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DLN: 93493135074803

Form **990**

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)

2011

OMB No 1545-0047

	nent of the Revenue		► The organization	may have to use a co	py of this return to satisfy	state reporting	requiren	nents	Inspection
A Fo	or the 2	2011 ca		ear beginning 07-01-20	11 and ending 06-30-20	012			· · · · · ·
_		plicable	C Name of organization American Public Works	Association				•	dentification number
_ Ad _	dress ch	ange	Doing Business As				36-2 E Telepi		
_	ıme char	-					•		2-6100
_ Ini	tıal retur	'n	Number and street (or 2345 Grand Boulevard	P O box if mail is not deliv	rered to street address) Room,	/suite			ts \$ 19,949,078
Te	rmınated	t	2345 Grand Boulevard						το φ 15/5/15/0/0
_ An	nended r	eturn	City or town, state or o Kansas City, MO 6410		•				
Ap	plication	pending	,,			_			
			F Name and add Peter B King	ress of principal office	r	H(a) Is th		p retu	
			1275 K STREET I	NW SUITE 750		affilia	ites?		⊤Yes ▼ No
			Washington, DC	20005		H(b) Are al	ll affiliates	s incl	uded?
	av avam	pt status	☑ F01/->/-> F0:	1(c) () ◀ (insert no) 【					st (see instructions)
		•		I(c) () 🖪 (Insert no)	4947(a)(1) or 527	H(c) Grou	ıp exemp	tioni	number ►
J W	<i>l</i> ebsite	:: ⊨ WW	W A P WA NET			<u> </u>			
				Association Other 🕨		L Year of fo	rmation 1	937	M State of legal domicile IL
Pa	rt I	Sum	mary						
Governance	-				Its operations or dispose				
	1		,		art VI, line 1a)			3	17
Activities &	1		-		ning body (Part VI, line 1			4	15
Ě				_	ar 2011 (Part V, line 2a)			5	62
ទ្ធ	6 T	Total nui	mber of volunteers (es	stimate if necessary)				6	28,500
	7a ⊺	Total uni	elated business reve	nue from Part VIII, co	lumn (C), line 12			7a	1,070,945
	b≀	let unre	lated business taxabl	e income from Form 9	90-T, line 34			7b	-165,748
							r Year		Current Year
a)	8		butions and grants (P		268,	408,007			
enn	9	=	•				15,575,		15,032,220
Revenue	10 11				3,4, and 7d)	•	192,891 1,595,638		174,192
	12		•		, 80, 90, 100, and 110) al Part VIII, column (A), l	ıne —	1,595,	,030	1,964,525
		12) .					17,632	,752	17,578,944
	13				(A), lines 1-3)	·	691,	,804	884,056
	14				A), line 4)			0	
8	15	Salarıe 5–10)	es, other compensation	on, employee benefits	(Part IX, column (A), line:	S	4,346,	,435	4,608,952
Expenses	16a	Profes	sional fundraising fee	s (Part IX, column (A)	, line 11e)		0		0
홄	b	Total fu	ndraising expenses (Part I	X, column (D), line 25) ► <u>°</u>					
ш	17				l1d,11f-24e)		12,717,847 12,02		
	18	Total	expenses Add lines 1	3-17 (must equal Pa	rt IX, column (A), line 25)	17,756,086		17,521,082
	19	Reven	ue less expenses Su	btract line 18 from line	212		-123,		57,862
Net Assets or Fund Balances						Beginning Y	g of Curre 'ear	ent	End of Year
3.4g	20						18,474	,725	19,052,957
38	21						5,520,		6,209,696
	22			Subtract line 21 fron	n line 20		12,953	,927	12,843,261
Unde know		ties of po			n, including accompanying of preparer (other than offi				
		****	**				013-05-15		
Sigi		Signa	ture of officer				ate		
Her			R B KING EXECUTIVE DIRI	ECTOR/CEO					
Paid	Preparer's signature Michael J Engle					Check if self-employed	Preparei (see ins		payer identification number ns)
	arer's		ame (or yours 👠 BKD LLF)		<u> </u>			
Jse	Only		nployed), and ZIP + 4 $\frac{1201 \text{ W}}{1201 \text{ W}}$	alnut Suite 1700			EIN Þ		
		,	1201 11				1		

Kansas City, MO 641062246 May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Use Only

Phone no 🕨 (816) 221-6300

Par		ment of Program Ser f Schedule O contains a re				
1	Briefly describ	oe the organization's missi	on			
SEE	SCHEDULE O					
2		zation undertake any signi 990 or 990-EZ?	ficant program sei	rvices during the year	which were not listed on	✓ Yes │ No
	If "Yes," descr	tbe these new services on	Schedule O			
3	Did the organizes	zation cease conducting, c	or make significant	t changes in how it co	nducts, any program	「Yes ✓ No
	If "Yes," descr	tbe these changes on Sch	edule O			
4	expenses Sec	organization's program servition 501(c)(3) and 501(c ocations to others, the total)(4) organizations	and section 4947(a)	1) trusts are required to r	eport the amount of
4a	(Code) (Expenses \$	1,432,011	ıncludıng grants of \$) (Revenue \$	3,219,000)
	BRINGS MORE T 82,000 SQFT EX		INDUSTRY-RELATED PRODUCTS AND SER	PROFESSIONALS TOGETHE RVICES AVAILABLE TO OUR	R IN ONE FORUM WITH MORE T PUBLIC WORKS SECTOR THIS I	ORKS PROFESSIONALS THIS EVENT HAN 200 EDUCATIONAL SESSIONS, MEETING ALSO SERVES AS OUR
	(6.1) /F +	550.404) (B	627.000 \
4b	(Code) (Expenses \$	650,484	including grants of \$) (Revenue \$, ,
		RAMS, AND NEW TECHNOLOGY	OAIDED TO OOK MEW	IBERSHIP ARTICLES CONT	AIN INFORMATION ON MANAGE	MENT TECHNIQUES, RESEARCH,
_	(6.1) /5	700 127) (B	0.)
4c	CHAPTERS AND FUNDING TRAVE		EER MEMBERS SERVI BERS TO LOCAL APWA	NG IN LEADERSHIP ROLES BUSINESS MEETINGS AND	THROUGHOUT NORTH AMERICA EDUCATIONAL EVENTS, GENERA	NTORING SERVICES TO OUR 64 A PROGRAM SERVICES INCLUDE AL LIABILITY INSURANCE, REBATES
4d		m services (Describe in S	•			
	(Expenses \$	11,529,346	ncluding grants of	f\$ 884,	056) (Revenue \$	12,257,165)
4e	Total program	n service expenses ⊩ \$	14,321,278	3		

			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 instructions)? 🕏	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		N o
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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
C	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		N o
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		N o
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II 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, Part III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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		No
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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	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 owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? 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		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . $$			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities 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			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Tries to fine 3a or 3b, did the organization merofin 6000-1.	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	- J.D		
2	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
u	services provided to the payor?	′"	163	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
Ī	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	-		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year 12b			
	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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
_	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
ь	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		_

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent	•		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	-110
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17				

- 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 made these available.
 - ☐ O wn website ☐ A nother's website ☐ U pon request
- 19 Describe in Schedule O whether (and if so, how), the organization made 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

KANSAS CITY, MO 64108 (816) 595-5277

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

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

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

- ◆ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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

(A) Name and Title	(B) Average hours per week (describe hours	Position more unless	on (de than	c) o no n one son er ar	t che e box is bo nd a stee)	eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISCY	organizations
(1) DIANE LINDERMAN PRESIDENT	10 0	х		Х				2,500	0	0
(2) GEORGE CROMBIE PAST PRESIDENT	10 0	х		Х				5,951	0	0
(3) ELIZABETH TREADWAY PRESIDENT ELECT	10 0	Х		Х						
(4) RICHARD STINSON DIRECTOR REGION I	5 0	х								
(5) EDWARD GOTTKO DIRECTOR REGION II	5 0	Х								
(6) WILLIAM MILLS DIRECTOR REGION III	5 0	Х								
(7) TOMMY BROWN DIRECTOR REGION IV	5 0	Х								
(8) LINDA PETELKA DIRECTOR REGION V	5 0	Х								
(9) LARRY STEVENS DIRECTOR REGION VI	5 0	Х								
(10) JIMMY FOSTER DIRECTOR REGION VII	5 0	Х								
(11) RONALD CALKINS DIRECTOR REGION VIII	5 0	Х								
(12) DOUG DREVER DIRECTOR REGION IX	5 0	Х								
(13) PATTY HILDERBRAND DIRECTOR-AT-LARGE ENG & TECH	5 0	х								
(14) DARYL GRIGSBY DIRECTOR-AT-LARGE ENVIRO MGMT	5 0	Х								
(15) BRIAN USHER DIR-AT-LARGE FLEET & FACILITY	5 0	х								
(16) CORA JACKSON-FOSSETT DIRECTOR-AT-LARGE PW MGMT/LDRS	5 0	Х								
(17) SUSAN HANN DIRECTOR-AT-LARGE TRANSPORT	5 0	Х								

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

(A) Name and Title		(B) A verage hours per week (describe	verage hours per unless person is both week describe describe hours director/trustee) Position (do not check more than one box, compensation from the an officer and a director/trustee) Pours director/trustee Reportable compensation from the from related organization (Worganizations 2/1099-MISC) (W- 2/1099-MISC)								compensation from the			
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		reiati organiza		
	PETER B KING ETARY/ EXEC DIRECTOR/ CEO	37 5			х				307,765		0		52,675	
	TERI NEWHOUSE CTOR OF FINANCE	37 5			х				104,192		0		6,420	
	M KAYE SULLIVAN TY EXECUTIVE DIRECTOR	37 5			х				140,453		0		15,934	
	JAMES FAHEY CTOR OF GOVERNMENT AFFAIRS	37 5					х		150,191		0		15,694	
	ELISABETH DANIELS CTOR OF CREDENTIALING	37 5					х		107,140		0		12,357	
	DANA PRIDDY CTOR OF MEETINGS	37 5					х		100,337		0		6,157	
											\top			
											\top			
1b	Sub-Total		٠	٠.	٠.	 		<u> </u>			$^{\perp}$			
С	Total from continuation sheets	to Part VII, Sect	tion A					F						
d							•	 	918,529)		109,237	
2	Total number of individuals (incl \$100,000 of reportable compen					ted a	above) who	received more tha	n				
										_		Yes	No	
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch						mploy •		or highest compensa	ated employee	3		No	
4	For any individual listed on line : organization and related organiz										4	Yes		
5	Did any person listed on line 1a services rendered to the organiz		-						=	r individual for	5		No	
_Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from	hıghest compen												

or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
AUDIO VISUAL MANAGEMENT GROUP	AUDIO VISUAL	290,350
MOHANNA ASSOCIATES INC	AD SALES MANAGEMENT	147,058
NATIONAL TRADE PRODUCTIONS	EXHIBIT SALES MGMT	323,104
CENTERPLATE CATERING	CATERING	112,088
ROYLE PRINTING CO	PRINTING	152,729
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 of compensation from the organization $\blacktriangleright 6$

Part	<u> </u>	Statement of Revenue					
	Г			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
≆ ≇	1a	Federated campaigns 1a					
ag or i	ь	Membership dues 1b					
S.€	c	Fundraising events 1c	85,094				
差量	d	Related organizations 1d					
% <u>E</u>	e e	Government grants (contributions) 1e					
등등	f	All other contributions, gifts, grants, and 1f	322,913				
Contributions, gifts, grants and other similar amounts	-	similar amounts not included above					
	g	Noncash contributions included in					
泛프	h	lines 1a-1f \$ Total. Add lines 1a-1f	▶	408,007			
Ų 10	"			·			
e E			Business Code				
Yen Yen	2a	REGISTRATION FEES	230000	5,927,175	5,927,175		
윤	Ь	MEMBERSHIP DUES	230000	3,729,279	3,729,279		
2	C	EXHIBIT SPACE SALES	230000	3,714,107	3,714,107		
泵	d	TECHNICAL PUBLICATIONS	230000	929,189	929,189		
Ë	e	SPONSORSHIP/REBATE INCOME	900099	493,612	493,612		
Program Serwce Revenue	f	All other program service revenue		238,858	238,858		
Š	g	Total. Add lines 2a-2f	L	15,032,220			
	3	Investment income (including dividence		13,032,220			
		and other similar amounts)	. F	180,374			180,374
	4	Income from investment of tax-exempt bond i	F	0			·
	5	Royalties		43,263			43,263
		(ı) Real	(II) Personal				
	6a	Gross rents	, ,				
	ь	Less rental					
	_c	expenses Rental income					
		or (loss)					
	d	Net rental income or (loss)					
		(1) Securities Gross amount 1,756,024	(II) Other				
	7a	from sales of					
		assets other than inventory					
	Ь	Less cost or 1,755,914 other basis and	6,292				
		sales expenses					
	c	Gain or (loss) 110	-6,292				
	d	Net gain or (loss)	▶	-6,182			-6,182
As .	8a	Gross income from fundraising events (not including					
ž		\$85,094					
छ >-		of contributions reported on line 1c)					
æ		See Part IV, line 18	772 224				
ē	ь	Less direct expenses b	772,234				
Other Revenue	°	Net income or (loss) from fundraising	607,928 events ►	164,306			164,306
_	9a	Gross income from gaming activities		,			, , ,
		See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	C	Net income or (loss) from gaming activ	vities	0			
	10a	Gross sales of inventory, less returns and allowances .					
	Ь	Less cost of goods sold b					
		Net income or (loss) from sales of inve	entory ►	o			
		Miscellaneous Revenue	Business Code				
	11a	ADVERTISING INCOME	541800	944,292		944,292	
	ь	CHAPTER ADVERTISING	541800	126,653		126,653	
		MISCELLANEOUS	900099	686,011		·	686,011
	d	All other revenue		,			-,,-
	a e	Total. Add lines 11a-11d					
		. Veun Aud IIIICS II II - II I	· · · · •	1,756,956			
	12	Total revenue. See Instructions	▶	17,578,944	15,032,220	1,070,945	1,067,772

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	823,005	823,005		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	61,051	61,051		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	843,693	507,696	335,997	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,935,187	1,766,261	1,168,926	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	81,001	45,361	35,640	
9	Other employee benefits	505,176	282,899	222,277	
10	Payroll taxes	243,895	136,581	107,314	
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	0			
С	Accounting	0			
d	Lobbying	480,383	480,383		
e	Professional fundraising See Part IV, line 17	0	,		
f	Investment management fees	0			
g	Other	2,371,320	2,198,940	172,380	
12	Advertising and promotion	447,044	438,373	 	
13	Office expenses	4,628,938	4,200,470	428,468	
14	Information technology	84,549	48,292	36,257	
15	Royalties	53,841	53,841	,	
16	Occupancy	2,339,238	2,149,771	189,467	
17	Travel	833,726	488,558	345,168	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	,	3.3,233	
19	Conferences, conventions, and meetings	22,793	370	22,423	
20	Interest	0		, i	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	223,587	144,134	79,453	
23	Insurance	74,198	31,165	43,033	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	CHAPTER REBATES	280,649	280,649		
b	INCOME TAX EXPENSE	-61,944	-61,944		
c	DUES & SUBSCRIPTIONS	68,882	64,552	4,330	
d	BAD DEBT EXPENSE	70,443	70,443		
е					
f	All other expenses	110,427	110,427		
25	Total functional expenses. Add lines 1 through 24f	17,521,082	14,321,278	3,199,804	(
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011

Part X **Balance Sheet** (A) (B) Beginning of year End of year 0 0 1 1 10.056.854 2 9.884.876 2 3 0 3 0 194.682 4 245.428 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 7 0 324.075 8 324.319 9 702.633 9 594.932 Prepaid expenses and deferred charges 10a 2,711,437 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 1,796,310 b Less accumulated depreciation 1,024,221 10c 915,127 6,105,629 11 6,956,348 11 12 0 12 Investments—other securities See Part IV, line 11 13 0 13 0 Investments—program-related See Part IV, line 11 . . 0 14 0 14 66,631 15 131,927 15 19,052,957 18,474,725 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 607,449 17 907,558 17 Accounts payable and accrued expenses . 18 18 0 19 4,913,349 19 5,021,020 20 0 20 Ω 0 21 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 0 25 281,118 D 26 26 5,520,798 6,209,696 **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 12,690,271 27 11,940,875 Unrestricted net assets 207,690 28 519,460 28 Temporarily restricted net assets Fund 29 55,966 29 382,926 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 12.953.927 33 12.843.261 34 Total liabilities and net assets/fund balances 18,474,725 34 19,052,957

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		17.5	578,944
2	Total expenses (must equal Part IX, column (A), line 25)	2			521,082
3	Revenue less expenses Subtract line 2 from line 1	3			57,862
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12,9	953,927
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 1	.68,528
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		12,8	343,261
Par	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
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 taudit, 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 its 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	ssued			
_	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?	e	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Public Charity Status and Public Support

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

Employer identification number

Americ	an Put	DIIC WORKS	ASSOCIATION						36-22028	380	
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All ord	anızatıons	must com	plete this p			
				te foundation becaus		•					
1	Γ	A chur	ch, convent	ion of churches, or a	ssociation of	churches s	ection 170(b)(1)(A)(i).			
2	Γ	A scho	ol described	d in section 170(b)(1	L)(A)(ii). (At	tach Schedu	ıle E)				
3	\sqcap	A hosp	ital or a cod	perative hospital se	rvice organiz	ation descri	bed in sectio	n 170(b)(1)	(A)(iii).		
4	Γ			h organization opera ity, and state	ted ın conjun	ction with a	hospital des	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the
5	Г	An org	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by a	governmen	tal unit desc	rıbed ın
		sect ior	170(b)(1)((A)(iv). (Complete P	art II)						
6	\sqcap	A feder	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	Γ	describ	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			described in section		A)(vi) (Con	nplete Part II	[)			
9	Ţ			at normally receives					outions, men	nbership fees	s, and gross
				rities related to its e							
		ıts sup	port from gr	oss investment income and unrelated business taxable income (less section 511 tax) from businesses							
		acquired by the organization after June 30, 1975 See section $509(a)(2)$. (Complete Part III)									
10	Γ	An org	anızatıon or	ganized and operated	d exclusively	to test for p	oublic safety	See section	509(a)(4).		
11	Γ	one or the box	more public	ganized and operated ly supported organiz ibes the type of supp b Type I	ations descr oorting organ	ibed in secti ization and d	on 509(a)(1) or section ! s 11e throug	509(a)(2) S gh 11h	ee section 5	
е	Γ	other t	_	ox, I certify that the ion managers and ot	_		•		•	•	•
f		If the c	rganization this box	received a written d						III supportır	ng organization,
g		followir	ng persons?	2006, has the organ rectly or indirectly c	•						Yes No
				governing body of th			_	,	(11)	11g	
		•		er of a person descri		_				11g	
		• •	•	lled entity of a perso	• •		bove?			11g(
h				ng information about							<u> </u>
(i) Namo suppo organiz		e of (ii) (described on col (i) listed in your governing action or IRC section document?		(v) Did you not organizati col (i) of suppor	ıon ın your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?			
				(see instructions))	Yes	No	Yes	No	Yes	No	
						İ					

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

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

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,315,590	4,112,312	3,904,116	3,952,145	4,	137,286	20,421,449
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	14,426,632	11,164,587	11,397,283	11,892,078	11,:	302,941	60,183,521
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	18,742,222	15,276,899	15,301,399	15,844,223	15,	440,227	80,604,970
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0			0
Ь	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
c	Add lines 7a and 7b	0	0	0	0		-	C
8	Public Support (Subtract line 7 c from line 6)							80,604,970
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	11	(f) Total
9	Amounts from line 6	18,742,222	15,276,899	15,301,399	15,844,223	15,4	140,227	80,604,970
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	267,324	314,532	268,172	199,517	2	223,637	1,273,182
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	267,324	314,532	268,172	199,517	2	223,637	1,273,182
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		0	455,571
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	55,803	354,082	341,574	440,673	6	586,845	1,878,977
13	Total support (Add lines 9, 10c,	19,333,163	16,048,058	15,911,145	16,569,625	16.3	350,709	84,212,700
14	11 and 12) First Five Years If the Form 990 is check this box and stop here	, , <u>, , , , , , , , , , , , , , , , , </u>	, ,		, ,			
Se	ection C. Computation of Pub	lic Sunnart D	ercentage					
15	Public Support Percentage for 201:			13 column (f))		15		95 716 %
16	Public support percentage from 20	•		,,,		16		95 103 %
Se	ection D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for				ı (f))	17		1 512 %
18	Investment income percentage from	n 2010 Schedule	A , Part III , line 1	7		18		2 871 %

19a 33 1/3% support tests—2011. 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 **F 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

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

DLN: 93493135074803

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

Yes

Yes

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

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

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

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

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

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

Named	of the	organ	ızatıon
Americar	ı Public	: Works	Association

Employer identification number

36-2202880

Part I-A	Complete if the organization	on is exempt under section 503	L(C)	or is a	section 52	organization.

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

art I-B	Comp	olete if	the org	anization	<u>is exemp</u>	<u>ot under</u>	section	501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 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?
- Was a correction made?
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

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

SC	nedule C	(FO	m 990 or 990-E2) 2011		Page
Part II-A		7	Complete if the organization is exempt under section 501(c)(3) and fi	led Form 5768	(election
			under section 501(h)).		
A	Check		if the filing organization belongs to an affiliated group (and list in Part IV each affiliated groups) expenses, and share of excess lobbying expenditures)	oup member's name	, address, EIN
В	Check		ıf the filing organization checked box A and "limited control" provisions apply		
				(-) Educa	(I-) A 66-1

	· · · · · · · · · · · · · · · · · · ·	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)						
.a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	0					
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	480,383					
c	Total lobbying expenditures (add lines 1a and 1	b)	480,383					
d	Other exempt purpose expenditures		17,040,699					
e	Total exempt purpose expenditures (add lines 1	c and 1d)	17,521,082					
f	Lobbying nontaxable amount Enter the amount to	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							

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.)

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

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) Total beginning in) 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying non-taxable amount Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 546,305 457,788 396,797 480,383 Total lobbying expenditures 1,881,273 Grassroots non-taxable amount 250,000 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) 10,750 10,750 Grassroots lobbying expenditures

Part II-B	(election under s		der section 501(c)(3) and has		(a)	(b)
				Yes	No	Amount
legislat	ion, including any attemp	ganization attempt to influence foi ot to influence public opinion on a				
a Volunte						
c Media a	dvertisements?	de compensation in expenses rep	orted on lines 1c through 11)?			
	s to members, legislators tions, or published or bro					
	to other organizations fo contact with legislators,	r lobbying purposes? their staffs, government officials, c	or a legislative body?			
	demonstrations, semina ctivities? If "Yes," desc	rs, conventions, speeches, lectur ribe in Part IV	es, or any similar means?			
_	nes 1c through 1:	e the organization to be not descri	bed in section 501(c)(3)?		1	
b If"Yes,	" enter the amount of an	y tax incurred under section 4912 y tax incurred by organization ma	2		1	
d If the fi	ling organization incurred	d a section 4912 tax, did it file Fo	rm 4720 for this year?	F01/		
art III-A	501(c)(6).	rganization is exempt und	der section 501(c)(4), section	501(c)(5), c	Yes N
		more) dues received nondeductibl	·		F	1
Did the	organization agree to ca	n-house lobbying expenditures of rryover lobbying and political exp	enditures from the prior year?			3
art III-B	501(c)(6) if BOTI		der section 501(c)(4), section are answered "No" OR if Part			
	answered "Yes". ssessments and similar			1		
expense	es for which the section	,	s (do not include amounts of political	2a		
_ :	ver from last year			2b 2c		
Aggreg	· ·		ondeductible section 162(e) dues	3		
does th		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		
Taxable	amount of lobbying and	political expenditures (see instru	ctions)	5		
•		scriptions required for Part I-A, lii	ne 1, Part I-B, line 4, Part I-C, line 5, a	nd Part	: II-B, line	e 1ı
Also, compl	ete this part for any addi Identifier	tional information Return Reference	Explan	ation		
BBYING E (PLANATIO	XPENDITURES ON	SCHEDULE C, PART II-A	ON SEPTEMBER 25, 1996 THE ASSOCIATION (APWA) FILED F	FORM 5	768 WIT	H THE IRS
			AND ELECTED TO HAVE THE P	ATING	TO EXPE	ENDITURES
			TO INFLUENCE LEGISLATION, WITH OUR TAX YEAR ENDING	DECEM	BER 31,	1997 ON
			MARCH 14, 2000, APWA REGIS EXECUTIVE DIRECTOR, AND JA	AMESF	AHEY, D	IRECTOROF
			GOVERNMENT AND PUBLIC AF ACCORDANCE WITH THE LOBE 1995 APWA REGISTERED JULI	BYING	DISCLOS	SURE ACT OF
			OF SUSTAINABILITY WITH THE DECEMBER 31, 2005 SEMIANN	E FILIN	IG OF IT	S JULY 1 -
			REGISTERED LAURA BERKEY-A	MES, N	MANGER	OF
			SEPTEMBER 30, 2008 QUARTE INCURRED A TOTAL OF \$480,3			
			EXPENDITURES FOR FISCAL YI STAFF SALARIES, TRAVEL, GET	NERAL	OFFICE	EXPENSES,
			PRINTING AND PRODUCTION LOBBYING EXPENSES WERE RE OF REPRESENTATIVES AND U	PORTE	DTOTE	HEUS HOUS
			WITH THE LOBBYING DISCLOS DESCRIPTION OF APWA LOBBY	URE A	CT OF 1	995
			PRODUCTION AND DISTRIBUT ASSOCIATION NEWSLETTER,	ONO	FMONT	HLY
			REPORT, ON NATIONAL LEGIS AFFAIRS AFFECTING PUBLIC V	LATIV	E AND RI	EGULATORY
			PROGRAMS AND SERVICES, RETRACKING OF FEDERAL AND S	TATE L	_EĞISLA	TION AND
			REGULATIONS, LETTERS, COR CALLS FROM ASSOCIATION M	EMBER	SANDA	SSOCIATIO
			STAFF TO FEDERAL LEGISLATO AND FEDERAL AGENCY DEPAR EXPRESSING ASSOCIATION V	TMENT	OFFICI	ALS,
			LEGISLATION AND REGULATION V TRANSPORTATION, WATER IN	ONSIN	THEAR	EASOF
			QUALITY, ENVIRONMENT, EME PREPAREDNESS, HOMELAND S	RGEN	CY MANA	GEMENT AN
			PROTECTION, RÍGHTS-OF-WA CHANGE AND SUSTAINABILIT	Y MANA Y AND	A GÉMEN OTHER I	T, CLIMATE PUBLIC
			WORKS ISSUES, ISSUANCE OF (VIA INFONOW, LEGISLATIVE	ACTIO	N CENTI	ER, APWA
			ADVOCATES, VARIOUS CHAPT	JESTIN	NG THAT	THEY
			EXPRESS AN ASSOCIATION PO AND/OR REGULATIONS, POST	OSITIC	NONLE	GISLATION
			REGULATORY INFORMATION, POSITIONS AND ACTION ALE	NEWS,	ASSOCI	ATION
			WEBSITE, DISTRIBUTION OF A	SSOC	IATION	POSITION
			ASSOCIATION LEADERS, CHA	PTER L	EADERS	, MEMBERS
			MEETINGS, STAFF AND ASSOC WITH FEDERAL LEGISLATORS,	LEGIS	LATIVE	STAFFAND
			FEDERAL AGENCY STAFF REGA	GULAT	TIONS, N	1EMBER
			BRIEFINGS AND PRESENTATION STAFF ON PUBLIC WORKS ISSU	JES, SI	JBMISSI	ONOF
			WRITTEN CONGRESSIONAL TE MEMBERSHIP, INCLUDING WAT	TER IN	FRASTRU	JCTURE
			NETWORK, SUSTAINABLE WAT COALITION, LOCAL OFFICIAL ROADWAY INFRASTRUCTURES	SFOR	TRANSP	ORTATION,
			ROADWAY INFRASTRUCTURE S CONGRESSIONAL HAZARDS A COALITION, FLOOD MAP MOD	LLIANO	CE, STAF	FORDACT
			HOMELAND SECURITY CONSO COALITION, SUSTAINABLE UR	RTIUM	, WATER	RESOURCÉS
			PERFORMANCE BUILDINGS CO COALITION, NATIONAL MITIG	NGRES	SSIONAL	CAUCUS
			OTHERS, ACTIVITIES OF ASSO PROMOTE ASSOCIATION POL	CIAT	IONTAS	K FORCE TO
		I	REAUTHORIZATION OF SURFA			

LEGISLATION (SAFETEA-LU), LEGISLATIVE AND

ASSOCIATION COMMITTEE (GOVERNMENT AFFAIRS COMMITTEE AND SUBCOMMITTEES), SPRING POLICY SUMMIT 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

AND STRATEGIC PLANNING CONDUCTED BY

REGULATORY POLICY DEVELOPMENT, PRIORITY-SETTING

DLN: 93493135074803

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Name of the organization

Employer identification number

Americar	n Public Works Association			-
				2202880
Part 1	Organizations Maintaining Donor Acordanization answered "Yes" to Form 99	0, Part IV, line 6.		
		(a) Donor advised funds	((b) Funds and other accounts
1 Tot	tal number at end of year			
2 Ag	gregate contributions to (during year)			
3 Ag	gregate grants from (during year)			
4 Ag	gregate value at end of year			
	d the organization inform all donors and donor advinds are the organization's property, subject to the		ıor advı	rsed Yes No
us	d the organization inform all grantees, donors, and ed only for charitable purposes and not for the ben nferring impermissible private benefit			
Part I	Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
	rpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Implete lines 2a-2d if the organization held a quali	on or pleasure) Preservation of an Preservation of a	certifie	d historic structure
ea	sement on the last day of the tax year			
_				Held at the End of the Year
_	tal number of conservation easements		2a	
	tal acreage restricted by conservation easements		2b	
_	imber of conservation easements on a certified his	• •	2c	
	ımber of conservation easements ıncluded ın (c) a		2d	
	ımber of conservation easements modified, transfe e taxable year ▶	rred, released, extinguished, or terminate	ed by th	ne organization during
4 Nu	ımber of states where property subject to conserva	ation easement is located 🗠		
	es the organization have a written policy regarding forcement of the conservation easements it holds		dlıng of	violations, and Yes No
6 Sta	aff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents d	uring the year 🗠
7 An	nount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement:	s during	g the year
′ ► \$	\$			
	pes each conservation easement reported on line 2 0 (h)(4)(B)(i) and 170 (h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes
ba	Part XIV, describe how the organization reports collance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial		
Part II	Organizations Maintaining Collection Complete if the organization answered '		or Otl	her Similar Assets.
art	the organization elected, as permitted under SFAS t, historical treasures, or other similar assets held ovide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch ın fu	
hıs	the organization elected, as permitted under SFAS storical treasures, or other similar assets held for povide the following amounts relating to these items	public exhibition, education, or research i		
(i)	Revenues included in Form 990, Part VIII, line 1			▶ \$
(ii)) Assets included in Form 990, Part X			► \$
2 If t	the organization received or held works of art, histological amounts required to be reported under SFA		or finan	
	venues included in Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	<u>tori</u>	<u>cal Tre</u>	easu	res, or Ot	<u>her</u>	<u>Similar A</u>	sse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	records, check an	y of th	ne fol	lowing th	hat are	e a significar	nt use	e of its colle	ction	l	
а	Public exhibition		d	Γ	Loan o	rexch	nange progra	ms				
b	Scholarly research		е	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	llections and expla	ıın hov	w the	y further	r the o	rganızatıon's	exe	mpt purpose	ın.		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ar	Γ.	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organiz	zation			s" to Form	990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	forc	ontribut	ions o	r other asse	ts no	t	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follov	ving t	able							
									Α	mou	nt	
с	Beginning balance							lc				
d	Additions during the year						<u> </u>	.d				
е	Distributions during the year						_	.е				
f	Ending balance						_ 1	lf				
2a	Did the organization include an amount on Fo	rm 990, Part X, lin	e 21?							Γ	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete										\F \/	
4_	Deginning of very balance	(a)Current Year 61,987	(Б)Prior `	Year 64,705	(c)IW	o Years Back 62,034	(a) in	ree Years Back 58,77	_)Four Y	ears Back
1a	Beginning of year balance	01,987			04,703		14		30,77	+		
b	Contributions	1,312			1,982		3,657		4,25	-		
c	Investment earnings or losses	1,312			1,962		3,037		4,23	+		
d	Grants or scholarships Other expenditures for facilities	500			4,700		1,000		1,00	1		
е	and programs	300			4,700		1,000		1,00	Ĭ		
f	Administrative expenses											
g	End of year balance	62,799			61,987		64,705		62,03	4		
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment	0 %										
b	Permanent endowment ► 89 120 %											
	4.0.00.04											
c 3a	Term endowment • 10 880 % Are there endowment funds not in the posses	ssion of the organiz	ation	that	are held	and a	dministered	for th	ne			
-	organization by	on the organiz	acion	ciiac (are nera	una a	ammotered	101 (1			Yes	No
	(i) unrelated organizations								3	a(i)	Yes	
	(ii) related organizations							•	За	(ii)		No
b	If "Yes" to 3a(II), are the related organizatio	•							🗀	3b		
4	Describe in Part XIV the intended uses of th											
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa	art X	, line 1	0.	1					
	Description of property				ı) Cost or sıs (ınvest		(b)Cost or ot basis (other		(c) Accumulat depreciation		(d) Bo	ok value
1a	Land											
b	Buildings		•									
C	Leasehold improvements						915,4	132	492	434		422,998
d I	Equipment						957,	119	798	,692		158,427
	Other	<u> </u>					838,8	386	505	184		333,702
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colu	mn (B), line	10(c).)				. ▶			915,127
									Schedule	D (F	orm 9	90) 2011

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	, , ,	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)		
Part VIII Investments—Program Related. See		13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	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, III	ne 15.	
(a) Descri	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part >	(, line 25.	
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
CHAPTER LIABILITES	281,118	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	281,118	
	t of the footnote to the organ	

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,578,94
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,521,08
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	57,86
4	Net unrealized gains (losses) on investments	4	-168,52
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-239,26
9	Total adjustments (net) Add lines 4 - 8	9	-407,79
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-349,93
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	n
1	Total revenue, gains, and other support per audited financial statements	1	9,597,18
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	608,93
3	Subtract line 2e from line 1	3	8,988,25
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	8,590,68
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	17,578,94
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	9,947,12
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	777,46
3	Subtract line 2e from line 1	3	9,169,66
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	8,351,42
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	17,521,08

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

Identifier	Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ORGANIZATION'S ENDOWMENTS ARE UTILIZED FOR CASH AWARDS AND OTHER PROJECTS TO FURTHER PRESERVE THE HISTORY OF PUBLIC WORKS PROFESSION THROUGH THE APWA PUBLIC WORKS HISTORICAL SOCIETY
UNCERTAIN TAX POSITIONS DISCLOSURE	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
RECONCILIATION OF CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	CHAPTER (INCOME)/LOSS \$ (239,267)
RECONCILIATION OF REVENUE PER AUDIT REPORT	SCHEDULE D, PART XII, LINES 2D	FUNDRAISING EVENT EXPENSE \$ 607,928 LOSS ON SALE OF FIXED ASSETS \$ 6,292 TOTAL \$ 614,220 =========
RECONCILIATION OF REVENUE PER AUDIT REPORT	SCHEDULE D, PART XII, LINE 4B	CHAPTER REVENUE \$8,590,688
RECONCILIATION OF EXPENSES PER AUDIT REPORT		FUNDRAISING EVENT EXPENSE \$ 607,928 LOSS ON SALE OF FIXED ASSETS \$ 6,292 UNREALIZED LOSS \$ 47,366 TOTAL \$ 661,586 =========
RECONCILIATION OF EXPENSES PER AUDIT REPORT	SCHEDULE D, PART XIII, LINE 4B	CHAPTER EXPENSES \$8,351,421

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As Filed Data -

DLN: 93493135074803

OMB No 1545-0047

2011

Inspection

Open to Public

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

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

Statement of Activities Outside the United States

► Attach to Form 990. ► See separate instructions.

Name of the organization

American Public Works Association

Employer identification number

me	rican Public Works Association				36-	2202880		
Pa	rt I General Informatio "Yes" to Form 990, Pa			he United States.			ation ans	swered
L	For grantmakers. Does the assistance, the grantees' elicithe grants or assistance?	organızatıon n gıbılıty for the	naıntaın record grants or assı	stance, and the selec	tion criteria us	sed to awa		es 「N
2	For grantmakers. Describe in Pa United States	art V the organiz	zatıon's procedu	res for monitoring the us	e of grant fund	s outside th	e	
3	Activites per Region (Use Part	V ıf addıtıonal s	pace 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 liste program service specific ty service(s) ir	e, describe pe of	exper region/	Total nditures for investments region
	North America	0	0	Program Services	EDUCATION			1,384,8
	North America	0	0	Program Services	CANADIAN P WORKS	UBLIC		97,2
	Europe (Including Iceland and Greenland)	0	0	Program Services	INTL PARTNE	RSHIPS		63,2
	Sub-total	0	0					1,545,3
	Total from continuation sheets	1	1	1	i			

1,545,356

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Part V if additional space is needed.

	additional space is i				1	ı	
(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 assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other
EDUCATIONAL SCHOLARSHIPS TO STUDENTS	North America	3	2,500	CHECK			
AWARDS & DOOR PRIZES	North America	1,171			58,551	DOOR PRIZES	FMV

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	No
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	্	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	┍	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	┍	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	~	No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page **5**

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

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As Filed Data -

DLN: 93493135074803

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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.

Supplemental Information Regarding

Open to Public Inspection

	ne of the organization erican Public Works Associa	ation			Employer ide	entification number	
					36-220288	0	
Pε	rt I Fundraising Ac	tivities. Complete	e if the organi	zatıon answered "Yes"	to Form 990, Part I	V, line 17.	
L	Indicate whether the orgai	nızatıon raısed funds	through any of t	he following activities Ch	neck all that apply		
а	Mail solicitations			e	n-government grants		
b Internet and e-mail solicitations f Solicitation of government grants							
C	Phone solicitations			g Special fundraisi	ng events		
d	In-person solicitation	S					
2a	Did the organization have or key employees listed in					Г Yes Г No	
b	If "Yes," list the ten highes to be compensated at leas						
	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions Yes No	,	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
ot:	List all states in which the	organization is regis	tered or license	d to solicit funds or has b	een notified it is exem	pt from registration or	

Pai	t II	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								
			(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 DINNER/DANCE (event type)	(c) Other Events 58 (total number)	(d) Total Events (Add col (a) through col (c))				
Ε	1	Gross receipts	36,429	32,920	787,979	857,328				
Reveilue	2	Less Charitable	0	14,055	71,039	85,094				
	3	Gross income (line 1 minus line 2)	36,429	18,865	716,940	772,234				
	4	Cash prizes	0	0	8,233	8,233				
ம	5	Non-cash prizes	641	0	75,862	76,503				
Expenses	6	Rent/facility costs	5,983	15,512	285,699	307,194				
ă	7	Food and beverages	6,597	4,731	118,132	129,460				
Direct	8	Entertainment	0	9,293	13,401	22,694				
ā	9	Other direct expenses .	0	1,176	62,669	63,845				
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(607,929)				
	11	Net income summary Combine III	nes 3 and 10 ın column (d)		164,305				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than				
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))				
	1	Gross revenue								
s ee	2	Cash prizes								
ben	3	Non-cash prizes								
Direct Expenses	4	Rent/facility costs								
ᅙ	5	Other direct expenses								
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	┌ Yes					
7 Direct expense summary Add lines 2 through 5 in column (d)										
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ► </u>					
9 a b	Is th	er the state(s) in which the organization licensed to operate No," Explain	gaming activities in each	n of these states?						
		e any of the organization's gaming l	icenses revoked, susper	ided or terminated during	the tax year?					

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3					
11	Does the organization operate ga	aming activities with nonmembers? .		Гү	es Γ_{No}					
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity									
	formed to administer charitable (gaming?		· · · · Γ γ	es Γ_{No}					
13	Indicate the percentage of gamin									
а										
b	•									
14	Provide the name and address of records	the person who prepares the organiza	tion's gaming/special events book:	s and						
	Name 🟲									
	Address 1300 HOUSTON MCALLEN,TX 78	AVENENUE 501								
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming							
	revenue?			Г ү	es Γ_{No}					
b	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the									
	amount of gaming revenue retain	ed by the third party 🟲 \$								
С	If "Yes," enter name and address									
	Name ►									
	Address ►									
16	Gaming manager information									
	Name 🟲									
	Gaming manager compensation I	\$								
	Description of services provided	>								
	Director/officer	Employee	Independent contractor							
17	Mandatory distributions									
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?									
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent									
Par	t IV Complete this part to j	activities during the tax year > \$ provide additional information for	responses to quuestion on Scl	nedule G (see						
_	instructions.)									
	Identifier	ReturnReference	Explana	tion						

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

OMB No 1545-0047

DLN: 93493135074803

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

Open to Public Inspection

Name of the organization						Employer identification	on number
American Public Works Association						36-2202880	
Part I General Informatio	n on Grants and	l Assistance				'	
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	vard the grants or as:	sıstance [?]					∀Yes
Part II Grants and Other A Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 50 3 Enter total number of other orga		_					
For Privacy Act and Paperwork Reduction				Cat No 50055P			le I (Form 990) 2011

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	155	46,965			
(2) STUDENT EDUCATIONAL SCHOLARSHIPS	377	267,703			
(3) JENNINGS RANDOLPH FELLOWSHIP AWARD	3	6,700			
(4) AWARDS, DOOR PRIZES, ETC	6231		434,331	ACTUAL COST	PLAQUES, ETC
(5) GLOBAL SOLUTIONS IN PUBLIC WORKS (TRAVEL)	19	45,413			
(6) ABEL WOLEMAN	1	500			

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

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

Schedule I (Form 990) 2011

Compensation Information

DLN: 93493135074803

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Am	erican Public Works Association 36-2202880			
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Village Written employment contract Independent compensation consultant 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, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
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, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			'''

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior
		incentive reportable		(iii) Other reportable compensation	compensation	penents	(B)(ı)-(D)	Form 990 or Form 990-EZ
(1) PETER B KING	(I) (II)	281,268 0	10,000 0	16,497 0	11,000 0	41,675 0	360,440 0	0 0
(2) JAMES FAHEY	(I) (II)	150,191 0	0 0	0 0	7,486 0	8,208 0	165,885 0	0 0
(3) M KAYE SULLIVAN	(I) (II)	61,082 0	0 0	79,371 0	7,508 0	8,426 0	156,387 0	0 0

Part III Supplemental Information

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

Identifier	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) 2011

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493135074803

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.

2011
Open to Public Inspection

Name of the organization American Public Works Association	Employer identification number	
	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
SIGNIFICANT PROGRAM SERVICES NOT LISTED ON PRIOR YEAR	FORM 990, PART III, QUESTION 2	The APWA initiated a new credentialing program titled the Donald C Stone Center for Leadership in Excellence. The DCS Center will offer three main career paths. Leadership & Management, Public Works. Professional and Technical Specialty and is open to both members and non-members. Additional information can be found at www apwa net/donald-c-stone. The APWA also launched a new international exchange forum through the Global Solutions in Public Works program. This program provides limited funding for members of the public works community to explore cutting edge projects that might have application in their communities, provide outreach to educate/share best practices with public works officiations in underdeveloped countries and particiate in approved study tours. More information can be found at www apwa net/global.

ldentifier	Return Reference	Explanation
OTHER PROGRAM SERVICE ACCOMPLISHMENT	FORM 990, PART III, LINE 4D	CHAPTER ACTIVITIES ON A LOCAL LEVEL, WE HAVE 64 ACTIVE CHAPTERS AND 89 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 \$7,696,127 GRANTS INCLUDED IN PROGRAM SERVICES \$884,056 PROGRAM REVENUES \$7,646,000 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 \$3,833,219 GRANTS INCLUDED IN PROGRAM SERVICES \$0 PROGRAM REVENUES \$4,611,165

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 MEMBERSHIP ELECTIONS OR VOTES ARE MADE BY EITHER LETTER OR ELECTRONIC BALLOT OF ALL

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 ALSO SERVE ON THE COMMITTEE. THE COMMITTEE REPORTS THE NAMES OF CANDIDATES FOR EACH POSITION TO BE VOTED UPON AT THE ANNUAL ELECTION OTHER THAN REGIONAL DIRECTOR POSITIONS, WHICH SHALL BE NOMINATED BY RESPECTIVE REGIONAL NOMINATING COMMITTEES THE PRESIDENT MAY APPOINT A REGIONAL NOMINATING COMMITTEE WHOSE MEMBERS RESIDE IN THAT RESPECTIVE REGION, REPORT THE NAMES OF EACH CANDIDATE TO BE PLACED UPON THE BALLOT FOR CONSIDERATION OF REGIONAL DIRECTOR FROM THAT REGION, SUBJECT TO THE VOTE (APPROVAL) OF THE MEMBERSHIP FROM THAT RESPECTIVE REGION RESPECTIVE REGION

ldentifier	Return Reference	Explanation
GOVERNING BODY DECISIONS SUBJECT TO APPROVAL OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 7B	THE PRIVILEGES OF VOTING (ELECTING) THE MEMBERS OF THE GOVERNING BODY AND OF HOLDING OFFICE ARE LIMITED TO ACTIVE MEMBERS ACTIVE MEMBERS ARE INDIVIDUAL MEMBERS OF THE ASSOCIATION, DESIGNEES OF AGENCY OR CORPORATE MEMBERSHIPS, AND SPECIAL MEMBERS WHOSE PREVIOUS CATEGORY OF MEMBERSHIP PRIOR TO BECOMING A SPECIAL MEMBER QUALIFIED AS AN ACTIVE MEMBERSHIP ELECTIONS OR VOTES ARE MADE BY EITHER LETTER OR ELECTRONIC BALLOT OF ALL ACTIVE MEMBERS ANY PROPOSED AMENDMENT TO THE APWA BY LAWS IS SUBJECT TO APPROVAL OF THE MEMBERSHIP 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
	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, KEY EMPLOYEE AND STAFF DIRECTOR 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	· '	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 2010

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 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 LOSS FROM INVESTMENTS \$(168,528)