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**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www irs.gov/form990. A For the 2013 calendar year, or tax year beginning and ending

Open to Public Inspection

В	Check if applicabl	C Name of organization	D Employer identific	ation number
_	Addre			
닏	chang Name	APGA RESEARCH FOUNDATION		
<u> </u>	chang			554867
<u> </u>	return Termir	Number and street (or P 0. box if mail is not delivered to street address)  Room/suit	<u>'</u>	
닏	ated	ZUI MASSACHUSETIS AVENUE, NE C-4		464-2742
늗	return	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,048,863.
L_	tion pendir	WASHINGTON, DC 20002-4988	H(a) Is this a group re	
		F Name and address of principal officer BERT KALISCH	for subordinates	
		SAME AS C ABOVE	H(b) Are all subordinates in	
		empt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 52	<b>⊣</b> '	list (see instructions)
		te: WWW.APGARF.ORG	H(c) Group exemption	
	art I	organization X Corporation	ar of formation 2004 M	State of legal domicile. DC
_	<del>,</del>	<u> </u>	TTT TIME 1	
/IJ1/A Governance	1	Briefly describe the organization's mission or most significant activities SEE PART	III, LINE 1.	
nan	2	Check this box   If the organization discontinued its operations or disposed of mo	ore than 25% of its net as	eate
₹. ģ		Number of voting members of the governing body (Part VI, line 1a)	3	25
₹ક		Number of independent voting members of the governing body (Part VI, line 1b)	<del></del>	25
න න ලා			4	0
tie.		Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	25
ੂ≅		Total number of volunteers (estimate if necessary)	6	0.
JIJN 26 GA		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34	7a	0.
	В	Net unrelated business taxable income from Form 950-1, line 34	7b	
Revenue		Contributions and grants (Part VIII Inc. 1b)	Prior Year 1,030,969.	Current Year 1,048,825.
3 9		Contributions and grants (Part VIII, line 1h)	0.	1,048,825.
<u> </u>		Program service revenue (Part VIII, line 2g)	16.	38.
€.%		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
ń	ì	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,030,985.	1,048,863.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	811,000.	856,000.
	Į.	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	<u>U•</u>	
Ä	170	- ·	181,636.	144,125.
		Other expenses (Part IX, column (A), lines 11a-11d, 11 <u>f-24e)</u> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	992,636.	1,000,125.
			38,349.	48,738.
- S	19	Revenue less expenses Subtract line 18 from line 12		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 185,400.	End of Year 245,501.
ASS	21	Total liabilities (Part X, line 26)	11,225.	22,588.
Net	22	Net assets or fund balances Subtract line 21 from line 20	174,175.	222,913.
P	art II	Signature Block	1/4,1/5.	222,713.
		Ities of perjury, declare that I have examined this return, including accompanying schedules and state	ements, and to the hest of my	knowledge and belief it is
		t, and complete. Degratating of preparer other than officers is based on all information of which prepar		mornoago ano bonoi, icio
		DUS KINDS		
Sıg	n	Signature of officer	Date*	2 2 11
Hei		BERT KALISCH, PRESIDENT & CEO	10-	5-1114
	•	Type or print name and title	<u> </u>	0
		Print/Type preparer's name, Preparer's signature /	Date, Check	P00543022
Pai	d	Terr. Millight Millimonet	4/2/19 It self-employe	1 -
Pre	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N		<del></del>
_		BETHESDA, MD 20814-2930	Phone no. (3)	01)_951-9090
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
	001 10-2			Form <b>990</b> (2013)

4e Total program service expenses 

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10-29-13

Form 990 (2013)

Other program services (Describe in Schedule O)

including grants of \$

856,000.

Form 990 (2013) APGA RESEARCH FOUNDATION
Part IV Checklist of Required Schedules

			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors9	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<b></b>
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> X</u>
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_		x
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		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_ 7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
^	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_8_		X
9	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		х
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		х
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, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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		X
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		X
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	4 44	х	
102	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
ıza	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	144		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	<u> 15</u>		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			X
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	10		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	<u> </u>	
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(2013)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b	-	
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2.0		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
~-	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	_50_		- 21
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		21
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-55		
•	Part V, line 1	34	,	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	050		
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
-	Note. All Form 990 filers are required to complete Schedule O	20	x	
	Note: / Will Storm Soo mers are required to complete Schedule O	38		

Form	990 (2013) APGA RESEARCH FOUNDATION 20-0654	867	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			}
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		177
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year  Pid the assessment receives any funds directly as indicately to new promotion and provided during the period of the provided during the period of the provided during the period of the per	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
1	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	<u>'''</u>		<del>                                     </del>
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?  N/A	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
12a	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 N/A 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? $N/A$	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			İ
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans			İ
С	Enter the amount of reserves on hand	ļ		<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Form	990	(2013)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion 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 1a 25					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 25					
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		Х		
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	Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		X		
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		X		
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		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	X			
b	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		X		
b	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?						
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	ın Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13	X			
14	Did the organization have a written document retention and destruction policy?	14	Х			
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		Х		
b	Other officers or key employees of the organization	15b		<u>X</u>		
	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		<u>X</u>		
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				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le			
	for public inspection. Indicate how you made these available Check all that apply					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	icial			
	statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion 🕨				
	SHEILA DERINGIS - 202-464-2742	-				
	201 MASSACHUSETTS AVENUE, NE, C-4, WASHINGTON, DC 20002-4988		000			
332006	3 10-29-13	Form	990	(2013)		

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### Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

### 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 Enter -0- in columns (Ď), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per	(do not check more than one					one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W 2/1099-MISC)	other compensation from the organization and related organizations
(1) GARY GIBSON CHAIR	2.00	X		Х				0.	0.	0.
(2) MASON PARSAYE	2.00									
1ST VICE CHAIR		х		X			ļ	0.	0.	0.
(3) ALONZO WEAVER	1.00								·	
DIRECTOR		Х						0.	0.	0.
(4) ARTHUR CORBIN	1.00						l			
DIRECTOR		X						0.	0.	0.
(5) CHUCK WARRINGTON	1.00		'							
DIRECTOR		Х						0.	0.	0.
(6) DON SUAREZ	1.00									
DIRECTOR		Х					_	0.	0.	0.
(7) EDDIE MOFFITT	1.00						ļ		_	_
DIRECTOR		X	_		ļ		ļ	0.	0.	0.
(8) ERIC JOHNSON	1.00						l			_
DIRECTOR	1 22	Х						0.	0.	0.
(9) GREG HENDERSON	1.00								•	_
DIRECTOR	1 00	X	<u> </u>		<u> </u>	<u> </u>		0.	0.	0.
(10) JIM HODGES	1.00								•	
DIRECTOR	1 00	Х	<u> </u>				_	0.	0.	0.
(11) JIMMIE BUTLER	1.00				ŀ				0	0
DIRECTOR	1 00	X	H		$\vdash$	_		0.	0.	0.
(12) JIMMY SPROUSE	1.00	х						0.	0.	0.
DIRECTOR	1.00	^	$\vdash$		$\vdash$			0.	0.	<u> </u>
(13) JOHN LEARY	1.00	x						0.	0.	0.
DIRECTOR	1.00	^	-		-	<u> </u>		0.	0.	<u> </u>
(14) JOHN SHARPE	1.00	Х						0.	0.	0.
DIRECTOR (15) TOUR THE	1.00	^	-			<b></b> -		0.		<u></u>
(15) JOHN ZUK DIRECTOR	1.00	X						0.	0.	0.
(16) JONATHAN BRITT	1.00	^	├		-		<del>                                     </del>	0.		<u>.</u>
DIRECTOR	1.00	х						0.	0.	0.
(17) JOSE LOZANO	1.00	<del>  ^ ^</del>	<del>                                     </del>		<del>                                     </del>					
DIRECTOR		х						0.	0.	0.
222007 10 20 12				_	•					Form <b>990</b> (2013)

Part VII   Section A. Officers, Directors, Trus		ploy	ees			ighe	st C		es (continued)				
(A)	(B) (C)					_		(D)	(E)	· · ·		(F)	
Name and title	Average	Position (do not check more than one						e Reportable Reportab				stimate	
	hours per week					is bot or/trus			compensation	'	ar	nount	of
	(list any	<u> </u>					Τ	from the	from related organizations		com	other pensa	ition
	hours for	Individual trustee or director				2			(W-2/1099-MIS			om th	
	related	ee 01	stee			nsate		(W-2/1099-MISC)	(** = *********************************	٠		anızat	
	organizations	trust	Institutional trustee		Кеу етріоуее	adwo		,				d relat	
	below	ndua	tutro	į.	l de	lest c	탈				orga	anızatı	ons
	line)	Ē	Inst	Officer	Key	Highest compensated employee	호						
(18) LEONARD PHILLIPS	1.00				ŀ			•					
DIRECTOR		Х					L	0.		0.			0.
(19) MARK DOYLE	1.00						1						
DIRECTOR		X				ļ	<u>L</u>	0.	•	0.			0.
(20) MIKE TADROS	1.00												
DIRECTOR		X						0.		0.			0.
(21) ROBERT DURHAM	1.00	]											
DIRECTOR		X						0.		0.			0.
(22) RODNEY DILL	1.00												
DIRECTOR		X						0.		0.			0.
(23) SAMUEL DAVIS, JR.	1.00												
DIRECTOR		Х						0.		0.			0.
(24) TODD JORGENSON	1.00												
DIRECTOR		х						0.		0.			0.
(25) WADE STINSON	1.00												
DIRECTOR		х						0.		0.			0.
(26) BERT KALISCH	4.00					Г							
PRESIDENT & CEO				x				0.		0.			0.
1b Sub-total	•						▶	0.		0.			0.
										0.		-	0.
d Total (add lines 1b and 1c)	.,						<b>•</b>	0.		0.			0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed at	oove	e) w	no r	eceived more than \$100	.000 of reportable				
compensation from the organization						,			,				0
						·						Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee	, or	highest compensated ei	mployee on	ſ			
line 1a? If "Yes," complete Schedule J for s	·-		•	•	•	•			. ,		3		Х
4 For any individual listed on line 1a, is the si		le co	omp	ensa	ation	n and	d ot	her compensation from t	the organization	Ì			
and related organizations greater than \$15	0,000 <i>? If "Yes</i> ,	" co	mple	ete S	Sche	edule	e J i	for such individual	J		4	j	Х
5 Did any person listed on line 1a receive or									dual for services	Ī			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	uch ,	pers	son		ŭ			5		Х
Section B. Independent Contractors													
Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of com	oens	ation f	rom	
the organization Report compensation for													
(A)							T	(B)			((	2)	
Name and business	address							Description of s	ervices	С		nsatio	n
AMERICAN PUBLIC GAS ASSO	CIATION												
201 MASSACHUSETTS AVE, W.		NC	. I	OC	20	000	o 2	MANAGEMENT			11	5,0	00.
										,			
						•							
	_												
2 Total number of independent contractors (	ncluding but n	ot lu	mite	d to	tho	se li	stec	d above) who received m	ore than				
\$100,000 of compensation from the organi	zation 🕨		_			1							

332008 10-29-13

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 1b Fundraising events 1c d Related organizations 1d 1e 1,048,825 e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$\_ 11.048.825 h Total. Add lines 1a-1f Program Service f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 38 38. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total, Add lines 11a-11d 048,863

Form 990 (2013)

9

Total revenue See instructions.

12

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A)	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	856,000.	856,000.		<del></del>
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	115 000		115 000	
а	Management	115,000.		115,000.	
b	Legal	10 500		10 500	
C	Accounting	10,599.		10,599.	
d	, , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	-			
g	,	183.		183.	
40	column (A) amount, list line 11g expenses on Sch ()	103.		103.	
12	Advertising and promotion	378.		378.	
13	Office expenses Information technology	163.		163.	<del>_</del>
14	Royalties	103.		103.	
15 16	Occupancy		-		
17	Travel				
18	Payments of travel or entertainment expenses				-
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,133.		13,133.	
20	Interest	10,100.			<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,178.	~	4,178.	
24	Other expenses Itemize expenses not covered			=/=:00	
	above (List miscellaneous expenses in line 24e If line)				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	411.		411.	
b	LICENSES AND PERMITS	80.		80.	
c					
d					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,000,125.	856,000.	144,125.	0.
26	Joint costs. Complete this line only if the organization		•		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	πχ	Balance Sneet				. —
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing		29,622.	1	52,220.
	2	Savings and temporary cash investments	ŀ	32,441.	2	72,479.
	3	Pledges and grants receivable, net	113,257.	3	119,802.	
	4	Accounts receivable, net	İ	113/13/1	4	1137002
	5	Loans and other receivables from current and fo	rmer officers directors	-		
	~	trustees, key employees, and highest compensation				
		Part II of Schedule L	area employees complete		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of section	, , , , , ,			
s		employees' beneficiary organizations (see instr)			6	
Assets	7	Notes and loans receivable, net		7		
As	8	Inventories for sale or use	ř		8	
	9	Prepaid expenses and deferred charges	5,980.	9	1,000.	
	1 -	Land, buildings, and equipment cost or other	ı ı İ			
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	-	12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets	ľ		14	
	15	Other assets See Part IV, line 11		4,100.	15	0.
	16 -	Total assets. Add lines 1 through 15 (must equi	al line 34)	185,400.	16	245,501
	17	Accounts payable and accrued expenses		1,125.	17	
	18	Grants payable			18	
	19	Deferred revenue	10,100.	19	22,588.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
S	22	Loans and other payables to current and former	officers, directors, trustees,			
Ĭ		key employees, highest compensated employee	s, and disqualified persons			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D	-		25	
	26	Total liabilities. Add lines 17 through 25	. []	11,225.	26	22,588.
		Organizations that follow SFAS 117 (ASC 958				
Ses		complete lines 27 through 29, and lines 33 an	d 34.	60 010		
au	27	Unrestricted net assets		60,918.	27	53,111.
Bal	28	Temporarily restricted net assets	-	113,257.	28	169,802.
pu	29	Permanently restricted net assets			29	<del>-</del> ·
Ĩ.		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 📖			
SOI		and complete lines 30 through 34.			_	
set	30	Capital stock or trust principal, or current funds	., . F		30	
As	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	174 175	32	000 013
_	33	Total net assets or fund balances	-	174,175.	33	222,913.
	34	Total liabilities and net assets/fund balances		185,400.	34	245,501.

Form	990 (2013) APGA RESEARCH FOUNDATION	20-	0654867	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,048		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,000	1,1	<u> 25.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	4.8	3,7	<u> 38.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	174	1,1	<u>75.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	222	2,9	<u>13.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				1
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aud	ıt		
	Act and OMB Circular A·133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	ıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

#### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

Internal Revenue Service Employer identification number Name of the organization APGA RESEARCH FOUNDATION 20-0654867 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c \_\_\_\_ Type III - Functionally integrated d \_\_\_\_ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (1) Name of supported (ii) EIN (iii) Type of organization organization in col (i) organized in the U.S.? in col (i) listed in your organization in col. (described on lines 1-9 organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Total

# Schedule A (Form 990 or 990 EZ) 2013 APGA RESEARCH FOUNDATION 20-0654867 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
	Gifts, grants, contributions, and		` ,						
	membership fees received (Do not		:						
	include any "unusual grants ")	914,355.	1,087,739.	996,509.	1,030,969.	1,048,825.	5,078,397.		
2	Tax revenues levied for the organ								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities				·	,			
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	914,355.	1,087,739.	996,509.	1,030,969.	1 048 825	5,078,397.		
5	The portion of total contributions		,			, ,			
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4						5.078.397.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4	914,355.	1,087,739.	996,509.	1,030,969.	1,048,825.	5,078,397.		
8	Gross income from interest,				•				
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	54.	89.	86.	16.	38.	283.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10				•		5,078,680.		
12	Gross receipts from related activities,	etc (see instruction	ons)			12	• •		
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	_		
	organization, check this box and stop	here							
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2013 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.99 %		
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	99.98 %		
16a	33 1/3% support test - 2013. If the o	organization did no	t check the box o	n line 13, and line 1	4 is 33 1/3% or n	nore, check this bo			
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright [X]$		
t	33 1/3% support test - 2012. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation					
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop he	ere. Explain in Pai	t IV how the organ	ization		
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	organization		ightharpoons		
t	10% -facts-and-circumstances tes	t - 2012. If the org	anızatıon dıd not d	heck a box on line	13, 16a, 16b, or <sup>1</sup>	7a, and line 15 is	10% or		
	more, and if the organization meets the	ne "facts and-circu	mstances" test, ch	neck this box and s	stop here. Explain	in Part IV how the	!		
	organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.								
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s <b>&gt;</b>		
					Soho	dule A (Form 990	or 000 E7\ 2012		

# Schedule A (Form 990 or 990 EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II)		<u></u> _	<u></u>	
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	(a) 2009	(6) 2010	(6) 2011	(4) 2012	(e) 2013	(i) rotai
'	membership fees received (Do not		}	ł	1	1	
	include any "unusual grants ")						
•	_						
2	Gross receipts from admissions, merchandise sold or services per	I					
	formed, or facilities furnished in	I					
	any activity that is related to the	1	ļ	}	}	1	
_	organization's tax-exempt purpose		-	<u> </u>			
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	<del></del>				<del></del>	
4	Tax revenues levied for the organ-	Į		,	ļ		
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				1		
b	Amounts included on lines 2 and 3 received					-	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ı	ĺ	İ	ĺ		
c	Add lines 7a and 7b	<del></del>					
	Public support (Subtract line 7c from line 6)	· · · · · · · · · · · · · · · · · · ·		-			
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(a) 2000	(6) 2010	(0) 2011	(d) 2012	(6)2010	(ij rota)
	Gross income from interest,	<del></del>					
	dividends, payments received on				Ì		
	securities loans, rents, royalties						
	and income from similar sources				<del></del>	<del> </del>	
D	Unrelated business taxable income			Í			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		<u></u>			<del> </del>	
	Add lines 10a and 10b	<del></del>					
11	Net income from unrelated business activities not included in line 10b,	I		Į			
	whether or not the business is	I	}	]	ļ	)	ı
	regularly carried on	ļ				ļ	
12	Other income Do not include gain or loss from the sale of capital	1			1		
	assets (Explain in Part IV)	<del></del>				ļ	<del></del>
13	Total support. (Add lines 9, 10c, 11, and 12)	L	1		,-,-		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
	check this box and stop here						
Sec	ction C. Computation of Publ	<u>ic Support Pe</u>	rcentage				
15	Public support percentage for 2013 (I	ine 8, column (f) d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Seg	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from	2012 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2013. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2012. If the		•				and
_	line 18 is not more than 33 1/3%, che	-				•	<b>▶</b> □
20	Private foundation. If the organization						
	23 00 25 13					hadula A (Form 99	0 000 E7\ 0040

nedule A	Form 990 or 990 EZ) 2013 APGA RESEARCH FOUNDATION	20-0654867 Pag
art IV	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a	or 17b, and Part III, line 12
	Also complete this part for any additional information (See instructions)	,
	Also complete this part for any additional information (occurrence)	<del></del>
		<del></del>
	*.** ······ · · · · · · · · · · · · · ·	
		<del></del>
· <u></u>		
		****
-	<del>-</del> -	
	<u> </u>	

### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www irs gov/form990

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	APGA RESEARCH FOUNDATION	20-0654867
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nde
3	are the organization's property, subject to the organization's exclusive legal control?	Yes No
_		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used for about the baseful of the donor or donor advisors or for any other purposes and act for the baseful of the donor or donor advisors.	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
Pa	impermissible private benefit?	Yes No
		, line /
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat  Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(t)	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	ganization's accounting for
-	conservation easements	<u> </u>
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and to	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	► \$ ► \$
	(II) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<b>&gt;</b> \$
	•	

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Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

	CH FOUNDATION	20-0654867	Page (
Part VII Investments - Other Securities.	- F 000 B-+#/ 1 4	41. O 5 000 P. 4.V. I 40	
Complete if the organization answered "Yes" to  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
	(b) BOOK Value	(c) Method of Valuation Cost of end-of-year market va	ilue -
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)		<del>- 1-1</del>	
Total (Col (b) must equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to	o Form 990, Part IV, line 1	1c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market va	alue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	-		
(7)			
(8)			
(9)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶ Part IX Other Assets.			
	Form 000 Dort IV line 1:	1d Conform 000 Part V line 15	
Complete if the organization answered "Yes" to	escription	(b) Book valu	
(1)		(b) Book vale	
(2)			
(3)	·		
(4)			· · · · · · ·
(5)			
(6)			
(7)	,,,,,,		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" to			
1. (a) Description of liability	(t	b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)	<u> </u>		
W.		1	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) **>** 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

(7) (8)

Sche	dule D (Form 990) 2013 APGA RESEARCH FOUNDATION		20-06548	67 Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Stater	ments With Revenue p		- **
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	2a		
1	Total revenue, gains, and other support per audited financial statements		1 1,0	48,863.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains on investments	_2a		
b	Donated services and use of facilities	_2b		
С	Recoveries of prior year grants	2c		
d	,	2d		•
е	<u> </u>		2e 1 0	0.
3	Subtract line 2e from line 1		3 1,0	48,863.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b	<del> </del>	0
c	Add lines 4a and 4b  Total revenue Add lines 2 and 4a. (This must equal Form 900, Part I line 12.)		4c 5 1,0	<u>0.</u> 48,863.
Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial State	ements With Expenses		40,003.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	<del>-</del>	<b>P</b>	
1	Total expenses and losses per audited financial statements	<del></del>	1 1,0	00,125.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3 1,0	00,125.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0.
5 Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.	<del></del>	5   1,0	00,125.
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any a		, line 4, Part X, line 2,	Part XI,
PAI	RT X, LINE 2:		•	
EXI	PLANATION: FOR THE YEAR ENDED DECEMBER 31	1, 2013, THE FO	UNDATION HA	.S
<u>DO0</u>	CUMENTED ITS CONSIDERATION OF FASB ASC 74	40-10, INCOME T.	AXES, THAT	
PRO	OVIDES GUIDANCE FOR REPORTING UNCERTAINTY	Y IN INCOME TAX	ES AND HAS	
DE	TERMINED THAT NO MATERIAL UNCERTAIN TAX I	POSITIONS QUALI	FY FOR EITH	ER
REC	COGNITION OR DISCLOSURE IN THE FINANCIAL	STATEMENTS.		
	<del></del>			
<u>THI</u>	E FEDERAL FORM 990, RETURN OF ORGANIZATION	ON EXEMPT FROM	INCOME TAX,	IS
SUI	BJECT TO EXAMINATION BY THE INTERNAL REVE	ENUE SERVICE, G	ENERALLY FO	R
THE	REE YEARS AFTER IT IS FILED.			
33205	4	<del>_</del>	Schodulo D /E	000) 0012

Schedule D (Form 990) 2013  Part XIII   Supplemental Ir	APGA RESEARCH FOUNDATION	20-0654867 Page 5
Part XIII   Supplemental Ir	nformation (continued)	
		· · · · · · · · · · · · · · · · · · ·
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	<del> </del>	Schedule D (Form 990) 2013
000055		Concade D (1 0111 990) 20 13

332055 09-25-13

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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.

2013
Open to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www irs.gov/form990.

Employer identification number 20-0654867

APGA RESEARCH FOUNDATION	ARCH FOUR	IDATION					20-0654867
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate th		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
criteria used to award the grants or assistance?	stance?				•		X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for mon	toring the use of grant	funds in the United	States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	omplete if the orga	ınızatıon answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if addit	ional space is need	led			
1 (a) Name and address of organization or government	( <b>p</b> )	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO ASSIST IN ALIGNMENT OF
OPERATIONS TECHNOLOGY DEVELOPMENT							
COMPANY - 1770 S MOUNT PROSPECT RD	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		000	ć			COVEMENTS, GF
DES FURINES, IN COOLS	0##T00T-00	101/2/10 <i>2</i>					GAS REDUCTIONS AND
UTILIZATION TECHNOLOGY DEVELOPMENT							ENERGY EFFICIENCY
1770 S MOUNT PROSPECT RD							IMPROVEMENTS, GREEN HOUSE
DES PLAINES, IL 60018	20-0923687	501(C)(6)	250,000.	0.			GAS REDUCTIONS, AND
							TO ASSIST IN ALIGNMENT OF
GAS TECHNOLOGY INSTITUTE							ENERGY EFFICIENCY
1700 S. MOUNT PROSPECT ROAD							IMPROVEMENTS, GREEN HOUSE
DES PLAINES, IL 60018	36-2170137	501(C)(3)	90,000.	0.			GAS REDUCTIONS AND
							TO ASSIST IN ALIGNMENT OF
ENERGY SOLUTIONS CENTER							ENERGY EFFICIENCY
400 N CAPITOL ST, NW							IMPROVEMENTS, GREEN HOUSE
WASHINGTON, DC 20001	54-1825542	501(C)(6)	16,000.	0.			GAS REDUCTIONS, AND
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government o	ganizations listed in th	ie line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					<b>.</b> ₩
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 SEE PART IV FOR COLUMN (H)	Act Notice, see the Instructions for FART IV FOR COLUMN	ions for Form 990. )LUMN (H) DE	O. DESCRIPTIONS	ത			Schedule I (Form 990) (2013)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information ESC AND GTI THEY ALSO PROVIDE (H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST IN ALIGNMENT OF ENERGY (d) Amount of non-cash assistance UTD, AND RF HAS WRITTEN AGREEMENTS WITH OTD, (c) Amount of cash grant QUARTERLY REPORTS ABOUT THE STATUS OF THE PROJECTS TWICE A YEAR, (b) Number of OPERATIONS TECHNOLOGY DEVELOPMENT COMPANY recipients NAME OF ORGANIZATION OR GOVERNMENT: EACH ORGANIZATION INVOICES APGA RF LINE 1, COLUMN (H) (a) Type of grant or assistance EXPLANATION: APGA LINE PART II, PART I Part IV Part III

Schedule I (Form 990) (2013)

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Page 2

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APGA RESEARCH FOUNDATION

Schedule I (Form 990) (2013)

# SCHÉDULE O

Sup

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Employer identification number 20-0654867

APGA RESEARCH FOUNDATION

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

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

PRIORITIZES RESEARCH PROJECTS IMPORTANT TO CONTRIBUTING PUBLIC GAS

SYSTEMS AND ENSURES THAT PROJECT DELIVERABLES ARE TRACKED AND MET.

FORM 990, PART VI, SECTION A, LINE 3:

EXPLANATION: ON JULY 27, 2004, APGA RF ENTERED INTO A COOPERATIVE AGREEMENT WITH THE AMERICAN PUBLIC GAS ASSOCIATION (APGA) FOR THE DURATION OF ONE YEAR FROM INCEPTION, AFTER WHICH TIME THE AGREEMENT WILL AUTOMATICALLY RENEW FOR AN ADDITIONAL YEAR WITHOUT FURTHER ACTION BY EITHER PARTY. THE MAIN PURPOSE OF THE AGREEMENT IS TO ESTABLISH WRITTEN DOCUMENTATION TO PROVIDE APGA RF THE USE OF CERTAIN APGA STAFFING, OFFICE SPACE, OFFICE EQUIPMENT/FURNITURE, OFFICE SUPPLIES, SERVICES AND OTHER ADMINISTRATIVE SUPPORT SERVICES, AS WELL AS UTILIZATION OF CERTAIN INTELLECTUAL PROPERTY WHICH APGA HAS LICENSED. APGA RF ALSO FOLLOWS THE POLICIES AND PROCEDURES SET FORTH AND APPROVED BY APGA. THE TOTAL AMOUNT PAID TO APGA IS REPORTED ON PART VII, SECTION B.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE DRAFT 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE DRAFT WAS PROVIDED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND COMMENT. THE FINAL COPY OF THE 990 WAS SENT TO THE ENTIRE BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE MEMBERS OF THE APGA RF BOARD OF DIRECTORS ARE REQUIRED TO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)
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09-04-13