

COMMITTEE ON NATURAL RESOURCES
Disclosure Form
As required by and provided for in House Rule XI, clause 2(g) and
the Rules of the Committee on Natural Resources

Oversight hearing on *“The Chu Memorandum: Directives Could Increase Electricity Costs for over 40 Million Families and Small Businesses.”*

For Individuals:

1. Name:

2. Address:

3. Email Address:

4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

1. Name: Mark Crisson

2. Name of Organization(s) You are Representing at the Hearing:
American Public Power Association

3. Business Address:
1875 Connecticut Avenue, NW
Suite 1200
Washington, DC 20009

4. Business Email Address:
[Information redacted for privacy]

5. Business Phone Number:
[Information redacted for privacy]

Name/Organization: American Public Power Association

Title/Date of Hearing “*The Chu Memorandum: Directives Could Increase Electricity Costs for over 40 Million Families and Small Businesses.*” September 11, 2012

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

*Bachelor’s degree in physics from the United States Naval Academy
MBA from Pacific Lutheran University*

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

President & CEO of American Public Power Association. The American Public Power Association (APPA), based in Washington, D.C., is the service organization for the nation's more than 2,000 community-owned electric utilities. Collectively, these utilities serve more than 46 million Americans.

Mr. Crisson spent almost 30 years at Tacoma, Washington, Public Utilities—serving as Tacoma Power Superintendent and, beginning in 1993, CEO/Director of Utilities.

In 1985, he was appointed to head Direct Service Industries, a trade association of aluminum companies in the Northwest that received power directly from the Bonneville Power Administration.

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and/or other agencies invited) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization: American Public Power Association

Title/Date of Hearing “*The Chu Memorandum: Directives Could Increase Electricity Costs for over 40 Million Families and Small Businesses.*” September 11, 2012

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Before coming to American Public Power Association as its president & CEO, Mr. Crisson served six years as an APPA elected Board member and four years as an officer. In 2003, while with Tacoma Public Utilities, Mr. Crisson chaired the APPA Board of Directors. During Mr. Crisson’s tenure on the Board, APPA developed a wide range of initiatives that served public power well during the 2001-2002 western energy crisis and subsequent development of federal wholesale power supply policy. Mr. Crisson also served on the U.S. Secretary of Energy’s Electricity Advisory Board.

h. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

Grants

*Department of Energy: Renewable Energy and Energy Technology Transfer (6/4/2009 – 6/3/2010): \$95,000
Department of Energy: Renewable Energy and Energy Technology Transfer (6/3/2008 – 6/3/2009): \$74,500*

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

FERC Filings

American Public Power Association, et al., v. FERC (D.C. Cir. Case No. 10-1387 consolidated with North Am. Elec. Reliability Corp. v. FERC, Case No. 10-1383) appeal of FERC order directing changes to NERC Rules of Procedure; filed under the Federal Power Act.

Old Dominion Electric Cooperative, et al., v. FERC (D.C. Cir. Case No 12-1085) appeal of FERC Orders on PJM Interconnection, LLC’s Reliability Pricing Model; filed under the Federal Power Act

Old Dominion Electric Cooperative, et al., v. FERC (D.C. Cir. Case No 12-1088) appeal of FERC Order Nos. 745 and 745-A; filed under the Federal Power Act

American Public Power Association, et al, v. FERC (D.C Circuit Case No 09-1051) appeal of FERC Order regarding FERC’s jurisdiction; filed under Federal Power Act

American Public Power Association v. FERC (9th Circuit No. 08-72675) petition for review of FERC order 697 (market-based rate regulations); filed under Federal Power Act

American Public Power Association and National Rural Electric Cooperative Association v. FERC, (D.C. Cir. No. 08-1299) petition for review of FERC order 707 (cross-subsidization restrictions on affiliate transactions); filed under Federal Power Act.

American Public Power Association v. FERC (D.C. Circuit No. 12-1296) petition for review of FERC Order 1000 (transmission planning and cost allocation by transmission owning and operating public utilities); filed under Federal Power Act

EPA Filings

American Public Power Association v. EPA (D.C. Circuit No. 12-1173); MATS rule; filed under Clean Air Act

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Previously provided

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
AMERICAN PUBLIC POWER ASSOCIATION
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
1875 CONNECTICUT AVE., NW 1200
 City or town, state or country, and ZIP + 4
WASHINGTON, DC 20009

D Employer identification number
53-0026315

E Telephone number
(202) 467-2949

F Name and address of principal officer: **MARC CRISSON**
SAME AS C ABOVE

G Gross receipts \$ **16,445,270.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

J Website: ▶ **HTTP://WWW.APPANET.ORG**

K Form of organization Corporation Trust Association Other ▶ **L Year of formation** **1940** **M State of legal domicile** **DC**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PROMOTING THE INTERESTS OF COMMUNITY-OWNED UTILITIES ACROSS THE COUNTRY		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3 Number of voting members of the governing body (Part VI, line 1a)	30	
4 Number of independent voting members of the governing body (Part VI, line 1b)	30	
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	74	
6 Total number of volunteers (estimate if necessary)	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	249,641.	
7b Net unrelated business taxable income from Form 990-T, line 34	49,114.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 71,944. Current Year: 47,401.
	9 Program service revenue (Part VIII, line 2g)	14,442,774. 15,849,791.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	160,774. 125,261.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	163,356. 76,656.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,838,848. 16,099,109.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	621,305. 347,006.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,542,338. 8,906,701.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,373,341. 6,919,841.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,536,984. 16,173,548.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,698,136. -74,439.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 9,737,812. End of Year: 9,751,211.
	21 Total liabilities (Part X, line 26)	16,830,696. 16,907,893.
	22 Net assets or fund balances. Subtract line 21 from line 20	-7,092,884. -7,156,682.

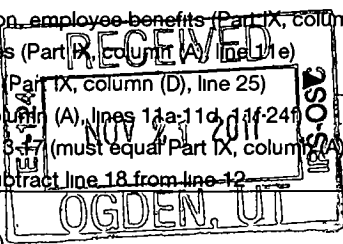
Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]*
HARRY R. OLIBRIS, VP OF FINANCE
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **FREDERICK LONGWOOD** Preparer's signature: *[Signature]*
 Firm's name: **TATE AND TRYON**
 Firm's address: **2021 L STREET, NW SUITE WASHINGTON, DC 20036**

SCANNED DEC 21 2011
Activities & Governance



Part III Statement of Program Service Accomplishments

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

Input box for Schedule O check

1 Briefly describe the organization's mission:

PROVIDE LEADERSHIP IN THE EVOLUTION OF THE ELECTRIC UTILITY INDUSTRY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No checkboxes

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No checkboxes

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

EDUCATION/TRAINING: ANNUAL CONFERENCE, SPECIALIZED WORKSHOPS, 25+ TRAINING SESSIONS ON RATE DESIGN, POLICY MAKING, UTILITY ACCOUNTING, COST SERVICES, ETC.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

MEMBER SERVICES: INFORMATION GATHERING AND ANALYSIS, ON LEGISLATIVE, REGULATORY TECHNICAL AND STATISTICAL ISSUES.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

PUBLICATIONS: BI-MONTHLY MAGAZINE, WEEKLY NEWSLETTER, SPECIALIZED NEWSLETTERS ON HUMAN RESOURCES, COMMUNICATIONS RESEARCH AND DEVELOPMENT.

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, W-2G forms, employee counts, foreign accounts, and charitable contributions.

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 to any question in this Part VI

Section 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		
1b 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?		X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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?		
15a The organization's CEO, Executive Director, or top management official	X	
15b Other officers or key employees of the organization	X	
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?		X
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **DC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **HARRY OLIBRIS - (202) 467-2949**
1875 CONNECTICUT AVE., NW, NO. 1200, WASHINGTON, DC 20009

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE CAAN DIRECTOR	1.00	X					0.	0.	0.	
BILL CARROLL DIRECTOR	1.00	X					0.	0.	0.	
AUSTIN CARROLL DIRECTOR	1.00	X					0.	0.	0.	
LONNIE CARTER DIRECTOR	1.00	X					0.	0.	0.	
MIGUEL CORDERO LOPEZ DIRECTOR	1.00	X					0.	0.	0.	
ALLEN CROWSER DIRECTOR	1.00	X					0.	0.	0.	
PHYLLIS CURRIE DIRECTOR	1.00	X					0.	0.	0.	
CHARLES "MEL" DAVIS DIRECTOR	1.00	X					0.	0.	0.	
RON DAVIS DIRECTOR	1.00	X					0.	0.	0.	
HAROLD DEPRIEST DIRECTOR	1.00	X					0.	0.	0.	
JIM DICKENSON DIRECTOR	1.00	X					0.	0.	0.	
PAULA DIFONZO DIRECTOR	1.00	X					0.	0.	0.	
WILLIAM DOLLAR DIRECTOR	1.00	X					0.	0.	0.	
RONALD EARL DIRECTOR	1.00	X					0.	0.	0.	
KEVIN EASLEY DIRECTOR	1.00	X					0.	0.	0.	
MARC GERKEN DIRECTOR	1.00	X					0.	0.	0.	
ROBERT JOHNSTON DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT JOLLY DIRECTOR	1.00	X						0.	0.	0.
STEVEN KLEIN DIRECTOR	1.00	X						0.	0.	0.
DONALD KOM DIRECTOR	1.00	X						0.	0.	0.
MIKE LEHTO DIRECTOR	1.00	X						0.	0.	0.
PATRICK MCCULLAR DIRECTOR	1.00	X						0.	0.	0.
BRIAN MOECK DIRECTOR	1.00	X						0.	0.	0.
JOSEPH PACOVSKY DIRECTOR	1.00	X						0.	0.	0.
PAUL PALLAS DIRECTOR	1.00	X						0.	0.	0.
LEON PEXTON DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,621,520.	0.	576,079.
d Total (add lines 1b and 1c)								2,621,520.	0.	576,079.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **14**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES POSEY DIRECTOR	1.00	X						0.	0.	0.
BILL RADIO DIRECTOR	1.00	X						0.	0.	0.
TED RAMPTON DIRECTOR	1.00	X						0.	0.	0.
MAURICE SCULLY DIRECTOR	1.00	X						0.	0.	0.
BRIAN SKELTON DIRECTOR	1.00	X						0.	0.	0.
COLEMAN SMOAK DIRECTOR	1.00	X						0.	0.	0.
J. GARY STAUFFER DIRECTOR	1.00	X						0.	0.	0.
LYNNE TEJEDA DIRECTOR	1.00	X						0.	0.	0.
DAVID WALTERS DIRECTOR	1.00	X						0.	0.	0.
COLIN WHITLEY DIRECTOR	1.00	X						0.	0.	0.
ROBERT WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
PHILLIP M. CRISSON PRESIDENT & CEO	40.00			X				587,713.	0.	75,238.
HARRY R. OLIBRIS VP FINANCE & ACCOUNTING	40.00			X				125,979.	0.	25,724.
JAMES NIPPER SR. VP - GOVERNMENT RELATIONS	40.00				X			314,927.	0.	54,946.
SUE KELLY SR. VP - POLICY ANALYSIS & GENERAL C	40.00				X			285,472.	0.	55,748.
JEFFREY J. TARBERT SR. VP - MEMBER SERVICES	40.00				X			265,691.	0.	57,413.
MIKE HYLAND SR. VP - ENGINEERING SERVICES	40.00				X			229,806.	0.	69,452.
ALLEN MOSHER SR. POLICY ANALYSIS DIRECTOR	40.00					X		186,359.	0.	50,720.
JOY DITTO VP - LEGISLATIVE AFFAIRS	40.00					X		186,746.	0.	50,697.
NATHAN MITCHELL DIRECTOR - ELECTRICAL RELIABILITY ST	40.00					X		158,287.	0.	39,292.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JEANNE LABELLA SR. VP - PUBLISHING	40.00					X		138,299.	0.	50,938.
DIANNE MOODY STATISTICAL ANALYSIS DIRECTOR	40.00					X		142,241.	0.	45,911.
Total to Part VII, Section A, line 1c								2,621,520.		576,079.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	47,401.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f						
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f			47,401.				
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code	541800	11,421,094.	11,421,094.			
	b EDUCATION & TRAINING		541800	3000515.	3000515.			
	c PUBLICATIONS & SUBSCRI		541800	766,267.	516,626.	249,641.		
	d ANNUAL CONFERENCE		541800	661,915.	661,915.			
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			15,849,791.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			88,222.			88,222.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	383200.				
		b Less: cost or other basis and sales expenses		346161.				
		c Gain or (loss)		37,039.				
		d Net gain or (loss)			37,039.			37,039.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses						
		c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a MISCELLANEOUS		900099		76,656.	76,656.			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				76,656.			
12 Total revenue. See instructions				16,099,109.	15,676,806.	249,641.	125,261.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	337,207.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,799.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,174,206.			
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	4,611,573.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	402,234.			
9 Other employee benefits	1,303,897.			
10 Payroll taxes	414,791.			
11 Fees for services (non-employees):				
a Management				
b Legal	95,028.			
c Accounting	67,788.			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	261,523.			
14 Information technology	105,047.			
15 Royalties				
16 Occupancy	1,308,558.			
17 Travel	323,655.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,239,412.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	407,325.			
23 Insurance	98,377.			
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.)				
a INCENTIVES	459,735.			
b PRINTING	408,915.			
c OTHER EXPENSES	286,119.			
d DUES & MEMBERSHIP	249,253.			
e AUDIOVISUAL/FILMS/PHOTO	159,359.			
f All other expenses	449,747.			
25 Total functional expenses. Add lines 1 through 24f	16,173,548.			
26 Joint costs. Check here <input type="checkbox"/> 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.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	773,974.	1	604,115.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	203,366.	4	299,810.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	200,014.	9	394,387.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,025,465.		
	b Less: accumulated depreciation	10b 3,092,069.	10c	1,933,396.
	11 Investments - publicly traded securities	4,816,328.	11	5,064,776.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,486,200.	15	1,454,727.
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,737,812.	16	9,751,211.	
Liabilities	17 Accounts payable and accrued expenses	1,167,875.	17	1,841,798.
	18 Grants payable		18	
	19 Deferred revenue	4,848,780.	19	4,997,011.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	10,814,041.	25	10,069,084.
	26 Total liabilities. Add lines 17 through 25	16,830,696.	26	16,907,893.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-7,348,109.	27	-7,210,736.
	28 Temporarily restricted net assets	255,225.	28	54,054.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-7,092,884.	33	-7,156,682.	
34 Total liabilities and net assets/fund balances	9,737,812.	34	9,751,211.	

Form 990 (2010)

Part XI Reconciliation of Net Assets

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	16,099,109.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,173,548.
3	Revenue less expenses. Subtract line 2 from line 1	3	-74,439.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-7,092,884.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	10,641.
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	-7,156,682.

Part 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: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2010

Open to Public Inspection

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.**

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- 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, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 53-0026315
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 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) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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 line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SCHEDULE C, PART III

THE AMERICAN PUBLIC POWER ASSOCIATION IS A SERVICE ORGANIZATION REPRESENTING MORE THAN 1,500 MUNICIPAL, COUNTY, AND STATE-OWNED ELECTRIC UTILITY SYSTEMS THROUGH DIRECT MEMBERS AND AFFILIATED ORGANIZATIONS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization **AMERICAN PUBLIC POWER ASSOCIATION** Employer identification number **53-0026315**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c 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 organization 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 the year ▶ _____

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)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,644,362.	1,011,743.	632,619.
d Equipment		3,018,070.	1,856,959.	1,161,111.
e Other		363,033.	223,367.	139,666.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,933,396.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INVESTMENT IN SUBSIDIARY	1,454,727.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	1,454,727.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) POST-RETIREMENT BENEFITS	2,254,708.
(3) LIABILITY FOR PENSION BENEFITS	6,335,605.
(4) CAPITAL LEASE LIABILITY	186,545.
(5) DEFERRED RENT	1,292,226.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	10,069,084.

FIN 48 (ASC 740) Footnote In Part XIV, 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).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,099,109.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,173,548.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-74,439.
4	Net unrealized gains (losses) on investments	4	427,562.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-416,921.
9	Total adjustments (net). Add lines 4 through 8	9	10,641.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-63,798.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	16,526,671.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	427,562.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	427,562.
3	Subtract line 2e from line 1	3	16,099,109.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,099,109.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	16,590,469.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	416,921.
e	Add lines 2a through 2d	2e	416,921.
3	Subtract line 2e from line 1	3	16,173,548.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	16,173,548.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; 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.

PART X, LINE 2: APPA IS EXEMPT FROM THE PAYMENT OF FEDERAL INCOME

TAXES ON ITS EXEMPT ACTIVITIES UNDER 501(C)(6) OF THE INTERNAL REVENUE

CODE. APPA IS SUBJECT TO INCOME TAXES ON ITS UNRELATED BUSINESS ACTIVITIES

(PRIMARILY ADVERTISING).

APPA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY INCOME TAX POSITIONS

TAKEN, AND THEREFORE, DID NOT IDENTIFY ANY UNCERTAIN INCOME TAX POSITIONS

THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. AT A MINIMUM,

Part XIV Supplemental Information (continued)

THE DECEMBER 31, 2007 THROUGH 2010 TAX YEARS ARE OPEN FOR EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PENSION CHANGES -416,921.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AOCI ADJUSTMENT

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

AOCI ADJUSTMENT 416,921.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization **AMERICAN PUBLIC POWER ASSOCIATION** Employer identification number **53-0026315**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(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
ALAMEDA MUNICIPAL POWER PO BOX H, 2000 GRAND STREET ALAMEDA, CA 94501	94-2951628		10,000.	0.			DEED PROJECT PAYMENT
AMERICAN MUNICIPAL POWER-OHIO, INC. - DEPARTMENT L614 - COLUMBUS, OH 43260	31-0943223		45,000.	0.			DEED PROJECT PAYMENT
ELECTRICITIES OF NORTH CAROLINA 1427 MEADOWWOOD BLVD. PO BOX 29513 RALEIGH, NC 27626	56-1942763		16,500.	0.			DEED PROJECT PAYMENT
GAINESVILLE REGIONAL UTILITIES PO BOX 147117 STATION A105 GAINESVILLE, FL 32614	59-1499620		15,000.	0.			DEED PROJECT PAYMENT
OMAHA PUBLIC POWER DISTRICT 444 S. 16TH STREET OMAHA, NE 68102	47-6000369		38,865.	0.			DEED PROJECT PAYMENT
PASADENA WATER AND POWER 150 S. LOS ROBLES AVE, #200 PASADENA, CA 91101	95-6000759		12,500.	0.			DEED PROJECT PAYMENT

2 Enter total number of section 501(c)(3) and government organizations ▶ 14.

3 Enter total number of other organizations ▶ 0.

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

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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
PLATTE RIVER POWER AUTHORITY 2000 E. HORSETOOTH ROAD FORT COLLINS, CO 80525	84-0642436		22,500.	0.			DEED PROJECT PAYMENT
PRINCETON MUNICIPAL UTILITIES 2 SOUTH MAIN STREET PRINCETON, IL 61356	36-6006056		6,250.	0.			DEED PROJECT PAYMENT
SACRAMENTO MUNICIPAL UTILITY DISTRICT - PO BOX 15830 - SACRAMENTO, CA 95852	94-6001157		34,500.	0.			DEED PROJECT PAYMENT
SCOTTSBURG MUNICIPAL ELECTRIC UTILITY - 2 EAST MCCLAIN AVENUE - SCOTTSBURG, IN 47170	35-6001189		51,896.	0.			DEED PROJECT PAYMENT
CITY UTILITIES OF SPRINGFIELD PO BOX 551 SPRINGFIELD, MO 65801	44-0553154		7,500.	0.			DEED PROJECT PAYMENT
TENNESSEE VALLEY AUTHORITY DEPT 888018 KNOXVILLE, TN 37995	62-0474417		15,413.	0.			DEED PROJECT PAYMENT
UNIVERSITY OF LOUISIANA-LAFAYETTE FOUNDATION - PO BOX 43850 - LAFAYETTE, LA 70504	72-6023836	501(C)(3)	6,234.	0.			DEED PROJECT PAYMENT
WAVERLY LIGHT AND POWER PO BOX 329, 100 ADAMS PARKWAY WAVERLY, IA 50677	42-0927124		12,500.	0.			DEED PROJECT PAYMENT

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS (DEED PROJECT PAYMENT)	9	9,799.	0.		

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

SCHEDULE I, PART I, LINE 2: A FINAL REPORT ON THE PROJECT, DESCRIBING ACTIVITIES, COST, BIBLIOGRAPHY, ACHIEVEMENTS, PROBLEMS, RESULTS, AND RECOMMENDATIONS, AND A FOUR-PAGE SUMMARY ABSTRACT ARE REQUIRED AT THE CONCLUSION OF ALL DEED-SPONSORED GRANT PROJECTS.

THE ORGANIZATION MAKES GRANTS AKIN TO SCHOLARSHIPS AS PART OF THE DEED PROGRAM.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

Part I Questions Regarding Compensation

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.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 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:

- a** The organization?
b Any related organization?
 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:

- a** The organization?
b Any related organization?
 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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b	X	
2	X	
3		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2010

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 PHILLIP M. CRISSON	(i)	429,653.	89,000.	69,060.	65,500.	14,687.	667,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 HARRY R. OLIBRIS	(i)	122,615.	3,203.	161.	25,724.	3,078.	154,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JAMES NIPPER	(i)	282,498.	21,168.	11,261.	37,271.	22,261.	374,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 SUE KELLY	(i)	262,230.	21,604.	1,638.	55,448.	4,857.	345,777.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JEFFREY J. TARBERT	(i)	243,879.	19,309.	2,503.	48,387.	13,533.	327,611.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MIKE HYLAND	(i)	212,421.	16,915.	470.	52,241.	21,631.	303,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ALLEN MOSHER	(i)	180,747.	4,477.	1,135.	47,072.	7,831.	241,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JOY DITTO	(i)	181,515.	5,008.	223.	35,886.	16,533.	239,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 NATHAN MITCHELL	(i)	154,337.	3,604.	346.	26,066.	16,051.	200,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 JEANNE LABELLA	(i)	133,734.	3,750.	815.	38,344.	14,612.	191,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 DIANNE MOODY	(i)	137,075.	3,964.	1,202.	36,886.	11,368.	190,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

FORM 990, PART VI, SECTION A, LINE 6: CLASSES OF MEMBERS OR STOCKHOLDERS

REGULAR MEMBERS ARE THE ONLY CLASS OF MEMBERSHIP ENTITLED TO ELECT THE MEMBERS OF THE GOVERNING BODY, APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY AND VOTE ON MATTERS BROUGHT BEFORE THE MEMBERSHIP, AND ALSO TO PARTICIPATE FULLY IN THE AFFAIRS OF THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7A: ELECTION BY MEMBERS OR STOCKHOLDERS

THE REGULAR MEMBERS SHALL ELECT MEMBERS OF THE BOARD OF DIRECTORS AND APPROVE PUBLIC POLICY POSITIONS OF THE ASSOCIATION ON MAJOR ISSUES AFFECTING PUBLIC POWER SYSTEMS. THE BOARD OF DIRECTORS MAY FILL ANY OTHER VACANCIES THAT OCCUR IN ITS ELECTED MEMBERSHIP BY APPOINTMENT OF INDIVIDUALS QUALIFIED TO FILL SUCH VACANCIES FOR THE REMAINING TERM OF THE POSITION.

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE GOVERNING BODY

SUBJECT TO APPROVAL BY MEMBERS THE REGULAR MEMBERS HAVE THE RIGHT TO APPROVE AND RATIFY DECISIONS OF THE GOVERNING BODY. THE REGULAR MEMBERS APPROVE POLICY POSITIONS OF THE ASSOCIATION ON MAJOR ISSUES AFFECTING PUBLIC POWER SYSTEMS AND APPROVE OR DISAPPROVE CHANGES IN DUES AND SPECIAL ASSESSMENTS AND AMENDMENTS TO THE ASSOCIATIONS BYLAWS. ALL ACTIONS OF THE MEMBERSHIP OF THE ASSOCIATION SHALL BE APPROVED BY A MAJORITY VOTE WITH EACH REGULAR MEMBER CASTING ONE VOTE, UNLESS A REGULAR MEMBER REQUESTS AT THE TIME A VOTE IS TAKEN OR IMMEDIATELY THEREAFTER THAT A WEIGHTED VOTE BE TAKEN ON A PARTICULAR MATTER, IN WHICH CASE A MAJORITY OF THE WEIGHTED VOTES CAST SHALL BE REQUIRED FOR ACTION.

REGULAR MEMBERS SHALL BE ASSIGNED VOTES PROPORTIONATE TO THE DUES PAYABLE

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

BY SUCH MEMBER FOR THE CURRENT CALENDAR YEAR. THE SECRETARY SHALL ASSIGN EACH REGULAR MEMBER ONE VOTE FOR EACH FIFTEEN THOUSAND DOLLARS (\$15,000), OR FRACTION THEREOF, OF DUES PAYABLE BY IT, WITH EACH REGULAR MEMBER BEING ASSIGNED AT LEAST ONE VOTE.

FORM 990, PART VI, SECTION B, LINE 11: THE PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990

A COMPLETE DRAFT OF FORM 990 WILL BE DISTRIBUTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: MONITORING THE CONFLICT OF INTEREST POLICY

APPA HAS A CODE OF CONDUCT AND A CONFLICT OF INTEREST POLICY. THESE POLICIES APPLY TO APPA'S DIRECTORS, OFFICERS AND STAFF TO AVOID ANY INTEREST THAT CONFLICTS OR APPEARS TO CONFLICT WITH THE INTERESTS OF THE ASSOCIATION OF THAT COULD REASONABLY BE DETERMINED TO HARM THE ASSOCIATION'S REPUTATION. A CONFLICT OF INTEREST EXISTS IF ACTIONS BY A DIRECTOR, OFFICER, OR STAFF MEMBER OF THE ASSOCIATION ARE, OR COULD REASONABLY APPEAR TO BE, INFLUENCED DIRECTLY OR INDIRECTLY BY PERSONAL INTERESTS, AFFILIATIONS OR ACTUAL OR POTENTIAL BENEFIT OR GAIN TO THE INDIVIDUAL OR HIS OR HER IMMEDIATE FAMILY.

ANY INDIVIDUAL WHO MAY BE INVOLVED IN AN ISSUE OR TRANSACTION IN WHICH HE OR SHE HAS AN ACTUAL OR APPARENT CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PRESENT AT THAT PORTION OF THE MEETING OF THE BOARD OR ANY COMMITTEE OF THE BOARD AT WHICH THE ISSUE OR TRANSACTION IS CONSIDERED. THE INTERESTED INDIVIDUAL MAY, HOWEVER, ANSWER QUESTIONS REGARDING THE ISSUE OR TRANSACTION. THE MINUTES OF THE MEETING SHALL REFLECT THAT A DISCLOSURE WAS

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

MADE AND THAT THE INTERESTED DIRECTOR, OFFICER, OR OTHER INDIVIDUAL LEFT THE ROOM AND DID NOT PARTICIPATE IN THE DISCUSSION AND DID NOT VOTE ON THE ISSUE OR TRANSACTION.

ANY DIRECTOR, OFFICER OR STAFF MEMBER WHO HAS A QUESTION AS TO WHETHER A PARTICULAR SET OF FACTS OR SITUATION GIVES RISE TO A POTENTIAL CONFLICT OF INTEREST MUST SEEK CLARIFICATION FROM THE ASSOCIATION'S GENERAL COUNSEL. IN ADDITION, BOARD MEMBERS AND SENIOR STAFF MUST FILL OUT ANNUAL DISCLOSURE STATEMENTS, WHICH ARE REVIEWED BY THE GENERAL COUNSEL. DIRECTORS, OFFICERS, AND STAFF HAVE AN ONGOING OBLIGATION TO DISCLOSE POTENTIAL OR ACTUAL CONFLICTS OF INTEREST IF THEY ARISE.

FORM 990, PART VI, SECTION B, LINE 15: PROCESS FOR DETERMINING COMPENSATION

THE ORGANIZATION USES AN INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT A COMPENSATION ANALYSIS WHICH IS PRESENTED TO, DELIBERATED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND VOTED UPON BY THE FULL BOARD AT THE FALL BOARD MEETING. COMPENSATION FOR ALL STAFF POSITIONS IS REVIEWED EVERY THREE YEARS. THE CEO'S SALARY IS RE-EVALUATED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC TO THE EXTENT REQUIRED BY LAW.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	427,562.
PENSION CHANGES	-416,921.
TOTAL TO FORM 990, PART XI, LINE 5	10,641.

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

THE CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT
 ACCOUNTANT. THE ORGANIZATION DOES HAVE AN INDEPENDENT AUDIT COMMITTEE
 THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS
 FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

Related Organizations and Unrelated Partnerships

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

Name of the organization **AMERICAN PUBLIC POWER ASSOCIATION** Employer identification number **53-0026315**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HOMETOWN CONNECTIONS INTERNATIONAL, LLC - 84-1428802, PMB 414, 1153 BERGEN PARKWAY, #M,	PUB PWR PRDS	DC	PUBLIC POWER, INC.		28,565.	241,795.		X	N/A		X	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
PUBLIC POWER INCORPORATED - 52-2077067 1875 CONNECTICUT AVENUE NW #1200 WASHINGTON, DC 20009	HOLDING COMPANY	DC	AMERICAN PUBLIC POWER INCORPORATED	C CORP	28,565.	-72,251.	100.00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)

- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees

- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses

- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n	X	
1o		X
1p		X
1q		X
1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PUBLIC POWER, INC.	N	33,925.FMV	
(2)			
(3)			
(4)			
(5)			
(6)			

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 53-0026315
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1875 CONNECTICUT AVE., NW, NO. 1200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

HARRY OLIBRIS - 1875 CONNECTICUT AVE., NW, NO. 1200 -

- The books are in the care of ▶ **WASHINGTON, DC 20009**
Telephone No. ▶ **(202) 467-2949** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2010** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing your return See instructions	Name of exempt organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 53-0026315
	Number, street, and room or suite no. If a P.O. box, see instructions. 1875 CONNECTICUT AVE., NW, NO. 1200	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. WASHINGTON, DC 20009	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

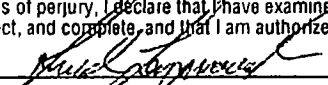
HARRY OLIBRIS

- The books are in the care of Telephone No. **(202) 467-2949** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011.**
- 5 For calendar year **2010**, or other tax year beginning _____, and ending _____.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension
THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN OBTAINED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **CPA** Date **8/10/11**

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

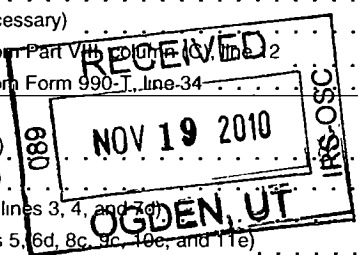
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization AMERICAN PUBLIC POWER ASSOCIATION Doing Business As	D Employer identification number 53-0026315
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (202) 467-2949
	1875 CONNECTICUT AVE., NW	1200	G Gross receipts \$ 17,107,414.
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20009		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer PHILLIP M. CRISSON 1875 CONNECTICUT AVE., NW WASHINGTON, DC 20009		H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ HTTP://WWW.APPANET.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1940	M State of legal domicile DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROMOTING THE INTERESTS OF COMMUNITY-OWNED UTILITIES ACROSS THE COUNTRY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of employees (Part V, line 2a)	5	63
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (A), line 2	7a	278,482.
b Net unrelated business taxable income from Form 990-T, line 34	7b	28,956.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	513,428.	71,944.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,443,642.	14,442,774.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and 11e)	235,540.	160,774.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	534,796.	163,356.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,727,406.	14,838,848.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	561,797.	621,305.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,680,069.	9,542,338.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶	0.	0.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,132,562.	6,373,341.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	16,374,428.	16,536,984.
	19 Revenue less expenses Subtract line 18 from line 12	-647,022.	-1,698,136.
	Net Assets or Fund Balances	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	8,997,588.	9,737,812.	
21 Total liabilities (Part X, line 26)	17,122,416.	16,830,696.	
22 Net assets or fund balances Subtract line 21 from line 20	-8,124,828.	-7,092,884.	



SCANNED DEC 13 2010

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Harry R. Olibris*
 Type or print name and title: HARRY R. OLIBRIS VICE

Paid Preparer's Use Only
 Preparer's signature: *Joelyne C. Miller*
 Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP, 2010 CORPORATE RIDGE, SUITE 400 MCLEAN, VA 22101

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

EDUCATION/TRAINING: ANNUAL CONFERENCE,
SPECIALIZED WORKSHOPS, 25+ TRAINING SESSIONS
ON RATE DESIGN, POLICY MAKING, UTILITY
ACCOUNTING, COST SERVICES, ETC.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

MEMBER SERVICES: INFORMATION GATHERING
AND ANALYSIS, ON LEGISLATIVE, REGULATORY
TECHNICAL AND STATISTICAL ISSUES.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

PUBLICATIONS: BI-MONTHLY MAGAZINE, WEEKLY
NEWSLETTER, SPECIALIZED NEWSLETTERS ON
HUMAN RESOURCES, COMMUNICATIONS RESEARCH
AND DEVELOPMENT.

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their status (Yes/No/X).

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
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? <i>If "Yes," complete Schedule J.</i>	X	
24 a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	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? <i>If "Yes," complete Schedule L, Part I.</i>		
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? <i>If "Yes," complete Schedule L, Part I.</i>		
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? <i>If "Yes," complete Schedule L, Part II.</i>		X
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? <i>If "Yes," complete Schedule L, Part III.</i>		X
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)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes, and No. Contains various tax compliance questions and their corresponding answers.

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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (30); 1b Enter the number of voting members that are independent (30); 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? (X); 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? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed DC
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, X Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. HARRY OLIBRIS 1875 CONNECTICUT AVE., NW, SUITE 1200 WASHINGTON, DC 20009 (202) 467-2949

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. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK BONSALE TREASURER	1.00	X					0	0	0	
GEORGE CAAN DIRECTOR	1.00	X					0	0	0	
MARC GERKEN CHAIR-ELECT	1.00	X					0	0	0	
WILLIAM CARROLL DIRECTOR	1.00	X					0	0	0	
LONNIE CARTER DIRECTOR	1.00	X					0	0	0	
ALLEN CROWSER DIRECTOR	1.00	X					0	0	0	
PHYLLIS CURRIE DIRECTOR	1.00	X					0	0	0	
MEL DAVIS DIRECTOR	1.00	X					0	0	0	
JIM DAVIS DIRECTOR	1.00	X					0	0	0	
HAROLD E. DEPRIEST DIRECTOR	1.00	X					0	0	0	
JAMES A. DICKENSON DIRECTOR	1.00	X					0	0	0	
PAULA J. DIFONZO DIRECTOR	1.00	X					0	0	0	
WILLIAM DOLLAR DIRECTOR	1.00	X					0	0	0	
TERRY DRAPER DIRECTOR	1.00	X					0	0	0	
JOEY DUREL DIRECTOR	1.00	X					0	0	0	
KEVIN EASLEY DIRECTOR	1.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT P. JOHNSTON DIRECTOR	1.00	X						0.	0.	0.
ROBERT V. JOLLY DIRECTOR	1.00	X						0.	0.	0.
STEVEN KLEIN DIRECTOR	1.00	X						0.	0.	0.
DONALD E. KOM DIRECTOR	1.00	X						0.	0.	0.
DAVE LOCK EX OFFICIO	1.00	X						0.	0.	0.
LARRY MUSICK DIRECTOR	1.00	X						0.	0.	0.
JOE PACOVSKY DIRECTOR	1.00	X						0.	0.	0.
BILL RADIO DIRECTOR	1.00	X						0.	0.	0.
J. GARY STAUFFER DIRECTOR	1.00	X						0.	0.	0.
SHARON STAZ DIRECTOR	1.00	X						0.	0.	0.
DAVID R. WALTERS DIRECTOR	1.00	X						0.	0.	0.
COLIN WHITLEY DIRECTOR	1.00	X						0.	0.	0.
ROBERT E. WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2								2,362,969	0	323,311.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **25**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

53-0026315

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	36,844				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	35,100				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		71,944				
Program Service Revenue	Business Code						
	2a EDUCATION & TRAINING	541800	1,794,935	1,794,935			
	b PUBLICATIONS & SUBSCRIPTIONS	541800	798,262	519,780	278,482		
	c ANNUAL CONFERENCE	541800	593,900	593,900			
	d MEMBERSHIP DUES	541800	11,255,677	11,255,677			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		14,442,774					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		147,854			147,854	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross Rents	(i) Real					
		(ii) Personal					
	b Less. rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		0				
	7a Gross amount from sales of assets other than inventory	(i) Securities	2,281,486				
		(ii) Other					
	b Less cost or other basis and sales expenses		2,268,566				
	c Gain or (loss)		12,920				
	d Net gain or (loss)		12,920			12,920	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS	900099	159,356	159,356				
b EMRI -ELECTORNIC MARKET	900099	4,000	4,000				
c							
d All other revenue							
e Total. Add lines 11a-11d		163,356					
12 Total Revenue. See instructions		14,838,848	14,327,648	278,482	160,774		

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 US See Part IV, line 21 . . .	621,305.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,807,183.			
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	5,353,082.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits	968,292.			
10 Payroll taxes	413,781.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	83,754.			
c Accounting	65,841.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	0.			
13 Office expenses	63,665.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,469,028.			
17 Travel	331,251.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,914,015.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	465,730.			
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PRINTING	336,983.			
b TELECOM CAMPAIGN	351,958.			
c DUES AND MEMBERSHIPS	199,426.			
d REPAIRS AND MAINTENANCE	185,188.			
e AUDIOVISUAL/FILMS/PHOTOS	166,220.			
f All other expenses	740,282.			
25 Total functional expenses. Add lines 1 through 24f	16,536,984.			
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	513,812.	1	773,974.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	242,487.	4	203,366.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		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 Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	213,299.	9	200,014.
	10a	Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	4,942,674.		
	b	Less: accumulated depreciation	2,684,744.	10c	2,257,930.
	11	Investments - publicly traded securities	4,008,209.	11	4,816,328.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,470,555.	15	1,486,200.
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,997,588.	16	9,737,812.	
Liabilities	17	Accounts payable and accrued expenses	612,283.	17	1,167,875.
	18	Grants payable		18	
	19	Deferred revenue	4,114,600.	19	4,848,780.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	12,395,533.	25	10,814,041.
	26	Total liabilities. Add lines 17 through 25	17,122,416.	26	16,830,696.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-8,692,911.	27	-7,348,109.
	28	Temporarily restricted net assets	568,083.	28	255,225.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	-8,124,828.	33	-7,092,884.	
34	Total liabilities and net assets/fund balances	8,997,588.	34	9,737,812.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2009)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**

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

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

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

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

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

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

Name of organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 53-0026315
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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 line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If these is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1.
 Also, complete this part for any additional information
 SECTION 6033(E) NOTICE

SCHEDULE C, PART III

THE AMERICAN PUBLIC POWER ASSOCIATION IS A SERVICE ORGANIZATION

REPRESENTING MORE THAN 1,500 MUNICIPAL, COUNTY, AND STATE-OWNED ELECTRIC

UTILITY SYSTEMS THROUGH DIRECT MEMBERS AND AFFILIATED ORGANIZATIONS.

Supplemental Financial Statements

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 8/17/06, Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenues, Assets. Rows include If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items; If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items; If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other -----		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
ART WORK	31,473.
INVESTMENT IN SUBSIDIARY	1,454,727.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	1,486,200.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED LEAVE	639,158.
POST-RETIREMENT BENEFITS	2,127,749.
LIABILITY FOR PENSION BENEFITS	6,404,663.
CAPITAL LEASE LIABILITY	339,092.
DEFERRED RENT	1,303,379.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	10,814,041.

2. FIN 48 Footnote In Part XIV, 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

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

Table with 10 rows for reconciliation of net assets. Columns include description, sub-column, and total. Rows include Total revenue, Total expenses, Excess or (deficit) for the year, Net unrealized gains, Donated services, Investment expenses, Prior period adjustments, Other, Total adjustments, and Excess or (deficit) for the year per audited financial statements.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation. Sub-rows include Net unrealized gains, Donated services, Recoveries, Other, Add lines 2a through 2d, Subtract line 2e from line 1, Investment expenses not included, Other, Add lines 4a and 4b, and Total revenue. Total revenue must equal Form 990, Part I, line 12.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Sub-rows include Donated services, Prior year adjustments, Other losses, Other, Add lines 2a through 2d, Subtract line 2e from line 1, Investment expenses not included, Other, Add lines 4a and 4b, and Total expenses. Total expenses must equal Form 990, Part I, line 18.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, 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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48

PART X, QUESTION 2

EFFECTIVE IN 2009, THE ASSOCIATION ADOPTED NEW GUIDANCE THAT CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN ITS CONSOLIDATED FINANCIAL STATEMENTS. UNDER THE REQUIREMENTS OF THIS GUIDANCE, ORGANIZATIONS COULD NOW BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF TAX POSITIONS THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. THE IMPACT OF THE ADOPTION OF THIS GUIDANCE DID NOT HAVE A MATERIAL EFFECT ON THE CONSOLIDATED FINANCIAL STATEMENTS OF THE ASSOCIATION. PRIOR TO THE ADOPTION OF THIS GUIDANCE, THE DETERMINATION OF WHEN TO RECORD A LIABILITY FOR A TAX EXPOSURE WAS BASED ON WHETHER A LIABILITY WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE IN ACCORDANCE WITH GUIDANCE CONCERNING RECORDING OF CONTINGENCIES.

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **AMERICAN PUBLIC POWER ASSOCIATION**
Employer identification number: **53-0026315**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(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
	BCS, INCORPORATED 8920 STEPHENS RD #200, LAUREL, MD 20723	52-1612749		70,189				DEED PROJECT PAYMENT
	BURNS & MCDONNELL 9400 WARD PKWY KANSAS CITY, MO 64114-3119	43-0956142		50,000				DEED PROJECT PAYMENT
	CITY OF COLUMBIA P O BOX 6912 COLUMBIA, MO 65205			23,195				DEED PROJECT PAYMENT
	CITY OF WESTERVILLE 64 E WALNUT ST POB 6107, WESTERVILLE OH	31-6401113		38,500				DEED PROJECT PAYMENT
	ELECTRICITY OF NORTH CAROLINA 1427 MEADOWWOOD BLVD RALEIGH, NC 27626-0513	56-1942763		19,500				DEED PROJECT PAYMENT
	PLATTE RIVER POWER AUTHORITY 2000 E.HORSETOOTH RD, FORT COLLINS,CO 80525	84-0642436		7,500				DEED PROJECT PAYMENT
	SACRAMENTO MUNICIPAL UTIL DIST PO BOX 15830 SACRAMENTO, CA 95852-1830	94-6001157		48,750				DEED PROJECT PAYMENT
	TENNESSEE VALLEY AUTHORITY DEPARTMENT 888018 KNOXVILLE, TN 37995-8018			35,587				DEED PROJECT PAYMENT
	WAVERLY LIGHT AND POWER POB 329 100 ADAMS PARKWAY WAVERLY, IA 50677	42-0927124		9,537				DEED PROJECT PAYMENT
	BURLINGTON ELECTRIC DEPARTMENT 585 PINE STREET BURLINGTON, VT 05401-4891	03-6000410		10,161				DEED PROJECT PAYMENT
	EPRI 13014 COLLECTIONS CENTER DR, CHICAGO, IL	23-7175375		11,500.				DEED PROJECT PAYMENT
	GRAND HAVEN BOARD OF LIGHT & POWER 1700 EATON DRIVE GRAND HAVEN, MI 49417-2820	38-3108342		23,250				DEED PROJECT PAYMENT

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

JSA

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VIENNA - 53-0026315

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS (DEED PROGRAM PAYMENTS)		5,714			

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

SCHEDULE I

THE ORGANIZATION MAKES GRANTS AKIN TO SCHOLARSHIPS AS PART OF THE DEED
PROGRAM.

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number
53-0026315

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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
IMPERIAL IRRIGATION DISTRICT 333 EAST BARONI BLVD, IMPERIAL, CA 92251	95-6001667		28,901				DEED PROJECT PAYMENT
JACKSON ENERGY AUTHORITY 250 NORTH HIGHLAND AVENUE JACKSON, TN 38301	61-1868550		16,379				DEED PROJECT PAYMENT
MUNICIPAL ENERGY AGENCY OF NEBRASKA PO BOX 95124 LINCOLN, NE 68509-5124	47-0641284		17,000				DEED PROJECT PAYMENT
NEBRASKA PUBLIC POWER DISTRICT PO BOX 499 COLUMBUS, NE 68602-0499			30,000				DEED PROJECT PAYMENT
NATIONAL RURAL ELECTRIC COOPERATIVE 4301 WILSON BLVD ARLINGTON, VA 22203-1860	53-0116145		38,400				DEED PROJECT PAYMENT
CITY OF PRINCETON 2 SOUTH MAIN STREET PRINCETON, IL 61356			15,750				DEED PROJECT PAYMENT
ROCHESTER PUBLIC UTILITIES 4000 EAST RIVER ROAD NE ROCHESTER, MN 55906	41-6005494		58,106				DEED PROJECT PAYMENT
UNIVERSITY OF LOUISIANA AT LAFAYETTE 705 E. ST MARY BLVD LAFAYETTE, LA 70504	72-6023836		18,766				DEED PROJECT PAYMENT
TENNESSEE VALLEY PUBLIC POWER 1201 CHESTNUT ST CHATANOOGA, TN 37402			7,500				DEED PROJECT PAYMENT

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

Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number
53-0026315

Part I Questions Regarding Compensation

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.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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.

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 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

- a** The organization?
- b** Any related organization?
- 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

- a** The organization?
- b** Any related organization?
- 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

8 Were any amounts reported in Form 990, Part VII, paid or accrued 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2009

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JEFFREY J. TARBERT	(i)	223,148.	10,344.	24,503.	26,959.	10,900.	295,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES J. NIPPER	(i)	231,991.	2,383.	21,977.	19,662.	14,979.	290,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SUE KELLY	(i)	214,561.	2,450.	24,047.	34,465.	0.	275,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PHILLIP M. CRISSON	(i)	391,426.	110,302.	24,574.	50,649.	10,900.	587,851.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MIKE HYLAND	(i)	172,343.	2,368.	16,921.	36,578.	15,323.	243,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ALLEN E MOSHER	(i)	155,423.	742.	19,553.	29,292.	1,125.	206,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN KELLY	(i)	121,305.	0.	23,277.	0.	6,748.	151,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JEANNE LABELLA	(i)	115,426.	0.	22,815.	0.	13,857.	152,098.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NATHAN MITCHELL	(i)	146,474.	728.	7,937.	17,018.	10,054.	182,211.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOY DITTO	(i)	135,275.	754.	16,692.	16,756.	7,003.	176,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Dashed lines for supplemental information entry.

Continuation Sheet for Form 990

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 53-0026315
---	--

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN MOECK DIRECTOR	1.00	X					0.	0.	0.	
PAUL J. PALLAS DIRECTOR	1.00	X					0.	0.	0.	
COLEMAN SMOAK DIRECTOR	1.00	X					0.	0.	0.	
LYNNE TEJEDA DIRECTOR	1.00	X					0.	0.	0.	
JESS TILTON DIRECTOR	1.00	X					0.	0.	0.	
JORGE RODRIGUEZ RUIZ DIRECTOR	1.00	X					0.	0.	0.	
KELLY ROGER DIRECTOR	1.00	X					0.	0.	0.	
ROGER FONTES DIRECTOR	1.00	X					0.	0.	0.	
AUSTIN CARROLL DIRECTOR	1.00	X					0.	0.	0.	
MIGUEL CORDERO DIRECTOR	1.00	X					0.	0.	0.	
RON EARL DIRECTOR	1.00	X					0.	0.	0.	
RICK HOMRIGHAUSEN DIRECTOR	1.00	X					0.	0.	0.	
PATRICK MCCULLAR DIRECTOR	1.00	X					0.	0.	0.	
TED RAMPTON DIRECTOR	1.00	X					0.	0.	0.	
BRIAN SKELTON DIRECTOR	1.00	X					0.	0.	0.	
MARC GERKEN DIRECTOR	1.00	X								
MAUDE RICHARDS DIRECTOR	1.00	X								
TERRY HUVAL DIRECTOR	1.00	X								
ROGER KELLEY DIRECTOR	1.00	X								
PAUL PALLAS DIRECTOR	1.00	X								
RON ASCHE DIRECTOR	1.00	X								

Continuation Sheet for Form 990

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK MCCULLAR DIRECTOR	1.00	X								
PHILLIP M. CRISSON PRESIDENT & CEO	40.00			X			526,302.	0.	61,549.	
HARRY R. OLIBRIS VP- FINANCE AND ACCOUNTING	40.00			X			123,230.	0.	1,043.	
JEFFREY J. TARBERT SVP MEMBER SERVICE	40.00				X		257,995.	0.	37,859.	
JAMES J. NIPPER SVP GOV'T RELATIONS	40.00				X		256,351.	0.	34,641.	
SUE KELLY VP POLICY ANALYSIS & GEN COUNS	40.00				X		241,058.	0.	34,465.	
MIKE HYLAND VP ENGINEERING SERVICES	40.00				X		191,632.	0.	51,901.	
ALLEN E MOSHER SR. POL ANALYSIS DIR	40.00					X	175,718.	0.	30,417.	
JOHN KELLY ECONOMICS & RESEARCH DIRECTOR	40.00					X	144,582.	0.	6,748.	
JEANNE LABELLA SR. VP PUBLISHING	40.00					X	138,241.	0.	13,857.	
NATHAN MITCHELL ENGINEERING & OPERATION DIR.	40.00					X	155,139.	0.	27,072.	
JOY DITTO VP GOVERNMENT RELATIONS	40.00					X	152,721.	0.	23,759.	

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

ATTACHMENT 1

PART IV OF THE FORM 990, QUESTION 12

FINANCIAL STATEMENTS

AS THE ORGANIZATION AND ITS SUBSIDIARIES MEET THE GAAP REQUIREMENTS FOR CONSOLIDATION, THE ORGANIZATION RECEIVED CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR THE YEAR IN WHICH IT IS COMPLETING THE RETURN. AN INDEPENDENT AUDITING FIRM CONDUCTED THE AUDIT OF THE FINANCIAL STATEMENTS. THE AUDITED FINANCIAL STATEMENTS WERE PREPARED IN ACCORDANCE WITH GAAP.

PART VI OF THE FORM 990, SECTION A, QUESTION 6

CLASSES OF MEMBERS OR STOCKHOLDERS

REGULAR MEMBERS ARE THE ONLY CLASS OF MEMBERSHIP ENTITLED TO ELECT THE MEMBERS OF THE GOVERNING BODY, APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY AND VOTE ON MATTERS BROUGHT BEFORE THE MEMBERSHIP, AND ALSO TO PARTICIPATE FULLY IN THE AFFAIRS OF THE ASSOCIATION.

PART VI OF THE FORM 990, SECTION A, QUESTION 7A

ELECTION BY MEMBERS OR STOCKHOLDERS

THE REGULAR MEMBERS SHALL ELECT MEMBERS OF THE BOARD OF DIRECTORS AND APPROVE PUBLIC POLICY POSITIONS OF THE ASSOCIATION ON MAJOR ISSUES AFFECTING PUBLIC POWER SYSTEMS. THE BOARD OF DIRECTORS MAY FILL ANY OTHER VACANCIES THAT OCCUR IN ITS ELECTED MEMBERSHIP BY APPOINTMENT OF INDIVIDUALS QUALIFIED TO FILL SUCH VACANCIES FOR THE REMAINING TERM OF THE POSITION.

Name of the organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 53-0026315
<u>ATTACHMENT 1 (CONT'D)</u>	

PART VI OF THE FORM 990, SECTION A, QUESTION 7B

DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS

THE REGULAR MEMBERS HAVE THE RIGHT TO APPROVE AND RATIFY DECISIONS OF THE GOVERNING BODY. THE REGULAR MEMBERS APPROVE POLICY POSITIONS OF THE ASSOCIATION ON MAJOR ISSUES AFFECTING PUBLIC POWER SYSTEMS AND APPROVE OR DISAPPROVE CHANGES IN DUES AND SPECIAL ASSESSMENTS AND AMENDMENTS TO THE ASSOCIATION BYLAWS. ALL ACTIONS OF THE MEMBERSHIP OF THE ASSOCIATION SHALL BE APPROVED BY A MAJORITY VOTE WITH EACH REGULAR MEMBER CASTING ONE VOTE, UNLESS A REGULAR MEMBER REQUESTS AT THE TIME A VOTE IS TAKEN OR IMMEDIATELY THEREAFTER THAT A WEIGHTED VOTE BE TAKEN ON A PARTICULAR MATTER, IN WHICH CASE A MAJORITY OF THE WEIGHTED VOTES CAST SHALL BE REQUIRED FOR ACTION. REGULAR MEMBERS SHALL BE ASSIGNED VOTES PROPORTIONATE TO THE DUES PAYABLE BY SUCH MEMBER FOR THE CURRENT CALENDAR YEAR. THE SECRETARY SHALL ASSIGN EACH REGULAR MEMBER ONE VOTE FOR EACH FIFTEEN THOUSAND DOLLARS (\$15,000), OR FRACTION THEREOF, OF DUES PAYABLE BY IT, WITH EACH REGULAR MEMBER BEING ASSIGNED AT LEAST ONE VOTE.

PART VI OF THE FORM 990, SECTION B, QUESTION 11

THE PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990

A COMPLETED DRAFT OF FORM 990 WILL BE DISTRIBUTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS.

PART VI OF THE FORM 990, SECTION B, QUESTION 12

MONITORING THE CONFLICT OF INTEREST POLICY

APPA HAS A CODE OF CONDUCT AND A CONFLICT OF INTEREST POLICY. THESE POLICIES APPLY TO APPA'S DIRECTORS, OFFICERS AND STAFF TO AVOID ANY INTEREST THAT CONFLICTS OR APPEARS TO CONFLICT WITH THE INTERESTS OF THE

Name of the organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 53-0026315
---	--

ATTACHMENT 1 (CONT'D)

ASSOCIATION OR THAT COULD REASONABLY BE DETERMINED TO HARM THE ASSOCIATION'S REPUTATION. A CONFLICT OF INTEREST EXISTS IF ACTIONS BY A DIRECTOR, OFFICER, OR STAFF MEMBER OF THE ASSOCIATION ARE, OR COULD REASONABLY APPEAR TO BE, INFLUENCED DIRECTLY OR INDIRECTLY BY PERSONAL INTERESTS, AFFILIATIONS OR ACTUAL OR POTENTIAL BENEFIT OR GAIN TO THE INDIVIDUAL OR HIS OR HER IMMEDIATE FAMILY.

ANY INDIVIDUAL WHO MAY BE INVOLVED IN AN ISSUE OR TRANSACTION IN WHICH HE OR SHE HAS AN ACTUAL OR APPARENT CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PRESENT AT THAT PORTION OF THE MEETING OF THE BOARD OR ANY COMMITTEE OF THE BOARD AT WHICH THE ISSUE OR TRANSACTION IS CONSIDERED. THE INTERESTED INDIVIDUAL MAY, HOWEVER, ANSWER QUESTIONS REGARDING THE ISSUE OR TRANSACTION. THE MINUTES OF THE MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE INTERESTED DIRECTOR, OFFICER OR OTHER INDIVIDUAL LEFT THE ROOM AND DID NOT PARTICIPATE IN THE DISCUSSION AND DID NOT VOTE ON THE ISSUE OR TRANSACTION.

ANY DIRECTOR, OFFICER OR STAFF MEMBER WHO HAS A QUESTION AS TO WHETHER A PARTICULAR SET OF FACTS OR SITUATION GIVES RISE TO A POTENTIAL CONFLICT OF INTEREST MUST SEEK CLARIFICATION FROM THE ASSOCIATION'S GENERAL COUNSEL. IN ADDITION, BOARD MEMBERS AND SENIOR STAFF MUST FILL OUT ANNUAL DISCLOSURE STATEMENTS, WHICH ARE REVIEWED BY THE GENERAL COUNSEL. DIRECTORS, OFFICERS AND STAFF HAVE AN ONGOING OBLIGATION TO DISCLOSE POTENTIAL OR ACTUAL CONFLICTS OF INTEREST IF THEY ARISE.

PART VI OF THE FORM 990, SECTION B, QUESTION 15B
PROCESS FOR DETERMINING COMPENSATION

THE ORGANIZATION USES AN INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT A

Name of the organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 53-0026315
---	--

ATTACHMENT 1 (CONT'D)

COMPENSATION ANALYSIS WHICH IS PRESENTED TO, DELIBERATED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND VOTED UPON BY THE FULL BOARD AT THE FALL BOARD MEETING. COMPENSATION FOR ALL STAFF POSITIONS IS REVIEWED EVERY THREE YEARS. THE CEO'S SALARY IS RE-EVALUATED ANNUALLY.

PART VI OF THE FORM 990, SECTION C, QUESTION 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC TO THE EXTENT REQUIRED BY LAW.

PART XI OF THE FORM 990, QUESTION 2

FINANCIAL STATEMENT AUDIT

THE CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION DOES HAVE AN INDEPENDENT AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

PART V OF THE FORM 990, QUESTION 6B

THE ORGANIZATION IS TAKING CORRECTIVE ACTION TO ESTABLISH AND FOLLOW A POLICY TO REQUIRE THAT EVERY SOLICITATION INCLUDES AN EXPRESS STATEMENT THAT SUCH CONTRIBUTIONS OR GIFTS ARE NOT TAX DEDUCTIBLE.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PROVIDE LEADERSHIP IN THE EVOLUTION OF THE ELECTRIC UTILITY INDUSTRY

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

ATTACHMENT 2 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

BY ADVANCING THE PRINCIPLES OF COMMUNITY OWNERSHIP AND REPRESENTING
THE INTERESTS OF PUBLIC POWER SYSTEMS AND ELECTRIC CONSUMERS FOR THE
MORE THAN 2,000 COMMUNITY OWNED UTILITIES ACROSS THE COUNTRY.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

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

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
HOMETOWN CONNECTIONS INT'L LLC PMB 4141153 BERGEN PKWY	PUB PWR PRDS	DC	PPI		24,059	208,665		X			X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
PUBLIC POWER INC 1875 CONNECTICUT AVE, N.W #1200 WASHINGTON, DC 20009	HOLDING CO	DC	N/A	C CORP	24,920	-100,816	100 0000

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) PUBLIC POWER, INC.	N	39,205.
(2)		
(3)		
(4)		
(5)		
(6)		

Application for Extension of Time To File an Exempt Organization Return

6357

OMB No 1545-1709

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 53-0026315
	Number, street, and room or suite no. If a P O box, see instructions 1875 CONNECTICUT AVE., NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

The books are in the care of THE ASSOCIATION

Telephone No 202 467-2949 FAX No

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 2009 or
- tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMERICAN PUBLIC POWER ASSOCIATION		D Employer identification number 53-0026315
		Doing Business As		E Telephone number (202) 467-2949
		Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 15,727,406.
1875 CONNECTICUT AVE., NW City or town, state or country, and ZIP + 4 WASHINGTON, DC 20009		F Name and address of principal officer PHILLIP M. CRISSON 1875 CONNECTICUT AVE., NW WASHINGTON, DC 20009		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶ HTTP://WWW.APPANET.ORG				
K Type of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶
L Year of formation 1940			M State of legal domicile DC	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>SEE STATEMENT 1</u>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	30	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30	
	5	Total number of employees (Part V, line 2a)	5	63	
	6	Total number of volunteers (estimate if necessary)	6	NONE	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	557,702.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	65,027.		
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	529,605.	513,428.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,443,327.	14,443,642.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	532,140.	235,540.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	154,823.	534,796.	
			14,659,895.	15,727,406.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	303,519.	561,797.	
	14	Benefit payments to members (Part IX, column (A), line 4)		NONE	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,427,824.	6,680,069.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE	
	16b	Other fundraising expenses, Part IX, column (D), line 25			
	Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,405,868.	9,132,562.
18		Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	15,137,211.	16,374,428.	
19		Revenue less expenses Subtract line 18 from line 12	-477,316.	-647,022.	
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Year	End of Year
		21	Total liabilities (Part X, line 26)	12,103,578.	8,997,588.
		22	Net assets or fund balances Subtract line 21 from line 20	12,353,106.	17,122,416.
			-249,528.	-8,124,828.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Sign Here ▶ *[Signature]*
 Signature of officer
 ▶ HARRY R. OLIVIERI Director
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature ▶ *[Signature]*
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GRANT THORNTON LLP
 2010 CORPORATE RIDGE, SUITE 400 MCLEAN, VA 22101

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

SCANNED DEC 04 2009

RECEIVED
 NOV 18 2009
 OPEN, VA

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

EDUCATION/TRAINING: ANNUAL CONFERENCE,
SPECIALIZED WORKSHOPS, 25+ TRAINING SESSIONS
ON RATE DESIGN, POLICY MAKING, UTILITY
ACCOUNTING, COST SERVICES, ETC.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

MEMBER SERVICES: INFORMATION GATHERING
AND ANALYSIS, ON LEGISLATIVE, REGULATORY
TECHNICAL AND STATISTICAL ISSUES.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

PUBLICATIONS: BI-MONTHLY MAGAZINE, WEEKLY
NEWSLETTER, SPECIALIZED NEWSLETTERS ON
HUMAN RESOURCES, COMMUNICATIONS RESEARCH
AND DEVELOPMENT.

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ _____ (Must equal Part IX, Line 25, column (B))

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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	X	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		X
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 United States? If "Yes," complete Schedule F, Part II		X
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 United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
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 question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		
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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	4b		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a	Did the organization solicit any contributions that were not tax deductible?	6a		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Organizations that may receive deductible contributions under section 170(c).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a	Did the organization make any taxable distributions under section 4966?	9a		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Section 501(c)(7) organizations. Enter			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Section 501(c)(12) organizations. Enter			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a	Gross income from members or shareholders	11a		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (30); 1b Enter the number of voting members that are independent (30); 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? (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? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (Yes); 8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9a Does the organization have local chapters, branches, or affiliates? (No); 9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (No); 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 (Yes); 11 Is there any officer, director or 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 (No).

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include: 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (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: a The organization's CEO, Executive Director, or top management official? (Yes); b Other officers or key employees of the organization? (Yes); 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? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed DC
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply
[X] Own website [] Another's website [] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE ASSOCIATION 1875 CONNECTICUT AVE., NW, SUITE 1200 WASHINGTON, DC 20009 (202) 467-2949

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Total 2,040,076. NONE 102,490.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 10

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization NONE

Part VIII Statement of Revenue

53-0026315

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	146,928.				
	f	All other contributions, gifts, grants, and similar amounts not included above	366,500.				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶	513,428.				
Program Service Revenue			Business Code				
	2a	EDUC. & TRAINING	541800	2,086,442.	2,086,442.		
	b	PUBS. & SUBSCRIPTIONS	541800	900,769.	343,067.	557,702.	
	c	ANNUAL CONFERENCE	541800	718,175.		718,175.	
	d	MEMBERSHIP DUES	541800	10,738,256.	10,738,256.		
	e					
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		14,443,642.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	STMT 2. ▶	173,966.		173,966.	
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶		61,574.		61,574.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
c	Net income or (loss) from fundraising events ▶			NONE			
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities ▶			NONE			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory ▶			NONE			
		Miscellaneous Revenue	Business Code				
11a	MISCELLANEOUS		900099	229,946.	229,946.		
b	EMRI-ELECTRONIC MARKET		900099	304,850.	304,850.		
c						
d	All other revenue						
e	Total. Add lines 11a-11d ▶			534,796.			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			15,727,406.	13,702,561.	557,702.	
						953,715.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	561,797.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,243,614.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	3,540,331.			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits	522,257.			
10 Payroll taxes	373,867.			
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	102,369.			
c Accounting	66,192.			
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	NONE			
12 Advertising and promotion	NONE			
13 Office expenses	89,458.			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	1,557,082.			
17 Travel	396,179.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	2,343,405.			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	457,525.			
23 Insurance STMT, 3	NONE			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PRINTING -----	665,877.			
b TELECOM CAMPAIGN -----	702,601.			
c DUES AND MEMBERSHIPS -----	249,115.			
d BOOKS AND SUBSCRIPTIONS -----	117,048.			
e AUDIOVISUAL/FILMS/PHOTOS -----	174,325.			
f All other expenses -----	2,211,386.			
25 Total functional expenses. Add lines 1 through 24f	16,374,428.			
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	366,753.	1	513,812.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	341,063.	4	242,487.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		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 Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges	220,360.	9	213,299.
	10a	Land, buildings, and equipment cost basis	10a 4,770,045.		
	b	Less accumulated depreciation Complete Part VI of Schedule D.	10b 2,220,819.		
	11	Investments - publicly traded securities	2,564,476.	10c	2,549,226.
	12	Investments - other securities See Part IV, line 11	5,349,233.	11	4,008,209.
	13	Investments - program-related See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11	3,261,693.	14	
16	Total assets. Add lines 1 through 15 (must equal line 34)	12,103,578.	15	1,470,555.	
Liabilities	17	Accounts payable and accrued expenses	439,560.	16	8,997,588.
	18	Grants payable		17	612,283.
	19	Deferred revenue	4,285,036.	18	
	20	Tax-exempt bond liabilities		19	4,114,600.
	21	Escrow account liability Complete Part IV of Schedule D		20	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		21	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable		23	
	25	Other liabilities Complete Part X of Schedule D	7,628,510.	24	
	26	Total liabilities. Add lines 17 through 25	12,353,106.	25	12,395,533.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			26	17,122,416.
	27	Unrestricted net assets	-848,862.	27	-8,692,911.
	28	Temporarily restricted net assets	599,334.	28	568,083.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	-249,528.	33	-8,124,828.	
34	Total liabilities and net assets/fund balances.	12,103,578.	34	8,997,588.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ To be completed by organizations described below.
- ▶ Attach to Form 990 or Form 990-EZ.

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

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

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

- Section 501(cy)(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), then

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

Name of organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 53-0026315
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group
 B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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 line 1f)														
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i
Also, complete this part for any additional information

SECTION 6033(E) NOTICE

SCHEDULE C, PART III

THE AMERICAN PUBLIC POWER ASSOCIATION IS A SERVICE ORGANIZATION

REPRESENTING MORE THAN 1,500 MUNICIPAL, COUNTY, AND STATE-OWNED ELECTRIC

UTILITY SYSTEMS THROUGH DIRECT MEMBERS AND AFFILIATED ORGANIZATIONS.

Part IV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 53-0026315
--	---

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
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 funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,528,203.	711,495.	816,708.
d Equipment		2,878,809.	1,340,305.	1,538,504.
e Other		363,033.	169,019.	194,014.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				2,549,226.

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

Table with 10 rows for reconciliation of net assets. Rows include: 1 Total revenue, 2 Total expenses, 3 Excess or (deficit), 4 Net unrealized gains, 5 Donated services, 6 Investment expenses, 7 Prior period adjustments, 8 Other, 9 Total adjustments, 10 Excess or (deficit) per financial statements.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation. Sub-rows include: 2a-d (Net unrealized gains, Donated services, Recoveries, Other), 2e (Add lines 2a-d), 3 (Subtract line 2e), 4a-c (Investment expenses, Other, Add lines 4a-c), 5 (Total revenue).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Sub-rows include: 2a-d (Donated services, Prior year adjustments, Losses, Other), 2e (Add lines 2a-d), 3 (Subtract line 2e), 4a-c (Investment expenses, Other, Add lines 4a-c), 5 (Total expenses).

Part XIV Supplemental Information

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

Series of horizontal dashed lines provided for entering supplemental information.

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

Name of the organization

Employer identification number

AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN MUNICIPAL POWER-OHIO DEPARTMENT 1614 COLUMBUS, OH 43260			25,000.				DEED PROJECT PAYMENT
BRAINTREE ELECTRIC LIGHT DEPT 150 POTTER ROAD BRAINTREE, MA 02184-1364			10,262.				DEED PROJECT PAYMENT
BURNS & MCDONNELL INV#51285-1 9400 WARD PKWY KANSAS CITY, MO 64114-3119			12,500.				DEED PROJECT PAYMENT
CITY OF ANAHEIM 201 S. ANAHEIM BLVD. SUITE 800			26,786.				DEED PROJECT PAYMENT
CITY OF COLUMBIA P.O. BOX 6912 COLUMBIA, MO 65205			37,493.				DEED PROJECT PAYMENT
CITY OF FOREST GROVE P.O. BOX 326 FOREST GROVE, OR 97116-0326			39,174.				DEED PROJECT PAYMENT
CITY OF MANASSAS 9027 CENTER STREET MANASSAS, VA 20110			38,688.				DEED PROJECT PAYMENT
CITY OF ST. CLAIRSVILLE 100 MARKET ST. ST. CLAIRSVILLE, OH 43950			5,666.				DEED PROJECT PAYMENT
CITY OF WESTERVILLE 64 EAST WALNUT STREET POB 6107			77,530.				DEED PROJECT PAYMENT
CLEVELAND PUBLIC POWER 1300 LAKESIDE AVENUE EAST			35,000.				DEED PROJECT PAYMENT
ELECTRICITY OF NORTH CAROLINA 1427 MEADOWWOOD BLVD RALEIGH, NC 27626-0513			18,000.				DEED PROJECT PAYMENT
LANSING BOARD OF WATER & LIGHT 1232 HACO P.O. BOX 13007			10,540.				DEED PROJECT PAYMENT
NORTHEAST PUBLIC POWER ASSOCIATION 100 MEDWAY ROAD MILFORD, PA 01757			7,500.				DEED PROJECT PAYMENT
PLATTE RIVER POWER AUTHORITY 2000 EAST HORSETOOTH ROAD			7,433.				DEED PROJECT PAYMENT
SACRAMENTO MUNICIPAL UTIL DIST 6201 S STREET SACRAMENTO, CA 95817-1889			73,158.				DEED PROJECT PAYMENT

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____
3 Enter total number of other organizations ▶ _____

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

Schedule I-1 (Form 990) 2008

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

2008

**Open to Public
Inspection**

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

Part 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.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input checked="" type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		X
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?	X	
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.		
<input checked="" type="checkbox"/>	Compensation committee		
<input checked="" type="checkbox"/>	Independent compensation consultant		
<input checked="" type="checkbox"/>	Form 990 of other organizations		
<input checked="" type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
a	Receive a severance payment or change of control payment?		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	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		
a	The organization?		
b	Any related organization?		
	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		
a	The organization?		
b	Any related organization?		
	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		
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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		

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

Schedule J (Form 990) 2008

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
JEFFREY J. TARBERT	(i)	237,427.	NONE	NONE	NONE	8,929.	246,356.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES J. NIPPER	(i)	247,630.	NONE	NONE	NONE	13,259.	260,889.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SUSAN KELLY	(i)	218,895.	NONE	NONE	NONE	2,181.	221,076.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PHILLIP M. CRISSON	(i)	440,109.	NONE	NONE	14,360.	8,929.	463,398.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MIKE HYLAND	(i)	152,115.	NONE	NONE	NONE	13,259.	165,374.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALLEN E MOSHER	(i)	159,247.	NONE	NONE	NONE	341.	159,588.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN KELLY	(i)	145,770.	NONE	NONE	NONE	NONE	145,770.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JEANNE LABELLA	(i)	137,866.	NONE	NONE	NONE	NONE	137,866.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MAUDE GRANTHAM-RICHARDS CHAIR	1.	X					NONE	NONE	NONE	
MARC GERKEN CHAIR-ELECT	1.	X					NONE	NONE	NONE	
TERRY J. HUVAL IMMEDIATE PAST CHAIR	1.	X					NONE	NONE	NONE	
MARK BONSALE TREASURER	1.	X					NONE	NONE	NONE	
GEORGE M. CAAN DIRECTOR	1.	X					NONE	NONE	NONE	
WILLIAM CARROLL DIRECTOR	1.	X					NONE	NONE	NONE	
LONNIE CARTER DIRECTOR	1.	X					NONE	NONE	NONE	
ALLEN CROWSER DIRECTOR	1.	X					NONE	NONE	NONE	
PHYLLIS CURRIE DIRECTOR	1.	X					NONE	NONE	NONE	
CHARLES M. DAVIS DIRECTOR	1.	X					NONE	NONE	NONE	
JIM DAVIS DIRECTOR	1.	X					NONE	NONE	NONE	
HAROLD E. DEPRIEST DIRECTOR	1.	X					NONE	NONE	NONE	
JAMES A. DICKENSON DIRECTOR	1.	X					NONE	NONE	NONE	
PAULA J. DIFONZO DIRECTOR	1.	X					NONE	NONE	NONE	
WILLIAM DOLLAR DIRECTOR	1.	X					NONE	NONE	NONE	
TERRY DRAPER DIRECTOR	1.	X					NONE	NONE	NONE	
JOEY DUREL DIRECTOR	1.	X					NONE	NONE	NONE	
KEVIN EASLEY DIRECTOR	1.	X					NONE	NONE	NONE	
ROBERT P. JOHNSTON DIRECTOR	1.	X					NONE	NONE	NONE	
ROBERT V. JOLLY DIRECTOR	1.	X					NONE	NONE	NONE	
STEVEN KLEIN DIRECTOR	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

JSA
8E1294 1 000

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization: **AMERICAN PUBLIC POWER ASSOCIATION**
Employer Identification number: **53-0026315**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD E. KOM DIRECTOR	1.	X					NONE	NONE	NONE	
DAVE LOCK EX OFFICIO	1.	X					NONE	NONE	NONE	
LARRY MUSICK DIRECTOR	1.	X					NONE	NONE	NONE	
JOE PACOVSKY DIRECTOR	1.	X					NONE	NONE	NONE	
BILL RADIO DIRECTOR	1.	X					NONE	NONE	NONE	
J. GARY STAUFFER DIRECTOR	1.	X					NONE	NONE	NONE	
SHARON STAZ DIRECTOR	1.	X					NONE	NONE	NONE	
DAVID R. WALTERS DIRECTOR	1.	X					NONE	NONE	NONE	
COLIN WHITLEY DIRECTOR	1.	X					NONE	NONE	NONE	
ROBERT E. WILLIAMS DIRECTOR	1.	X					NONE	NONE	NONE	
BRIAN MOECK DIRECTOR	1.	X					NONE	NONE	NONE	
PAUL J. PALLAS DIRECTOR	1.	X					NONE	NONE	NONE	
COLEMAN SMOAK DIRECTOR	1.	X					NONE	NONE	NONE	
LYNNE TEJEDA DIRECTOR	1.	X					NONE	NONE	NONE	
PHILLIP M. CRISSON PRESIDENT & CEO	40.			X			440,109.	NONE	23,289.	
HARRY R. OLIBRIS DIRECTOR OF FINANCE	40.			X			57,102.	NONE	NONE	
JEFFREY J. TARBERT SENIOR VP- MEMBER SE	40.				X		237,427.	NONE	8,929.	
JAMES J. NIPPER SENIOR VP- GOV'T REL	40.				X		247,630.	NONE	13,259.	
SUSAN KELLY VP POLICY ANALYSIS & GEN COUNS	40.				X		218,895.	NONE	2,181.	
MIKE HYLAND VP ENGINEERING SERVICES	40.				X		152,115.	NONE	13,259.	
ALLEN E MOSHER SR. POL ANALYSIS DIR	40.					X	159,247.	NONE	341.	

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

Schedule J-2 (Form 990) 2008

JSA
8E1294 1 000

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

CLASSES OF MEMBERS OR STOCKHOLDERS

PART VI OF THE FORM 990, SECTION A, QUESTION 6

REGULAR MEMBERS ARE THE ONLY CLASS OF MEMBERSHIP ENTITLED TO ELECT THE

MEMBERS OF THE GOVERNING BODY, APPROVE SIGNIFICANT DECISIONS OF THE

GOVERNING BODY AND VOTE ON MATTERS BROUGHT BEFORE THE MEMBERSHIP, AND

ALSO TO PARTICIPATE FULLY IN THE AFFAIRS OF THE ASSOCIATION.

Multiple horizontal dashed lines for additional text entry.

Name of the organization

Employer identification number

AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

ELECTION BY MEMBERS OR STOCKHOLDERS

PART VI OF THE FORM 990, SECTION A, QUESTION 7A

THE REGULAR MEMBERS SHALL ELECT MEMBERS OF THE BOARD OF DIRECTORS,

APPROVE PUBLIC POLICY POSITIONS OF THE ASSOCIATION ON MAJOR ISSUES

AFFECTING PUBLIC POWER SYSTEMS. THE BOARD OF DIRECTORS MAY FILL ANY

OTHER VACANCIES THAT OCCUR IN ITS ELECTED MEMBERSHIP BY APPOINTMENT OF

INDIVIDUALS QUALIFIED TO FILL SUCH VACANCIES FOR THE REMAINING TERM OF

THE POSITION.

Name of the organization

Employer identification number

AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS

PART VI OF THE FORM 990, SECTION A, QUESTION 7B

THE REGULAR MEMBERS HAVE THE RIGHT TO APPROVE AND RATIFY DECISIONS OF THE

GOVERNING BODY. THE REGULAR MEMBERS APPROVE POLICY POSITIONS OF THE

ASSOCIATION ON MAJOR ISSUES AFFECTING PUBLIC POWER SYSTEMS, APPROVE OR

DISAPPROVE CHANGES IN DUES AND SPECIAL ASSESSMENTS AND AMENDMENTS TO THE

ASSOCIATION BYLAWS. ALL ACTIONS OF THE MEMBERSHIP OF THE ASSOCIATION

SHALL BE APPROVED BY A MAJORITY VOTE WITH EACH REGULAR MEMBER CASTING ONE

VOTE, UNLESS A REGULAR MEMBER REQUESTS AT THE TIME A VOTE IS TAKEN OR

IMMEDIATELY THEREAFTER THAT A WEIGHTED VOTE BE TAKEN ON A PARTICULAR

MATTER, IN WHICH CASE A MAJORITY OF THE WEIGHTED VOTES CAST SHALL BE

REQUIRED FOR ACTION. REGULAR MEMBERS SHALL BE ASSIGNED VOTES

PROPORTIONAL TO THE DUES PAYABLE BY SUCH MEMBER FOR THE CURRENT CALENDAR

YEAR. THE SECRETARY SHALL ASSIGN EACH REGULAR MEMBER ONE VOTE FOR EACH

FIFTEEN THOUSAND DOLLARS (\$15,000), OR FRACTION THEREOF, OF DUES PAYABLE

BY IT, WITH EACH REGULAR MEMBER BEING ASSIGNED AT LEAST ONE VOTE.

Name of the organization

Employer identification number

AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

THE PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990

PART VI OF THE FORM 990, SECTION A, QUESTION 10

BEGINNING WITH THE 2008 FORM 990 A COMPLETED DRAFT OF FORM 990 WILL BE

DISTRIBUTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR

REVIEW AND APPROVAL BEFORE IT IS FILED WITH THE IRS.

Name of the organization

Employer identification number

AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

PROCESS FOR DETERMINING COMPENSATION

PART VI OF THE FORM 990, SECTION B, QUESTION 15B

THE ORGANIZATION USES A COMPENSATION STUDY CONDUCTED BY AN OUTSIDE

CONSULTANT, WHICH WAS PERSENTED TO AND APPROVED BY THE EXECUTIVE

COMMITTEE OF THE BOARD OF DIRECTORS AND VOTED UPON BY THE FULL BOARD AT

THE FALL BOARD MEETING.

Name of the organization

Employer identification number

AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

FINANCIAL STATEMENTS

PART IV OF THE FORM 990, QUESTION 12

AS THE ORGANIZATION AND ITS SUBSIDIARIES MEET THE GAAP REQUIREMENTS FOR

CONSOLIDATION, THE ORGANIZATION RECEIVED CONSOLIDATED AUDITED FINANCIAL

STATEMENTS FOR THE YEAR IN WHICH IT IS COMPLETING THE RETURN. AN

INDEPENDENT AUDITING FIRM CONDUCTED THE AUDIT OF THE FINANCIAL

STATEMENTS. THE AUDITED FINANCIAL STATEMENTS WERE PREPARED IN ACCORDANCE

WITH GAPP.

Name of the organization

Employer identification number

AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

MONITORING THE CONFLICT OF INTEREST POLICY

PART VI OF THE FORM 990, SECTION B, QUESTION 12

APPA HAS A CODE OF CONDUCT AND A CONFLICT OF INTEREST POLICY. THESE POLICIES APPLY TO APPA'S DIRECTORS, OFFICERS AND STAFF TO AVOID ANY INTEREST THAT CONFLICTS OR APPEARS TO CONFLICT WITH THE INTERESTS OF THE ASSOCIATION OR THAT COULD REASONABLY BE DETERMINED TO HARM THE ASSOCIATION'S REPUTATION. A CONFLICT OF INTEREST EXISTS IF ACTIONS BY A DIRECTOR, OFFICER, OR STAFF MEMBER OF THE ASSOCIATION ARE, OR COULD REASONABLY APPEAR TO BE, INFLUENCED DIRECTLY OR INDIRECTLY BY PERSONAL INTERESTS, AFFILIATIONS OR ACTUAL OR POTENTIAL BENEFIT OR GAIN TO THE INDIVIDUAL OR HIS OR HER IMMEDIATE FAMILY.

ANY INDIVIDUAL WHO MAY BE INVOLVED IN AN ISSUE OR TRANSACTION IN WHICH HE OR SHE HAS AN ACTUAL OR APPARENT CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PRESENT AT THAT PORTION OF THE MEETING OF THE BOARD OR ANY COMMITTEE OF THE BOARD AT WHICH THE ISSUE OR TRANSACTION IS CONSIDERED. THE INTERESTED INDIVIDUAL MAY, HOWEVER, ANSWER QUESTIONS REGARDING THE ISSUE OR TRANSACTION. THE MINUTES OF THE MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE INTERESTED DIRECTOR, OFFICER OR OTHER INDIVIDUAL LEFT THE ROOM AND DID NOT PARTICIPATE IN THE DISCUSSION AND DID NOT VOTE ON THE ISSUE OR TRANSACTION.

ANY DIRECTOR, OFFICER OR STAFF MEMBER WHO HAS A QUESTION AS TO WHETHER A PARTICULAR SET OF FACTS OR SITUATION GIVES RISE TO A POTENTIAL CONFLICT OF INTEREST MUST SEEK CLARIFICATION FROM THE ASSOCIATION'S GENERAL COUNSEL.

Name of the organization

Employer identification number

AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

IN ADDITION, BOARD MEMBERS AND SENIOR STAFF MUST FILL OUT ANNUAL
DISCLOSURE STATEMENTS, WHICH ARE REVIEWED BY THE GENERAL COUNSEL.
DIRECTORS, OFFICERS AND STAFF HAVE AN ONGOING OBLIGATION TO DISCLOSE
POTENTIAL OR ACTUAL CONFLICTS OF INTEREST IF THEY ARISE.

Name of the organization

Employer identification number

AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

FINANCIAL STATEMENT AUDIT

PART XI OF THE FORM 990, QUESTION 2

THE CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT

ACCOUNTANT. THE ORGANIZATION DOES HAVE AN INDEPENDENT AUDIT COMMITTEE

THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS

FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

Name of the organization

Employer identification number

AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

NONQUALIFIED PLAN COMPENSATION

SCHEDULE J, PART I, QUESTION 4B

THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, PHILLIP M. CRISSON,

RECEIVED \$14,360 IN CONTRIBUTIONS TO HIS NON-QUALIFIED RETIREMENT PLAN.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
HOMETOWN CONNECTIONS INTERNATIONAL, LLC 84-1428802 1875 CONNECTICUT AVENUE, NW, S WASHINGTON, DC 20009	PUB PWR PRDS	DC	16,914.	339,389.	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
PUBLIC POWER INC. 52-2077067 1875 CONNECTICUT AVE, N.W., SUITE 1200 WASHINGTON, DC 200	HOLDING COMPANY	DC	N/A	C CORP	12,822.	-123,734.	100.0000

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) PUBLIC POWER, INC.	N	38,604.
(2)		
(3)		
(4)		
(5)		
(6)		

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

PROVIDE LEADERSHIP IN THE EVOLUTION OF THE ELECTRIC UTILITY INDUSTRY
BY ADVANCING THE PRINCIPLES OF COMMUNITY OWNERSHIP AND REPRESENTING
THE INTERESTS OF PUBLIC POWER SYSTEMS AND ELECTRIC CONSUMERS FOR THE
MORE THAN 2,000 COMMUNITY OWNED UTILITIES ACROSS THE COUNTRY.

FORM 990, PART VIII - INVESTMENT INCOME

=====

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
-----	-----	-----	-----	-----
INTEREST ON SAVINGS	172,868.			172,868.
DIVIDENDS	1,098.			1,098.
TOTALS	173,966.			173,966.
	=====	=====	=====	=====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE
MUTUAL FUNDS	2,367,852.
EQUITY SECURITIES	1,640,357.
TOTALS	4,008,209.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 53-0026315
	Number, street, and room or suite no. If a P O box, see instructions 1875 CONNECTICUT AVE., NW	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THE ASSOCIATION**
Telephone No **202 467-2949** FAX No _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **11/16/2009**
- For calendar year **2008**, or other tax year beginning _____ and ending _____
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Margaret A. Bradshaw Title CPA Agent Date 8/04/09
 GRANT THORNTON LLP
 2010 CORPORATE RIDGE, SUITE 400
 MCLEAN, VA 22102

Application for Extension of Time To file an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: 1875 CONNECTICUT AVE., NW WASHINGTON, DC 20009

Check type of return to be filed (file a separate application for each return)

- Form 990 (checked)
Form 990-BL
Form 990-EZ
Form 990-PF
Form 990-T (corporation)
Form 990-T (sec 401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041-A
Form 4720
Form 5227
Form 6069
Form 8870

The books are in the care of THE ASSOCIATION

Telephone No 202 467-2949 FAX No

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2009, to file the exempt organization return for the organization named above The extension is for the organization's return for

- calendar year 2008 or
tax year beginning and ending

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

Table with 3 rows (3a, 3b, 3c) and 2 columns (Description, Amount). 3a: tentative tax, less any nonrefundable credits. 3b: refundable credits and estimated tax payments. 3c: Balance Due.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.