	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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_				
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		N
ā	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		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b	Yes	
Ľ	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	1		
	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		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b	-		
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	note: See the instructions for additional information the organization must report on schedule of	[
				<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
•	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l No

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*.

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 at the end of the tax						
ь	year						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any						
3	other officer, director, trustee, or key employee?	2		No			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .						
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo			
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 evenue Code.)						
ΚE	evenue Coue.)		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes				
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes				
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110	103				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		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	<u> </u>			
13	Does the organization have a written whistleblower policy?	13	V -	No			
14	Does the organization have a written document retention and destruction policy?	14	Yes				
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official	15a	Yes				
Ь	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		N o			
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		OR, WA	4				
12	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)						

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 Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FERI NEWHOUSE

2345 GRAND BLVD STE 700 KANSAS CITY, MO 64108

(816) 595-5277

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

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) (C) A verage Position (check all that apply) per that apply)							(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)			Key employee			organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
(1) DIANE LINDERMAN PRESIDENT ELECT	10 0	Х		х				0	0	0
(2) LARRY KOEHLE PAST PRESIDENT	10 0	Х		х				5,539	0	0
(3) ELIZABETH TREADWAY DIRECTOR REGION III	5 0	Х						0	0	0
(4) JEAN-GUY COURTEMANCHE DIRECTOR REGION I	5 0	х						0	0	0
(5) TOMMY BROWN DIRECTOR REGION IV	5 0	х						0	0	0
(6) DAVID LAWRY DIRECTOR REGION V	5 0	Х						0	0	0
(7) LARRY STEVENS DIRECTOR REGION VI	5 0	Х						0	0	0
(8) JIMMY B FOSTER DIRECTOR REGION VII	5 0	Х						0	0	0
(9) RON CAULKINS DIRECTOR REGION VIII	5 0	Х						0	0	0
(10) DOUG J DREVER DIRECTOR REGION IX	5 0	х						0	0	0
(11) DARYL GRISGBY DIRECTOR-AT-LARGE ENVIRONMENT	5 0	х						0	0	0
(12) PATRICIA HILDERBRAND DIRECTOR-AT-LARGE ENG & TECH	5 0	Х						0	0	0
(13) CORA JACKSON-FOSSET DIRECTOR-AT-LARGE PW MGMT/LDRS	5 0	Х						0	0	0
(14) KEN A NERLAND DIR-AT-LARGE FLEET & FACILITY	5 0	Х						0	0	0
(15) SUSAN HANN DIRECTOR-AT-LARGE TRANSPORT	5 0	Х						0	0	0
(16) GEORGE CROMBIE PRESIDENT	10 0	Х		Х				4,137	0	0 Earm 990 (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours		((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimate amount of compensa	ated of other
	per week (describe hours for related organizations in Schedule O)	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)	from from organiza relai organiz	the tion and ted
(17) EDWARD GOTTKO DIRECTOR REGION II	5 0	х						0	0		C
(18) PETER KING SECRETARY/ EXEC DIRECTOR/ CEO	37 5			х				307,722	0		67,378
(19) KAYE SULLIVAN DEPUTY EXEC DIRECTOR / COO	37 5			х				188,332	0		20,066
(20) TERI NEWHOUSE DIRECTOR OF FINANCE	37 5			х				121,324	0		7,064
(21) JAMES FAHEY DIRECTOR OF GOVERNMENT AFFAIRS	37 5					х		148,810	0		15,312
(22) ELISABETH DANIELS DIRECTOR OF CREDENTIALING	37 5					X		108,059	0		12,619
	<u> </u>				<u> </u>		<u> </u> ►				
c Total from continuation sheets						<u> </u>	\dashv				
							►	883,923	0		122,439
Total number of individuals (incl \$100,000 in reportable compens	udıng but not lım	ited to t	:hose	lıst		bove)	who	received more than	1		
Did the organization list any form		+	uete			1				Yes	No

			163	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		
	marviada)	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

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	283,644
MOHANNA ASSOCIATES INC	AD SALES MANAGEMENT	148,590
NATIONAL TRADE PRODUCTIONS	EXHIBIT SALES MGMT	335,170
CARRINGTON CORPORATION	TECHNICAL DESIGN	138,834
HARMONY PRINTING AND DEVELOPMENT	PRINTING	256,506
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Part VIII Statement of Revenue

IX Statement of Functional Expenses				
		_		
			(D).	
ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and organizations in the U S See Part IV, line 21	8,620	8,620		·
Grants and other assistance to individuals in the U.S. See Part IV, line 22	680,773	680.773		
Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,411	2,411		
Benefits paid to or for members	0			
Compensation of current officers, directors, trustees, and key employees	792,321	429,466	362,855	
Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
Other salaries and wages	2,833,170	1,535,677	1,297,493	
Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	89,531	50,137	39,394	
Other employee benefits	409,160	229,130	180,030	
Payroll taxes	222,253	124,462	97,791	
Fees for services (non-employees) Management	0			
Legal	3,945		3,945	
Accounting	54,630		54,630	
Lobbying	396,797	396,797		
Professional fundraising services See Part IV, line 17	0			
Investment management fees	0			
Other	2,095,363	1,958,953	136,410	
Advertising and promotion	343,602	314,905	28,697	
Office expenses	4,471,716	4,096,754	374,962	
Information technology	59,517	15,122	44,395	
Royalties	23,261	23,261		
Occupancy	3,166,610	3,021,562	145,048	
Travel	1,068,528	712,379	356,149	
Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
Conferences, conventions, and meetings	17,696		17,696	
Interest	0			
Payments to affiliates	0			
Depreciation, depletion, and amortization	205,334	130,045	75,289	
Insurance	73,240	27,835	45,405	
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
CHAPTER REBATES	243,843	243,843		
INCOME TAX EXPENSE	39,180	13,700	25,480	
A WARDS, FELLO WSHIPS	155,260	153,992	1,268	
DUES & SUBSCRIPTIONS	116,662	58,296	58,366	
BAD DEBT EXPENSE	48,598	48,598		
A II other expenses	134,065	134,065		
Total functional expenses. Add lines 1 through 24f	17,756,086	14,410,783	3,345,303	0
Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Il other organizations must complete column (A) but are not required to continuous de amounts reported on lines 6b, 7, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 21 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4968(f)(1) and per		A include amounts reported on lines 6b, yeb, and 10b of Part VIII. Program server program server program in the 10b of Part VIII. Repair Re	In the organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (C) (C), and (D) (D), and (D) organisms reported on lines (B), (C), and (D) organisms reported on lines (B), and (D) organisms reported (B)

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 2 10.056.854 2 9.212.963 3 3 263,367 4 194,682 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 7 8 334,005 324,075 Prepaid expenses and deferred charges 646,611 702,633 10a Land, buildings, and equipment cost or other basis Complete 2.698.959 10a Part VI of Schedule D 1,674,738 ь Less accumulated depreciation 10b 1,096,752 **10c** 1,024,221 6.105.629 11 6.607.336 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 96.331 15 66,631 15 16 18,257,365 16 18,474,725 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 632,187 17 607,449 17 Accounts payable and accrued expenses . 18 18 19 5.080.952 19 4.913.349 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 25 Other liabilities Complete Part X of Schedule D 26 5,713,139 26 5,520,798 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 12.167.248 **27** 12,690,271 Unrestricted net assets Temporarily restricted net assets 74,703 28 28 207,690 Fund 302,275 29 55,966 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 12,544,226 33 12,953,927 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 18.257.365 18,474,725

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17,6	532,75
2	Total expenses (must equal Part IX, column (A), line 25)	2			, , 56,08
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	123,334
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12,5	544,220
5	Other changes in net assets or fund balances (explain in Schedule O)	5		5	533,03!
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		12,9	953,92
Par	T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

DLN: 93493125007012

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

Public Charity Status and Public Support

4947(a)(1) nonexempt charitable trust.

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

Name of the organization

Americ	an Pub	36-2202880						
Par	t I	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions					
		zation is not a private foundation because it is (For lines 1 through 11, check only one box)						
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state						
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	 d ın				
		section 170(b)(1)(A)(iv). (Complete Part II)						
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)						
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)						
9	Ţ.	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	p fees, ar	d aros	ss			
	·	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha		_				
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from						
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)						
10	Г	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).						
11	Γ	An organization organized and operated exclusively to test for public safety. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other						
e f	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sup	ection 50	9 (a)(1	.) or			
•		check this box	porting of	gainz	- T			
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?						
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No			
		and (III) below, the governing body of the the supported organization?	11g(i)					
		(ii) a family member of a person described in (i) above?	11g(ii)					
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)					
h		Provide the following information about the supported organization(s)						

(i) Name of supported organization	(ii) EIN		(iv) Is the organizate col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizat col (i) orga	ion in anized	(vii) A mount of support
			instructions))	Yes	No	Yes	No	Yes	No
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.	
S	ection A. Public Support		_					
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual							
	grants ")							
2	Tax revenues levied for the							
	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							
	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)							
6	Public Support. Subtract line 5 from							
Ü	line 4							
S	ection B. Total Support	1				I		
	endar year (or fiscal year beginning							
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	A mounts from line 4							
8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
	sources							
9	Net income from unrelated							
-	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7							
	through 10)							
12	Gross receipts from related activities	es, etc (See inst	ructions)			12		
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,	
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔	
S	ection C. Computation of Pub	lic Support P	ercentage					
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14		
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15		
							 	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec		
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -	
							▶	
r/a	7a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain							
	is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported							
	· · · · · · · · · · · · · · · · · · ·							
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1	
ט	15 is 10% or more, and if the organ							
	Explain in Part IV how the organizat			•		<u>-</u>	clv	
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶	
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1	
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	Ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,304,944	4,315,590	4,112,312	3,904,116	3	3,952,145	20,589,107
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	13,128,649	14,426,632	11,164,587	11,397,283	11	.,892,078	62,009,229
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	Total. Add lines 1 through 5	17,433,593	18,742,222	15,276,899	15,301,399	15	,844,223	82,598,336
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0		0	0
b	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	0	0	0	0		0	0
_	Add lines 7a and 7b		0	0	0		0	0
8	Public Support (Subtract line 7c from line 6)							82,598,336
Se	ction B. Total Support							
Cale	ndar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20)10	(f) Total
	beginning in)							
9	A mounts from line 6	17,433,593	18,742,222	15,276,899	15,301,399	15	,844,223	82,598,336
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,443,506	267,324	314,532	268,172		199,517	2,493,051
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	1,443,506	267,324	314,532	268,172		199,517	2,493,051
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		85,212	455,571
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	112,589	55,803	354,082	341,574		440,673	1,304,721
13	Total support (Add lines 9, 10c,	18,989,688	19,333,163	16,048,058	15,911,145	16	,569,625	86,851,679
14	11 and 12) First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	third, fourth, or	fifth tax year as a	section	01(c)(3	organization,
	-							
	ction C. Computation of Pub							
15	Public Support Percentage for 201	0 (line 8 column ((f) divided by line	13 column (f))		15		95 103 %
16	Public support percentage from 20	09 Schedule A, P	art III, line 15			16		94 526 %
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for				ı (f))	17		2 871 %
10	Investment income percentage fro	m 2009 Schadula	Δ Part III line 1	7		18		3 997 %

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported **▶**▼ organization

33 1/3% support tests—2009. 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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493125007012

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "	Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),
then	
◆ Section 501(c)(3) organizations	Complete Parts I-A and B Do not complete Part I-C

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

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

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

▶ Se	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete	Part II-B Do	not co	mplete Part	: II-A
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Par	t V, line 35	āa (Pro	oxy Tax), th	nen
Na	ction 501(c)(4), (5), or (6) organizations Complete Part III me of the organization erican Public Works Association	mployer ıde	entifica	ation numbe	er
71111		6-220288	0		
Par	t I-A Complete if the organization is exempt under section 501(c) or is a se	ction 52	7 org	<u>janizatio</u>	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part	١٧			
2	Political expenditures	F	\$		
3	Volunteer hours				
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
4a	Was a correction made?			☐ Yes	┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ection 50)1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function acti	vities 🕨	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 52 exempt funtion activities	27 ►	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b ►	\$ _		
4	Did the filing organization file Form 1120-POL for this year?			☐ Yes	☐ No

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768 ((election
	Check If the filing organization belongs to			
В	Check If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a	(a) Filing Organization's Totals	(b) Affiliated Group Totals	
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	10,750	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	386,047	
c	Total lobbying expenditures (add lines 1a and 1	b)	396,797	
d	Other exempt purpose expenditures		17,359,289	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	17,756,086	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	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-		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		

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 Expe	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<u>2a</u>	Lobbying non-taxable amount	678,324	1,000,000	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	474,003	546,305	457,788	396,797	1,874,893
_d	Grassroots non-taxable amount	169,581	250,000	250,000	250,000	919,581
е —	Grassroots ceiling amount (150% of line 2d, column (e))					1,379,372
f	Grassroots lobbying expenditures	0	0	0	10,750	10,750

Schedule (C (Form 990 or 990-EZ) 20		der section 501(c)(3) and has	NOT f	filed Fo	Page 3
	(election under s				(a)	(b)
				Yes	No	A mount
legis		ganization attempt to influence for ot to influence public opinion on a				
b Paid	nteers? staff or management (inclu a advertisements?	de compensation in expenses rep	orted on lines 1c through 11)?			
	ngs to members, legislators ications, or published or bro					
f Gran	ts to other organizations fo	r lobbying purposes?				
_		their staffs, government officials, or irs, conventions, speeches, lectur	-			
	r activities? If "Yes," desc lines 1c through 1:	rıbe ın Part IV				
		e the organization to be not descri y tax incurred under section 4912				
c If "Y	es," enter the amount of an	y tax incurred by organization mai	nagers under section 4912			
	A Complete if the o	d a section 4912 tax, did it file For rganization is exempt unc	der section 501(c)(4), section	501(d	C)(5), o	r section
	501(c)(6).					Yes No
		more) dues received nondeductibl in-house lobbying expenditures of			E	2
		rryover lobbying and political experience in the control of the co	enditures from the prior year? der section 501(c)(4), section	501(c)(5), o	r section
			are answered "No" OR if Part			
	s, assessments and similar ion 162(e) non-deductible l		s (do not include amounts of political	1		
expe	enses for which the section entyear			2a		
	yover from last year			2b 2c		
3 Aggr	egate amount reported in s		ondeductible section 162(e) dues	3		
does		ount on line 2c exceeds the amou arryover to the reasonable estima	nt on line 3, what portion of the excess ate of nondeductible lobbying and	4		
5 Taxa	ible amount of lobbying and	political expenditures (see instru	ctions)	5		
	this part to provide the de	scriptions required for Part I-A, lir	ne 1, Part I-B, line 4, Part I-C, line 5, a	nd Part	II-B, line	11
Also, con	nplete this part for any addi Identifier	Return Reference	Explan	at ion		
LOBBYING	G EXPENDITURES TION	SCHEDULE C, PART II-A	ON SEPTEMBER 25, 1996 THE ASSOCIATION (APWA) FILED F			
			EXECUTIVE DIRECTOR, AND JAGOVERNMENT AND PUBLIC AF ACCORDANCE WITH THE LOBE 1995 APWA REGISTERED JULI MANAGER OF GOVERNMENT A ITS JULY 1 - DECEMBER 31, 20 APWA REGISTERED LAURA BEF GOVERNMENT AFFAIRS WITH TSEPTEMBER 30, 2008 QUARTE INCURRED A TOTAL OF \$396,7 EXPENDITURES FOR FISCAL YESTAFF SALARIES, TRAVEL, GEN PRINTING AND PRODUCTION OLOBBYING EXPENSES WERE RE OF REPRESENTATIVES AND USWITH THE LOBBYING DISCLOS DESCRIPTION OF APWA LOBBY PRODUCTION AND DISTRIBUT ASSOCIATION NEWSLETTER, AREPORT, ON NATIONAL LEGIS AFFAIRS AFFECTING PUBLIC PROGRAMS AND SERVICES, RETRACKING OF FEDERAL AND SERGULATIONS, LETTERS, COR CALLS FROM ASSOCIATION MISTAFF TO FEDERAL AGENCY DEPAREX PRESSING ASSOCIATION WILEGISLATION AND REGULATION TRANSPORTATION, WATER INIQUALITY, ENVIRONMENT, EME PREPAREDNESS, HOMELAND SOF PROTECTION, RIGHTS-OF-WAYCHANGE AND SUSTAINABILITY WORKS ISSUES, ISSUANCE OF (VIA INFONOW, LEGISLATIVE ADVOCATES) TO ASSOCIATION THAT THEY CONTACT THEIR CREPRESENTATIVES TO EXPRESENTATIVES TO EXPRESENTATIVES TO EXPRESENTATION ON LEGISLATIVE AND INFORMATION, NEWS, ASSOCIATION ALERTS ON ASSOCIATION AND AT ASSOCIATION ALERTS ON ASSOCIATION AND AT ASSOCIATION ALERTS ON ASSOCIATION AND AT ASSOCIATI	FAIRS, YA AN AN SEM	AS LOB DISCLOS STASIO, MINING TO A MINING	BYIST IN SURE ACT OF , SR HE FILING OF AL REPORT OF ITS JULY 1 - PWA HAS NG TED TO EXPENSES, HE US HOUSE OF ITS HOUSE OF ITS JULY 1 - PWA HAS NG TED TO EXPENSES, HE US HOUSE OF ITS JULY 1 - PWA HAS NG TED TO EXPENSES, HE US HOUSE OF ITS HOUSE OF ITS JULY 1 - PWA HAS NG TED TO EXPENSES, HE US HOUSE OF ITS HOUSE OF IT
				ERNIZA RTIUM BAN FO NGRES ATION OCIATI	ATION C , WATER OREST H SSIONAL I ALLIAN ION TAS	COALITION, RESOURCES IGH CAUCUS ICE AND K FORCE TO

REAUTHORIZATION OF SURFACE TRANSPORTATION LEGISLATION (SAFETEA-LU), LEGISLATIVE AND

ASSOCIATION COMMITTEE (GOVERNMENT AFFAIRS COMMITTEE), SPRING POLICY FORUM MEETING OF GOVERNMENT AFFAIRS COMMITTEE WITH OTHER TASK FORCES AND/OR COMMITTEES IN WASHINGTON, DC TO ADVOCATE ASSOCIATION PRIORITIES WITH CONGRESS AND CONGRESSIONAL STAFF INDIVIDUAL CHAPTER ADVOCACY ON STATE LEGISLATION, BALLOT

AND STRATEGIC PLANNING CONDUCTED BY

REGULATORY POLICY DEVELOPMENT, PRIORITY-SETTING

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493125007012

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization American Public Works Association 36-2202880 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the 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 easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section

the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Schedule D (Form 990) 2010

Cat No 52283D

Part	Organizations Maintaining Co	llections of Art	, Hist	<u>torical T</u>	reasu	ires, or O	the	r Similar A	ssets	(con	itinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	y of the	e following	that ar	e a sıgnıfıca	ant u	ise of its collec	tion		
а	Public exhibition		d	┌ Loan	orexc	hange progr	ams				
b	Scholarly research		e	┌ Othe	r						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	llections and expla	ın how	they furth	er the o	organization	's e	xempt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	┌ Ye	s	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an am					n answere	d "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for contrıb	utions	or other ass	ets	not	┌ Ye	s	Г No
b	If "Yes," explain the arrangement in Part XIV	and complete the	followi	ng table							
						L		Α	mount		
c	Beginning balance						1 c				
d	Additions during the year						1 d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	e 21?			_		•	Гүе		□ No
ь	If "Yes," explain the arrangement in Part XIV										
	t V Endowment Funds. Complete		n ansv	wered "Ye	es" to	Form 990,	Pai	rt IV, line 10.			
	•	(a)Current Year		Prior Year				Three Years Back		ur Yea	ars Back
1a	Beginning of year balance	64,705		62,03	1	58,77	7				
b	Contributions			1-	1						
c	Investment earnings or losses	1,982		3,65	7	4,25	7				
d	Grants or scholarships										
e	Other expenditures for facilities and programs	4,700		1,00	0	1,00	0				
f	Administrative expenses										
g	End of year balance	61,987		64,70	5	62,03	4				
2	Provide the estimated percentage of the year		as		•				•		
а	Board designated or quasi-endowment 🕨	0 %									
Ь	Permanent endowment 🕨 90 290 %										
С	Term endowment ► 9710 %										
3a	Are there endowment funds not in the posses	sion of the organiza	atıon t	hat are hel	d and a	dministere	d for	the			
	organization by							-		es	No
	(i) unrelated organizations						•		(i) Y (ii)	es	N o
ь	(ii) related organizations			 chedule B2			•		ь	+	
4	Describe in Part XIV the intended uses of the	•			•		•				
	t VI Investments—Land, Buildings				990. Pa	art X. line	10.				
	Description of investment	,, <u> </u>		(a) Cost of basis (inve	r other	(b)Cost or o basis (othe	ther	(c) Accumulated depreciation	d (d) Bool	k value
1a L	and										
b E	Buildings										
	easehold improvements					915.	432	400,4	76		514,956
	Equipment						816	825,2	_		158,553
	Other						711	448,9	_		350,712
		<u> </u>		1					-		,

Part VIII Investments—Other Securities. See	form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(B)Book value	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		1.2	
Part VIII Investments—Program Related. See	: Form 990, Part X, line .		
(a) Description of investment type	(b) Book value		d of valuation
	(-,	Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
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Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value

1 Total revenue (Form 990, Part VIII, column (A	ne 12) 1 17,632,7
2 Total expenses (Form 990, Part IX, column (A	ne 25) 2 17,756,0
3 Excess or (deficit) for the year Subtract line 2	m line 1 -123,3
4 Net unrealized gains (losses) on investments	4 533,0
5 Donated services and use of facilities	5
6 Investment expenses	6
7 Prior period adjustments	7
8 Other (Describe in Part XIV)	8 -504,6
9 Total adjustments (net) Add lines 4 - 8	9 28,4
10 Excess or (deficit) for the year per financial st	nents Combine lines 3 and 9 10 -94,9
Part XIII Reconciliation of Revenue per	dited Financial Statements With Revenue per Return
1 Total revenue, gains, and other support per a	ed financial statements
2 A mounts included on line 1 but not on Form 9	Part VIII, line 12
a Net unrealized gains on investments	2a 533,555
b Donated services and use of facilities	2b 70,065
c Recoveries of prior year grants	<u>2c</u>
d Other (Describe in Part XIV)	2d 299,424
e Add lines 2a through 2d	2e 903,0
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, lii	2, but not on line 1
a Investment expenses not included on Form 9	Part VIII, line 7b . 4a
b Other (Describe in Part XIV)	4b 8,904,428
c Add lines 4a and 4b	
	qual Form 990, Part I, line 12)
	udited Financial Statements With Expenses per Return
1 Total expenses and losses per audited financ statements	9,726,2
2 A mounts included on line 1 but not on Form 9	Part IX, line 25
a Donated services and use of facilities	2a 70,065
b Prior year adjustments	
c Otherlosses	2c
d Other (Describe in Part XIV)	2d 299,944
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 A mounts included on Form 990, Part IX, line	but not on line 1:
a Investment expenses not included on Form 9	Part VIII, line 7b 4a
b Other (Describe in Part XIV)	4b 8,399,810
c Add lines 4a and 4b	4c 8,399,8
5 Total expenses Add lines 3 and 4c. (This sho	equal Form 990, Part I, line 18)

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 THE ASSOCIATION ALSO FUNDS TRAVEL STIPENDS THROUGH THE JENNINGS RANDOLPH FELLOWSHIP PROGRAM WHEREBY MEMBERS PARTICIPATE IN INTERNATIONAL PARTNER (PEER ORGANIZATIONS) CONFERENCES, TECHNICAL TOURS AND TRAINING/EDUCATIONAL OPPORTUNITIES
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 \$ (504,618)
RECONCILIATION OF REVENUE PER AUDIT REPORT	SCHEDULE D, PART XII, LINES 2D	FUNDRAISING EVENT EXPENSE 284,790 GAMING ACTIVITY EXPENSE 14,634 TOTAL \$299,424
RECONCILIATION OF REVENUE PER AUDIT REPORT	SCHEDULE D, PART XII, LINE 4B	CHAPTER REVENUE \$8,904,428
RECONCILIATION OF EXPENSES PER AUDIT REPORT	SCHEDULE D, PART XIII, LINE 2D	FUNDRAISING EVENT EXPENSE 284,790 GAMING ACTIVITY EXPENSE 14,634 UNREALIZED LOSS 520 TOTAL \$299,944
RECONCILIATION OF EXPENSES PER AUDIT REPORT	SCHEDULE D, PART XIII, LINE 4B	CHAPTER EXPENSES \$8,399,810

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DLN: 93493125007012

OMB No 1545-0047

2010

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service **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.

Name of the organization
American Public Works Associatio

Employer identification number

ma	rican Public Works Association					
IIIe	ilcali Public Works Association				36-2202880	
Рa	rt I General Informatio	n on Activit	ies Outside t	he United States.	Complete if the organize	ation answered
	"Yes" to Form 990, Pa			ine officer otates.	complete if the organization	adon answered
1	For grantmakers. Does the			ds to substantiate the	amount of the grants of	 or
	assistance, the grantees' eli					
	the grants or assistance? .	-	_			✓ Yes No
						·
2	For grant makers. Describe in Pa United States	art V the organı	zatıon's procedu	ires for monitoring the u	se of grant funds outside th	ı e
3	Activites per Region (Use Part	V ıf addıtıonal :	space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	North America	0	0	Program Services	EDUCATION	1,443,084
	North America	0	0	Program Services	GOVERNMENT AFFAIRS	52,832
	North America	0	0	Program Services	LEADERSHIP/CHAPTER	15,800
	Sub-total	0	0			1,511,716
b	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

1,511,716

Part	Part IV, lı	ne 15, for any					olete if the organizate received more than		
	a) Name of rganization	(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 nun tax-exempt by	hber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶	
3	Enter total nun	nber of other o	organizations or en	tities					(Form 990) 2010

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			1		!		
			1		,		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	<u>\</u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ᅜ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	দ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
MONITORING USE OF GRANTS OUTSIDE OF THE UNITED STATES	SCHEDULE F, PART I, LINE 2	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

Schedule F (Form 990) 2010

DLN: 93493125007012

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

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.

Inspection

Name of the organization **Employer identification number** American Public Works Association 36-2202880 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization col (i) control of contributions? Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Components than \$15,000 on Form							
		· ,	(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events			
			GOLF TOURNAMENT (event type)	DINNER/DANCE (event type)	38 (total number)	(Add col (a) through col (c))			
E Le	1	Gross receipts	39,099	35,390	351,818	426,307			
Revenue	2	Less Charitable contributions	2,831	15,125	48,105	66,061			
	3	Gross income (line 1 minus line 2)	36,268	20,265	303,713	360,246			
	4	Cash prizes	900		3,615	4,515			
မှာ	5	Non-cash prizes	3,597	30,		33,930			
anse.	6	Rent/facility costs	22,942	5,150	148,527	176,619			
Expenses	7	Food and beverages	6,026	15,402	-4,026	17,402			
Direct	8	Entertainment		7,350		7,350			
ā	9	Other direct expenses .	1,632	1,661	41,681	44,974			
	10	Direct expense summary Add line	es 4 through 9 in column	(d)		284,790			
	11	Net income summary Combine lin	nes 3 and 10 ın column (d	d)		75,456			
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	1			
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))			
<u> </u>	1	Gross revenue			17,690	17,690			
	2	Cash prizes							
Expenses	3	Non-cash prizes			14,634	14,634			
	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	∀es % No	┌ Yes % ┌ No	┌ Yes % ┌ No				
	7	Direct expense summary Add lines	2 through 5 in column (d)		14,634			
	8	Net gaming income summary Comb	one lines 1 and 7 in colu	mn (d)	•	3,056			
9 a		sthe organization licensed to operate gaming activities of these states?							
b		No," Explain		Torthese states 1 1		· I* Yes I No			
10a b		re any of the organization's gaming li Yes," Explain			the tax year?	┌ _{Yes} ┌ _{No}			
		· 							

11	Does the orga	anızatıon operate ga	iming activities with nonme	mbers? .			. ▼ Yes No
12	Is the organiz	zatıon a grantor, ber	neficiary or trustee of a trus	t or a mem	ber of a partnership or other entity		
	formed to adm	nınıster charıtable g	jaming?				┌ _{Yes} ┌ _{No}
13			ng activity operated in				
а	The organizat	ion's facility				13a	0 %
ь	_						100 000 %
14	Provide the na records	ame and address of	the person who prepares th	he organıza	tion's gaming/special events book	s and	
	Name 🟲	ROBERT BOB CAN	ITERBURY PE CFM				
	Address 🟲	1300 HOUSTON . MCALLEN,TX 78					
15a	_				organization receives gaming		F _{vas} F _{No}
b	If "Yes," ente	r the amount of gan		ne organiza	tion 🟲 \$ an		165 NO
c	If "Yes," ente	r name and address	5				
	Name 🟲						
	Address 🟲						
16	Gaming mana	ger information					
	Name ► F	ROBERT BOB CAN	TERBURY PE CFM				
	Gaming mana	ger compensation	* \$	0			
	Description of	fservices provided	► IN CHARGE OF BOOK	S, RAFFLE	LICENSING, AND PERMITS		
- -	Director/o		Employee		Independent contractor		
17	Mandatory dis		er atata law ta make charita	shla dietribi	itions from the gaming proceeds to		
а	-	•			ICIONS ITOM THE YAMMING PROCEEDS TO		– –
h			required under state law d		o other exempt organizations or sp		res rono
Ь			required under state law di activities during the tax ye		o other exempt organizations of sp	ent	
Par					responses to question on Sch	edule (G (SPP
		ctions.)	70 Vide dadiconal illion.				
	Iden	tıfıer	ReturnReference	e	Explana	tion	
GAM	1ING MANAGE	ER INFORMATION	SCHEDULE G, PART III, L	.INE 16	ROBERT CENTERBURY IS THE T GRANDE BRANCH OF THE TEXA OFFICER OR DIRECTOR OF THE	S CHAF NATIO	PTER HEIS NOT AN ONAL

manager for the raffle

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493125007012 OMB No 1545-0047

Employer identification number

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

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

Inspection

American Public Works Associa						36-2202880	
Part I General Inform 1 Does the organization mai the selection criteria used 2 Describe in Part IV the or	ntaın records to sub to award the grants	or assistance?					▽ Yes 「
Part II Grants and Oth Form 990, Part I'	er Assistance to V, line 21 for any		Organizations in dimore than \$5,000.	the United States Check this box if r	no one recipient rece	ived more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OREGON APWA SCHOLASTICPO BOX 410 OTIS,OR 97368	93-1163543	501(C)(3)	8,620				EQUIPMENT FOR LAB
2 Enter total number of sect3 Enter total number of othe							

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PUBLIC WORKS PROF ED SCHOLARSHIPS	237	128,674			
(2) STUDENT EDUCATIONAL SCHOLARSHIPS	1021	543,493			
(3) JENNINGS RANDOLPH FELLOWSHIP AWARD	4	8,606			

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	SCHEDULE I, PART I, LINE 2	APWA CHAPTERS HAVE ESTABLISHED EDUCATIONAL SCHOLARSHIPS FOR STUDENTS AND PROFESSIONALS
GRANTS IN THE UNITED		COMPLETING PUBLIC WORKS RELATED DEGREES OR PROGRAMS EACH HAS ESTABLISHED AN APPLICATION,
STATES		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
		A WA RD

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DLN: 93493125007012

OMB No 1545-0047

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Compensation Information Schedule J (Form 990)

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.

Name of the organization American Public Works Association

Department of the Treasury

Internal Revenue Service

Employer identification number

36-2202880

Pa	rt I Questions Regarding Compensation	1	<u> </u>			
	-				Yes	No
1a	Check the appropriate box(es) if the organization pro- 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses descr			1b	Yes	
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all th					
	▼ Compensation committee	굣	Written employment contract			
	▼ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII	I, Section A, line ${f 1a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymer	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st 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
b	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 A, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	d (D) Nontaxable (E) Total of columns (F) Compensatio	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) PETER KING	(1) (11)	300,855 0	0	6,867 0	27,500 0	39,878 0	375,100 0	0
(2) KAYE SULLIVAN	(ı) (ıı)	179,007 0	0	9,325 0	9,325 0	10,741 0	208,398	0
(3) JAMES FAHEY	(ı) (ıı)	141,370 0	0	7,440 0	7,440 0	7,872 0	164,122 0	0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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	Return Reference	Explanation
		APWA PROVIDES COMPANION TRAVEL ONLY FOR THE BOARD PRESIDENT COMPANION TRAVEL PROVIDED IS REPORTED ON FORM 1099- MISC TO THE BOARD PRESIDENT

Schedule J (Form 990) 2010

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DLN: 93493125007012

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

		•
Name of the organization	n	Employer identification number
American Public Works Associat	tion	
		36-2202880

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	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 QUALITY OF LIFE

ldentifier	Return Reference	Explanation
OTHER PROGRAM SERVICE ACCOMPLISHMENT	FORM 990, PART III, LINE 4D	CHAPTER ACTIVITIES ON A LOCAL LEVEL, WE HAVE 63 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 700 ACTIVITIES ACROSS THE UNITED STATES AND CANADA, INCLUDING THEIR MEMBERSHIP AND BUSINESS MEETINGS PROGRAM EXPENSES \$8,099,865 GRANTS INCLUDED IN PROGRAM SERVICES \$691,804 PROGRAM REVENUES \$7,802,921 OTHER PROGRAM SERVICES APWA PROVIDES SERVICES TO MORE THAN 28,500 MEMBERS IN NORTH AMERICA OUR CUSTOMER BASE IS MADE UP OF OVER MORE THAN 10,000 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 BEY OND THE INDIVIDUAL AND TRULY BENEFITS THE COMMUNITIES IN WHICH EACH OF THESE INDIVIDUALS SERVES ON A DAILY BASIS, PROVIDING SERVICES IN THE FOLLOWING AREAS SUSTAINABILITY, 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 BEY OND ON OUR OWN SERVICES PROGRAM EXPENSES \$1,123,036 GRANTS INCLUDED IN PROGRAM SERVICES \$0 PROGRAM REVENUES \$5,308,684

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 OMMITTEE 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

ldentifier	Return Reference	Explanation
	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 BY LAWS IS SUBJECT TO APPROVAL OF THE MEMBERSHIP DURING FISCAL YEAR 2011, 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

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11B	THE ACCOUNTANT GATHERS INFORMATION TO PREPARE THE FORM 990 TAX RETURN AND THE DIRECTOR OF FINANCE/CONTROLLER REVIEWS AND APPROVES THE INFORMATION 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, FORMER DIRECTOR, TRUSTEE, AND KEY EMPLOYEE AS TO THEIR COMPLIANCE WITH THE ESTABLISHED POLICY IF A CONFLICT ARISES, THE POLICY REQUIRES THE INDIVIDUAL DISCLOSE THE DETAILS OF THE POSITION AND IF NECESARY, 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 APRIL 2010, EFFECTIVE JULY 1, 2010 FOR A 3-YEAR TERM THROUGH JUNE 30, 2013 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

Identifier	Return Reference	Explanation
COMPENSATION REVIEW OF OTHER OFFICERS AND KEY EMPLOYEES	SECTION B, LINE 15B	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

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

ldentifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 5	NET UNREALIZED GAIN FROM INVESTMENTS \$533,035