## 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:

5. Business Phone Number:

[Information redacted for privacy]

1. Nai	me:
2. Ad	dress:
3. Em	ail Address:
4. Pho	one Number:
	* * * *
For W	itnesses 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]

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 <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) 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

#### <u>In addition, for witnesses representing organizations:</u>

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 <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) 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 (9<sup>th</sup> 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

#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

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

Open to Public Inspection

A	For th	2010 calendar year, or tax year beginning	and	ending	_	
В	Check i	C Name of organization			D Employer identific	cation number
	Addr chan	AMERICAN PUBLIC POWER	ASSOCIATION			
Ī	Nam chan				53-0	026315
Ī	Initia	Number and street (or P 0 box if mail is not de	ivered to street address)	Room/suite	<del></del>	<del></del>
<u></u>	Tem	1875 CONNECTICUT AVE.,	· · · · · · · · · · · · · · · · · · ·	1200	(202	) 467-2949
Ĺ	Ame retur	City or town, state or country, and ZIP + 4			G Gross receipts \$	16,445,270.
L	Appl tion	MADITINGTON, DC 20009			H(a) Is this a group re	
	pend	F Name and address of principal officer:MAR SAME AS C ABOVE	C CRISSON		for affiliates? <b>H(b)</b> Are all affiliates incl	Yes X No
ī	Tayıo	empt status 501(c)(3)X 501(c)( 6 )	◀ (Insert no )	or 52	-1 · ·	list. (see instructions)
<u>.</u>		te: ► HTTP://WWW.APPANET.ORG		01 32	H(c) Group exemption	
			sociation Other	I Veal		State of legal domicile DC
	Part I	Summary		12.00	origination == = = =	Otato or regar cormono = =
-		Briefly describe the organization's mission or most	significant activities: PROM	OTING	THE INTEREST	TS OF
21 2011	B   .	COMMUNITY-OWNED UTILITIES	ACROSS THE COU	NTRY		
20	2	Check this box   if the organization disco	ntinued its operations or dispos	sed of mor	e than 25% of its net as	sets.
<u></u> ا	3 3	Number of voting members of the governing body			3	30
es (	4	Number of independent voting members of the go			4	30
ڙب	g   5	Total number of individuals employed in calendar			5	74
DEC	6	Total number of volunteers (estimate if necessary)			6	0
$\overline{\cap}$	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12		7a	249,641.
<u> </u>	'   ь	Net unrelated business taxable income from Form			7b	49,114.
3					Prior Year	Current Year
\$	8 0	Contributions and grants (Part VIII, line 1h)			71,944.	47,401.
SCANNED	9	Program service revenue (Part VIII, line 2g)			14,442,774.	15,849,791.
(1)	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)		160,774.	125,261.
٥	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			163,356.	76,656.
	12	Total revenue - add lines 8 through 11 (must equal			14,838,848.	16,099,109.
	13	Grants and similar amounts paid (Part IX, column (			621,305.	347,006.
	14	Benefits paid to or for members (Part IX, column (A			0.	0.
9	ุ 15	Salaries, other compensation, employee-benefits (	Part IX, column (A), lines 5-10)		9,542,338.	8,906,701.
,	16a	Professional fundraising fees (Part R, Countr W	inelle)		0.	0.
	Э ь	Total fundraising expenses (Pair IX, column (D), lin		0.		
Ú	j   <sub>17</sub>	Other expenses (Part IX, column (A), lines 11a-11d			6,373,341.	6,919,841.
		Total expenses. Add lines 13 (must equal Part			16,536,984.	16,173,548.
	119	Revenue less expenses. Suptract line 18 from line	12		-1,698,136.	-74,439.
50	Ses	l OGDEN.		8	eginning of Current Year	End of Year
sets	[ 20	Total assets (Part X, line 16)			9,737,812.	9,751,211.
As	21	Total liabilities (Part X, line 26)			16,830,696.	16,907,893.
] Net Assets or	를 22	Net assets or fund balances. Subtract line 21 from	line 20		-7,092,884.	-7,156,682.
	art II	Signature Block				
Ur	ider pen	Ities of perjury, I declare that I have exampled this return	Including accompanying schedule	s and stater	nents, and to the best of my	/ knowledge and belief, it is
trı	je, corre	t, and complete Declaration of prepared (other than office	er) is based on all information of wh	hich prepare	r has any knowledge/	
		Hay Mi	$\sim$		1//14/	2011
Si	gn	Signature of officer				
H	ere	HARRY R/OLIBRIS, VP O	F FINANC			
_		Type or print name and title				
		Print/Type preparer's name	Preparer's signa			
Pa	iđ	FREDERICK LONGWOOD	trail to			
Pr	eparer	Firm's name TATE AND TRYON				
Us	e Only		W SUITE			
		WASHINGTON DC 2	0026			

May the IRS discuss this return with the preparer shown above? (see instruc-032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the sep

Form	990 (2010) AMERICAN PUBLIC POWER ASSOCIATION	53-0026315	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission: PROVIDE LEADERSHIP IN THE EVOLUTION OF THE ELECTRIC UTIL	LITY INDUSTR	.Y
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	X 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	X 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 exp		
	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.	<del></del>	
4a		evenue \$	)
	EDUCATION/TRAINING: ANNUAL CONFERENCE, SPECIALIZED WORKS		
	TRAINING SESSIONS ON RATE DESIGN, POLICY MAKING, UTILITY	I ACCOUNTING	<u>'</u>
	COST SERVICES, ETC.		
	<u> </u>	<u>-</u>	
		<del></del>	
			<del></del>
4b	(Code: ) (Expenses \$ including grants of \$) (Regulatory Technical and Statistical Issues.	evenue \$ LEGISLATIVE	)
		~	
	· · · · · · · · · · · · · · · · · · ·		
4c		evenue \$	)
	PUBLICATIONS: BI-MONTHLY MAGAZINE, WEEKLY NEWSLETTER, SI		
	NEWSLETTERS ON HUMAN RESOURCES, COMMUNICATIONS RESEARCH	AND	
	DEVELOPMENT.	- <del></del>	
			<del></del>
		<del></del>	
		<del></del>	
4d	Other program services. (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ▶		00 (00 00
		Form <b>9</b> !	<b>90</b> (2010)

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	j		
	public office? If "Yes," complete Schedule C, Part I	_3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
_	Schedule D, Part III	8		
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			х
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	<u> </u>		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		Х
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_ X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> X</u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI, XII, and XIII	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?		.,	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	<del></del>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		^
ь		144		Х
45	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	15		х
16	or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13	ļ	<u> </u>
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	The state of the s	20a		Х
	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)	20ь		
		Form	990 (	2010)

De 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 17 if "Yes," complete Schedule I, Parts I and III  21 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization is current and former offices, directors, fustees, key employees, and highest compensation of the organization of some organization and the situation of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. Part II and take the organization in west any proceeds of taxexempt bond beau with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. "Two", or lone as any proceeds of taxexempt bonds beyond a temporary period exception?  24b Did the organization invest any proceeds of taxexempt bonds beyond a temporary period exception?  25c Did the organization invest any proceeds of taxexempt bonds beyond a temporary period exception?  25d Did the organization invest any proceeds of taxexempt bonds beyond a temporary period exception?  25d Did the organization and an an earon secount of the third in a refunding escrow at any time during the year?  25d Did the organization and so that is 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 spann proceeds any time during the year?  25d Did 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 spann procedular process. The process of the end of the organization is tax year? If "Yes," complete Schedule L, Part IV  25d Did the organization organization are spann procedular to the end of the organization is tax year? If "Ye	Pa	rt IV Checklist of Required Schedules (continued)			
United States on Part IX. column (A), line 17 If "Yes," complete Schedule I, Parts I and II  2 bid the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III  2 bid the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization is current and former officies, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule II in the state of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  2 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  2 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  2 bid the organization invest any proceeds of tax-exempt bonds provide any time during the year?  2 bid the organization invest any proceeds of tax-exempt bonds outstanding a server with an exception?  2 bid the organization and acts send of "issuer for bonds outstanding as any time during the year?  2 bid the organization aware that tengaged 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 provides any proceed to the organization secrets with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's provides schedule L, Part II  2 bid the organization aware that engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction that he organization secrets and the end of the organization secrets and the provides of the end of the organi		•		Yes	No
United States on Part IX. column (A), line 17 if "Yes," complete Schedule I, Parts I and II  2	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. 22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. 23 Dut the organization arware "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule IX. 24 Dut the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after Desember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IX. If "No", yo to line 25 Schedule IX. If "No", yo to line 25 Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a retunding escrow at any time during the year? Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization are as an "on behalf of" issuer for bonds outstanding an excess benefit transaction with a disqualified person during the year? Did the organization are as an "on behalf of" issuer for bonds outstanding as of the end of the organization's tax years if "Yes," complete Schedule IX. Part IV is a schedule IX. Part IV is a complete Schedule IX. Part IV is a complete Schedule IX. Part IV is a complete Schedule IX			21	Х	
column (A), line 27 II "Yes," complete Schedule I, Parts I and III  22 II the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule II. The IP is 10 to the progranization in west any proceeds of tax-exempt bonds beyond a temporary period exception?  24e Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization mental an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25d Section 501(c)) and 501(c)(d) organizations. Did the organization engage in an excess benefit are did under the year?  25d Section 501(c)(d) and 501(c)(d) organizations. Did the organization engage in an excess benefit are did under the year of the section of the organization of the organization or any that 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-E2? If "Yes," complete Schedule L, Part II  25d 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 organizations with one of the following parties (see Schedule L, Part II)  27d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II)  28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II)  28d A current or former officer, director, trustee, or key employee? If If "Yes," complete Schedule L, Part IV  28d A current or former officer, dir	22				
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, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule Last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  Did the organization mirest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization mirest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization mirest any account other than a refunding secrow at any time during the year? decided any tax-exempt bonds?  Did the organization mirest as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(e)(9) and 501(e)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If year, "complete Schedule L, Part II to the organization aware that it engaged in an excess benefit transaction with a disqualified person of year year. If year, "complete Schedule L, Part II to the organization aware that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization reporter or 90-90-E27 If "Yes," complete Schedule L, Part II to the organization provide a grant or other assestance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV and the programization of the programization of the following parties (see Schedule L, Part IV as a Camplete Schedule II and the programization of the programiza			22	x	ł
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instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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 key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28c	28	· _		********	-
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Form <b>990</b> (2010)			38	X	
•			Form	<b>990</b> (	2010)

Part	90 (2010) AMERICAN PUBLIC POWER ASSOCIATION 53-0026			age <b>5</b>
	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a E	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			İ
	Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	gambling) winnings to prize winners?	1c	Х	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	alled for the calendar year ending with or within the year covered by this return 2a 74			1
	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	f "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	ĺ
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	inancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	f "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	f "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a	Х	
	f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		Х
	Organizations that may receive deductible contributions under section 170(c).			1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	f "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		†
	Did the organization hotily the dollor of the value of the goods of services provided:  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
		7c		
	o file Form 8282?  f "Yes " indicate the number of Forms 8282 filed during the year			
	1 100, malacta the name of 1 of the occupancy of	7e	1	1
	Oid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
		7h		
	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	··· <del>···</del>	<del></del> -	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	8	Ì	]
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		,	
	Sponsoring organizations maintaining donor advised funds.	9a	•	1
	Did the organization make any taxable distributions under section 4966?	9b		$\vdash$
	Did the organization make a distribution to a donor, donor advisor, or related person?	- <del>70</del> -		-
	Section 501(c)(7) organizations. Enter:			
	nitiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			1
	51055 10561pts, 111510505 511 5111 5151 7151 7151 7151			
	Section 501(c)(12) organizations. Enter:			
-	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10-	1	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del> </del>
	if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	1		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	<del> </del>	<del>}</del>
	s the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O.			1
	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	organization is licensed to issue qualified health plans	1		
	Enter the amount of reserves on hand	1		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	<del>  ^</del>
L 1	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		(2010)

032005 12-21-10

AMERICAN PUBLIC POWER ASSOCIATION 53-0026315 Form 990 (2010) 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 30 1a Enter the number of voting members of the governing body at the end of the tax year 1a 30 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X governing body? 7a X **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7ь Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body? X 8ь **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12¢ in Schedule O how this is done X 13 13 Does the organization have a written whistleblower policy? Х 14 Does the organization have a written document retention and destruction policy? 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? X 15a a The organization's CEO, Executive Director, or top management official Х 15b b Other officers or key employees of the organization 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 X 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶DC 17 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 Upon request Own website Another's website 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

1200,

WASHINGTON,

<u> HARRY OLIBRIS - (202) 467-2949</u>

1875 CONNECTICUT AVE., NW, NO.

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.

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

- 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.

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	rustee or director	hechthough frusta	Pos call	that			Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
GEORGE CAAN		-								
DIRECTOR	1.00	X		_	_	<u> </u>		0.	0.	0.
BILL CARROLL										
DIRECTOR	1.00	X	_					0.	0.	0.
AUSTIN CARROLL										
DIRECTOR	1.00	X			_		<u> </u>	0.	0.	0.
LONNIE CARTER						1				
DIRECTOR	1.00	X				<u> </u>	<u> </u>	0.	0.	0.
MIGUEL CORDERO LOPEZ		Ì	1							
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
ALLEN CROWSER										
DIRECTOR	1.00	X		_	_	L	ــــ	0.	0.	0.
PHYLLIS CURRIE						ĺ				
DIRECTOR	1.00	X		<u> </u>			<u> </u>	0.	0.	0.
CHARLES "MEL" DAVIS										
DIRECTOR	1.00	X					ļ	0.	0.	0.
RON DAVIS	1									
DIRECTOR	1.00	X			_			0.	0.	0.
HAROLD DEPRIEST				i	ļ					
DIRECTOR	1.00	X		_		<u> </u>	<u> </u>	0.	0.	0.
JIM DICKENSON			l			l			,	
DIRECTOR	1.00	X						0.	0.	0.
PAULA DIFONZO										
DIRECTOR	1.00	X		_	ļ.—			0.	0.	0.
WILLIAM DOLLAR				ļ						
DIRECTOR	1.00	X			_		<u> </u>	0.	0.	0.
RONALD EARL	1 00				1			_		_
DIRECTOR	1.00	X	_					0.	0.	0.
REVIN EASLEY	1 00	l						_		_
DIRECTOR	1.00	<u>X</u>	<u> </u>	<u> </u>	_	_	ļ	0.	0.	0.
MARC GERKEN	1 00							_	_	^
DIRECTOR	1.00	<u>X</u>		<u> </u>	<u> </u>	-	<u> </u>	0.	0.	0.
ROBERT JOHNSTON	1 1 00	,,						_	^	_
DIRECTOR	1.00	X	l			<u> </u>		0.	0.	0 .

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Part VII Section A. Officers, Directors, Tru	stees, Key E	mpl	oyee	es, a	nd	High	est	Compensated Employ	ees (continued)	,		
. (A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average	/_	haal		itior			Reportable	Reportable		timated	
	hours per week	(C	neci	( all	ınaı	арр	יעוי ד	compensation from	compensation from related	an	nount of other	
	(describe	탏						the	organizations	com	pensati	on
	hours for	trustae or directo				ated		organization	(W-2/1099-MISC)		om the	
	related	154 254	Tage .			bens		(W-2/1099-MISC)		org	anızatıo	n
	organizations	ᄪ	land		8	t con					d related	
	in Schedule O)	Individual	Institutional trustie	Officer	Key employee	Highest compensated employee	Forme			orga	anization	าร
ROBERT JOLLY	· <u> </u>	<u> </u>								1		
DIRECTOR	1.00	X	ļ			L_	_	0.	0.	<u> </u>	_	0.
STEVEN KLEIN	1 00		İ	ĺ								^
DIRECTOR	1.00	X	<u> </u>	_	ļ	<del> </del>	<u> </u>	0.	0.	1-		0.
DONALD KOM	1 00							0.	^			ο.
DIRECTOR	1.00	X	ļ			-	<del> </del>	· · · · · · · · · · · · · · · · · · ·	0.	<del> </del>		<u> </u>
MIKE LEHTO	1.00	X	ì		l		1	0.	0.	1		0.
DIRECTOR PATRICK MCCULLAR	1.00	A	+-		$\vdash$	-	├			<del>'</del>		<u> </u>
DIRECTOR	1.00	X		1				0.	ο.			0.
BRIAN MOECK		<del>                                     </del>	$\vdash$		├-							
DIRECTOR	1.00	X						0.	0.	,		0.
JOSEPH PACOVSKY											_	
DIRECTOR	1.00	X						0.	0.			0.
PAUL PALLAS												
DIRECTOR	1.00	X			<u> </u>	L	<u> </u>	0.	0.			0.
LEON PEXTON									_			_
DIRECTOR	1.00	X			Ĺ	Ļ		0.	0.	-		0.
1b Sub-total								0. 2,621,520.	0.		6,07	0.
c Total from continuation sheets to Part VI	I, Section A							2,621,520.	0.		6,07	
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n	at limited to th		liot	- d -	boy	ابداه	h o r		L	<u>,                                    </u>	0,01	<u> </u>
compensation from the organization	or illuited to ti	1056	: IISte	eu a	DOV	e) wi	10 11	eceived more man prod	,000 in reportable			14
odriperisation from the organization								<del> </del>	<del></del>		Yes	No
3 Did the organization list any former officer,	director or tru	stee	e. ke	v en	olar	vee.	or h	highest compensated er	nployee on		-	
line 1a? If "Yes," complete Schedule J for s			,	,	•	•			• •	3		X
4 For any individual listed on line 1a, is the su			omp	ensa	atioi	and	d ot	her compensation from	the organization			, ,
and related organizations greater than \$150	),000? <i>If "Yes,</i>	" co	mpl	ete :	Sch	edul	e J i	for such individual		4	X	
5 Did any person listed on line 1a receive or a	ccrue compe	nsat	ion 1	from	any	unr/	elat	ted organization or indivi	idual for services			
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J i	for s	uch	pen	son				5		<u>X</u>
Complete this table for your five highest co	mpensated in	den	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of compen	sation 1	rom	
the organization. NONE												
(A)								(B)		)) ~~~~~		
Name and business	address		-				$\dashv$	Description of s	lei vices	- Tompe	nsation	
										-		
	<del></del>											
											-	
								<u> </u>				
	<del></del>			_				<u> </u>				
Total number of independent contractors (i \$100,000 in compensation from the organization from the organi		ot li	mite	d to	tho	se li: O	stec	d above) who received m	nore than			
SEE PART VII, SECTION	I A CON	ΓI	NU	AT.	IOI	N S	SH	EETS		Form	990 (20	)10)

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Form 990 (2010) AMERICAN  Part VIII 0 - 4 - 4 - 2 - 4 - 2 - 4 - 2 - 4 - 2 - 4 - 4									53-002	0313
Part VII Section A. Officers, Directors, Tru		mple	oyee			ligh	est			
. (A) Name and title	(B) Average hours	(c		Pos		app	ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual frustee or director	Institutional trustee	Officer	Кву етріоуес	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
JAMES POSEY										
DIRECTOR	1.00	X						0.	0.	0
BILL RADIO									•	_
DIRECTOR	1.00	X	<u> </u>		<u> </u>			0.	0.	0
TED RAMPTON							ļ		_	
DIRECTOR	1.00	X					ļ	0.	0.	0
MAURICE SCULLY									_	_
DIRECTOR	1.00	X				_		0.	0.	0
BRIAN SKELTON										
DIRECTOR	_ 1.00	X			L			0.	0.	0
COLEMAN SMOAK	ļ	ļ				Ι,		]		1
DIRECTOR	1.00	X						0.	0.	0
J. GARY STAUFFER										
DIRECTOR	1.00	X						0.	0.	0
LYNNE TEJEDA		ļ	ł		l					
DIRECTOR	1.00	X						0.	0.	0
DAVID WALTERS										
DIRECTOR	1.00	X			L			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	ļ	ļ	X				125,979.	0.	25,724
JAMES NIPPER										
SR. VP - GOVERNMENT RELATIONS	40.00				X			314,927.	_ 0.	54,946
SUE KELLY				Ċ						
SR. VP - POLICY ANALYSIS & GENERAL C	40.00				X			285,472.	_ 0.	55,748
JEFFREY J. TARBERT										
SR. VP - MEMBER SERVICES	40.00	L	L_		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	L			L	X	L	186,359.	0.	50,720
JOY DITTO		Γ								
VP - LEGISLATIVE AFFAIRS	40.00					х		186,746.	0.	50,697
NATHAN MITCHELL										
		•				i l	1		•	20 000
DIRECTOR - ELECTRICAL RELIABILITY ST	40.00	L		L		Х		<u> 158,287.</u>	0.	39,292

Form 990 (2010) AMERICAN	PUBLIC	P	JWI	ER	A	SS	OC.	LATION	53-002	6315
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mple	yee	es, a	nd l	High	est	Compensated Employ	ees (continued)	· · · · · · · · · · · · · · · · · ·
Name and title	(B) Average hours	(c		Pos	C) sition that		oly)	(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week	Individual trustae or director	institutional frust <del>ice</del>	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
EANNE LABELLA	40.00					x	İ	138,299.	0.	50 020
R. VP - PUBLISHING PLANNE MOODY	40.00	-	-		<u> </u>	^		130,299.		50,938
STATISTICAL ANALYSIS DIRECTOR	40.00	_				x		142,241.	0.	45,911
<del></del>										
		_		_		_				
						-				
		-				-				
		_								
						_				
<u></u>							_			
										<u></u>
				-	-		-			<del> </del>
-										
		<u> </u>								
otal to Part VII, Section A, line 1c								2,621,520.		576,079

Pa	rt VI	III Statement of Revenu	ne e	***************************************	<del> </del>			
	,	•		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	a Federated campaigns	1a					
E Z		b Membership dues	1b					
S, g	c	c Fundraising events	1c					
Contributions, gifts, grants and other similar amounts		d Related organizations	1d					
S.E	e	e Government grants (contribution	ns) 1e	47,401.				
	f	f All other contributions, gifts, grants	, and				İ	
혈		similar amounts not included above	11					
늘	9	Noncash contributions included in lines 1	a-1f \$					
<u>8 0</u>	h	h Total. Add lines 1a-1f		▶	47,401.			
				Business Code				
ဗ္ဗ	2 a			541800	11,421,094.	11,421,094.		
Program Service Revenue	b	b EDUCATION & TRA		541800	3000515.	3000515.		
종립	c	c PUBLICATIONS & S		541800	766,267.	516,626.	249,641.	
<b>E</b> 3	c	d ANNUAL CONFERENCE	CE	541800	661,915.	661,915.		
<u>g</u>	e	e						
ا ت	f	f All other program service reven	ue					
	<u> </u>	g Total. Add lines 2a-2f		<u> </u>	15,849,791.			
	3	Investment income (including of	lividends, intere	_	00 000			00 222
1		other similar amounts)			88,222.			88,222.
	4	Income from investment of tax-	exempt bond p	proceeds				
	5	Royalties					· · · · · · · · · · · · · · · · · · ·	
ļ		-	(i) Real	(II) Personal				
	6 a							
1	t	<b>b</b> Less: rental expenses		ļ <u> </u>				
		c Rental income or (loss)						
		d Net rental income or (loss)		(v) Oth				***************************************
	7 8	a Gross amount from sales of	(i) Securities 383200 •	(II) Other				
ŀ	_	assets other than inventory	303200.					
l	t	<b>b</b> Less: cost or other basis	346161.					
		and sales expenses	37,039.					
		c Gain or (loss)	317037	<b>•</b>	37,039.		1	37,039.
		<ul><li>d Net gain or (loss)</li><li>a Gross income from fundraising</li></ul>	ovente (not		0,7000			
울	0 6	including \$	of					
Ş		contributions reported on line						
Other Revenue		Part IV, line 18	a.					
Ę		b Less: direct expenses	b					
ō		c Net income or (loss) from fundi		<b>&gt;</b>				
		a Gross income from gaming act						
		Part IV, line 19	а					
		b Less: direct expenses	b					
		c Net income or (loss) from gami	ng activities	<b>&gt;</b>				
i		a Gross sales of inventory, less r						
		and allowances	а					
	1	<b>b</b> Less: cost of goods sold	ь					
		c Net income or (loss) from sales	of inventory	<b>&gt;</b> _				
		Miscellaneous Revenue	·	Business Code				
	11 8	a MISCELLANEOUS		900099	76,656.	76,656.		
	ı	b			ļ	<del></del>		
	•	С	<del></del>					
	•	d All other revenue		L	76.656			<del></del>
	•	e Total. Add lines 11a-11d		<b>•</b>	76,656.	†	240 641	125 261
2022	12	Total revenue. See instructions			16,099,109.	15,676,806.	249,641.	
03200	79 -10							Form <b>990</b> (2010)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. polete column (A) but are not required to complete columns (B), (C), and (D),

_	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				7,111
5	Compensation of current officers, directors,				
	trustees, and key employees	2,174,206.			
;	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.			
3	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)	402,234.			
9	Other employee benefits	1,303,897.		*	
0	Payroll taxes	414,791.			
1	Fees for services (non-employees):	<u> </u>			
	Management				
b	Legal	95,028.			
	Accounting	67,788.			· · · · · · · · · · · · · · · · · · ·
d	Lobbying				
	Professional fundraising services See Part IV, line 17		·· (n	<del></del>	
e 4	Investment management fees			1	
f	•			<u> </u>	
g	Other				
2	Advertising and promotion	261,523.			
3	Office expenses Information technology	105,047.			
4 =		200/02/0			
5	Royalties	1,308,558.			
6	Occupancy	323,655.			
7 0	Travel Payments of travel or entertainment expenses	320,000.			
8	for any federal, state, or local public officials				
0		2,239,412.		<u> </u>	
9	Conferences, conventions, and meetings				
0	Interest Payments to affiliates				
1	Depreciation, depletion, and amortization	407,325.		<del> </del>	
2	•	98,377.			
3	Insurance Other expanses, Itamize expanses not covered	20,3110			7.7.
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line			<b>'</b>	
	24f amount exceeds 10% of line 25, column (A)				
_	amount, list line 24f expenses on Schedule 0) INCENTIVES	459,735.			·
a	PRINTING	408,915.			
D	OTHER EXPENSES	286,119.	<del></del>		
C	DUES & MEMBERSHIP	249,253.			
a	AUDIOVISUAL/FILMS/PHOTO	159,359.		<del>  "</del>	
e		449,747.	<del></del>		
_f _	All other expenses	16,173,548.			<del></del>
<u>5</u>	Total functional expenses. Add lines 1 through 24f	10/1/2/2401			
26	Joint costs. Check here  If following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
	combined educational campaign and fundraising solicitation				Form <b>990</b>

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•	Balance Sheet	(A)		(B)
		Beginning of year		End of year
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			
İ	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	
Assets 7	Notes and loans receivable, net		7	
8   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.			
ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 5,025,465.  10b 3,092,069.	2,257,930.	10c	1,933,396 5,064,776
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
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	
တ္က 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
≝   22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities 25 25 25 25 25 25 25 25 25 25 25 25 25	highest compensated employees, and disqualified persons. Complete Part II			
<b>-</b>	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
	Organizations that follow SFAS 117, check here X and complete			
န္တ	lines 27 through 29, and lines 33 and 34.			
Ž 27	Unrestricted net assets	-7,348,109 <b>.</b>	_	-7,210,736 54,054
<u>8</u> 28	Temporarily restricted net assets	255,225.	28	54,054
<u> 29</u>	Permanently restricted net assets		29	
Ē	Organizations that do not follow SFAS 117, check here  and			
<u> </u>	complete lines 30 through 34.			
ह्य 30	Capital stock or trust principal, or current funds		30	
Š 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 2	Retained earnings, endowment, accumulated income, or other funds		32	
ž   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

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.

36

#### SCHEDULĘ C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

2010

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 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), ther

	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.		·	
Nan	ne of organization			Emp	loyer identification number
<del></del> -		N PUBLIC POWER A			53-0026315
Pŧ	ert I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527 of	organization.
1	Provide a description of the organi	zation's direct and indirect polit	ical campaign activities	ın Part IV.	
2	Political expenditures			▶;	\$
3	Volunteer hours				
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c)	)(3).	<del></del>
	Enter the amount of any excise tax				B
	Enter the amount of any excise tax	•			<b></b>
	If the organization incurred a section	, ,	~		Yes No
	a Was a correction made?	•	•		Yes No
Ŀ	b If "Yes," describe in Part IV.				
Pa	art I-C Complete if the or	ganization is exempt un	der section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fund	ction activities	•
	Enter the amount of the filing organ				
	exempt function activities		-	<b>▶</b> :	<b>5</b>
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	<b>-</b> ,	
	line 17b			▶ :	<b>.</b>
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	• •	•	EIN) of all section 527 p	olitical organizations to whi	ch the filing organization
	made payments. For each organize				
	contributions received that were p				
	political action committee (PAC). If	additional space is needed, pro	ovide information in Part	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	• •			filing organization's	contributions received and
		1		funds. If none, enter -0-	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
		İ			

032041 02-02-11

LHA

Schedule C (Form 990 or 990-EZ) 2010

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

Schedule C (Form 990 or 990-EZ) 2010	AMERICAN P	UBLIC POWER	R ASSOCIATION	53-0	0026315 Page 2		
Part II-A Complete if the org	ganization is exer	npt under section	on 501(c)(3) and file	ed Form 5768			
. (election under sec	ction 501(h)).						
A Check > if the filing organiza	ation belongs to an affi	lated group.					
B Check ▶ ☐ If the filing organiza	ation checked box A ar	nd "limited control" pr	ovisions apply.				
	its on Lobbying Exper ditures" means amou		.,	(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to infl	luence public opinion (	grass roots lobbying)		<del></del>			
<b>b</b> Total lobbying expenditures to infl				<del></del>			
c Total lobbying expenditures (add		, , , , , , , , , , , , , , , , , , , ,					
d Other exempt purpose expenditur	·						
e Total exempt purpose expenditure		i)					
f Lobbying nontaxable amount. Ent	•		th columns.				
If the amount on line 1e, column (a)		bying nontaxable an					
Not over \$500,000		the amount on line 1e					
Over \$500,000 but not over \$1,00	00,000 \$100,00	0 plus 15% of the ex	cess over \$500,000.				
Over \$1,000,000 but not over \$1,		00 plus 10% of the ex	cess over \$1,000,000.				
Over \$1,500,000 but not over \$17		0 plus 5% of the exc	ess over \$1,500,000.				
Over \$17,000,000	\$1,000,	000.					
				n. V			
g Grassroots nontaxable amount (e	nter 25% of line 1f)						
h Subtract line 1g from line 1a. If ze	h Subtract line 1g from line 1a. If zero or less, enter -0-						
i Subtract line 1f from line 1c. If zer	o or less, enter -0-						
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organia	zation file Form 4720				
reporting section 4911 tax for this	year?				Yes No		
		eraging Period Unde					
(Some organi	zations that made a s	ection 501(h) elections for line	on do not have to comp es 2a through 2f on pa	lete all of the five			
			ear Averaging Period	gc 4.,			
	Lobbying Exper	liditales builing 4- 16	Attendamy remod		Т		
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) Total		
2a Lobbying nontaxable amount				·			
<b>b</b> Lobbying ceiling amount							
(150% of line 2a, column(e))		1.02.03	<u> </u>		<del>-</del>		
c Total lobbying expenditures			<del>                                     </del>		<del></del>		
d Grassroots nontaxable amount							
e Grassroots celling amount			1	Y			
(150% of line 2d, column (e))							
(10070 01 mile 20, 00101111 (9))			1 1111	1/2-1			
f Grassroots lobbying expenditures		}					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 AMERICAN PUBLIC POWER ASSOCIATION 53-002631

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)	(t	o)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or			<del></del>	-
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
9					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? If "Yes," describe in Part IV				
i	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)?			,	
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		X
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members		1		<del></del>
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).	ical			
~	expenses for which the section 527(f) tax was paid).				
2	Current year		2a		
	Carryover from last year		2b		
	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 ex	C888	-		
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B.	line 1ı. Also	o, complete	this par
for a	ny additional information. HEDULE C, PART III				· 
тні	E AMERICAN PUBLIC POWER ASSOCIATION IS A SERVICE OF	RGANIZZ	ATION		
REI	PRESENTING MORE THAN 1,500 MUNICIPAL, COUNTY, AND S	STATE-(	OWNED	ELECT	RIC
UT:	ILITY SYSTEMS THROUGH DIRECT MEMBERS AND AFFILIATED	ORGA	NIZATI	ons.	
		<u>.                                    </u>	· ·		

### **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 Open to Public Inspection

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number 53-0026315

Pa	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of		-
	Impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ire
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located -	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pa	<b>性順</b> Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	ther 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 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherar	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

. (a) Description of security or category (including name of security)	(b) Book valu		e) Method of valuation or end-of-year marke	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)	ļ			
(C)				
(D)				<del></del>
(E)	<u> </u>			·
<u>(F)</u>	~ <del></del>			
(G)				
(H)				
(I)	-			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ► Part VIII Investments - Program Related. S	L See Form 990, Part X	 (, line 13.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(a) Description of investment type	(b) Book valu	(6	c) Method of valuation	
(1)				
(2)				
(3)	+			
(4)				
(5) (6)	+		**-	
(7)	-		<del></del>	
(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	e 15.			
(a	) Description			(b) Book value
(1) INVESTMENT IN SUBSIDIARY				1,454,727
(2)				
(3)				
(4)				
(5)				
(6)	<u> </u>			
(7)				
(8)				
(9)				
(10)	<del>,</del>			1 454 707
Total. (Column (b) must equal Form 990, Part X, col (B) lir		<del></del>	<b>&gt;</b>	1,454,727
Part X Other Liabilities. See Form 990, Part X	K, line 25.	(h) Amount	~ m n r .	<del></del>
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes		2 254 709		
(2) POST-RETIREMENT BENEFITS	MEDTOC	2,254,708. 6,335,605.		
(3) LIABILITY FOR PENSION BEI	NEF ITS	186,545.		
(4) CAPITAL LEASE LIABILITY		1,292,226.		
(5) DEFERRED RENT		1,292,220.		
<u>(6)</u>				
(7)				
(8)		-		
(9)				
(10)				
(11)	25.)	10,069,084.		
Total. (Column (b) must equal Form 990, Part X, col (B) lir FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740)	to the organization's finance	ial statements that reports the organizat	ion's liability for uncertain	tax positions under
032053 12-20-10				lule D (Form 990) 20

	dule D (Foill 990) 2010 ATEXTCAN FODDIC FOWER ASS							age 4
	1 XI Reconciliation of Change in Net Assets from Form 990	) to AL	Jdit			men		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			16,099,1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			16,173,5	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			-74,4 427,5	
4	Net unrealized gains (losses) on investments			4			421,3	02.
5	Donated services and use of facilities			5				
6	Investment expenses			6			<u> </u>	
7 8	Prior period adjustments			7			-416,9	21
9	Other (Describe in Part XIV.)			8	-		10,6	
10	Total adjustments (net). Add lines 4 through 8	3 004 0		10			-63,7	
	Excess or (deficit) for the year per audited financial statements. Combine lines 3  XII Reconciliation of Revenue per Audited Financial State		. W			etur		<del>50.</del>
1	Total revenue, gains, and other support per audited financial statements	1110111		idi Novelide	poi ii	1	16,526,6	71.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
a	Net unrealized gains on investments	1 :	2a	427,	562.			
b	Donated services and use of facilities	<b>-</b>	2b			i i	•	
¢	Recoveries of prior year grants	<u> </u>	2c	·				
q	Other (Describe in Part XIV.)	-	2d	·		1		
	Add lines 2a through 2d	1				2e	427,5	62.
3	Subtract line 2e from line 1					3	16,099,1	09.
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					
ь	Other (Describe in Part XIV.)		4b			]		
c	Add lines 4a and 4b	_				4c		0.
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	16,099,1	09.
Pa	t XIII Reconciliation of Expenses per Audited Financial State	ement	ts V	Vith Expens	es per	Retu	ırn	
1	Total expenses and losses per audited financial statements					1	16,590,4	69.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
a	Donated services and use of facilities	L	2a					
ь	Prior year adjustments	L	2b					
c	Other losses	L	2c					
d	Other (Describe in Part XIV.)	L	2d	416,	921.			
е	Add lines 2a through 2d					2e	416,9	
3	Subtract line 2e from line 1					3	16,173,5	<u>48.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	L.	4a					
b	Other (Describe in Part XIV.)	يا	4b					_
C	Add lines 4a and 4b					4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	16,173,5	<u>48.</u>
Pa	t XIV Supplemental Information			<del></del>				
X, lin	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pare 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con the control of the cont	omplete	e this	s part to provide	any ado	ditiona	l information.	art
TAX	ES ON ITS EXEMPT ACTIVITIES UNDER 501(C)	)(6)	0	F THE IN	TERN	AL	REVENUE	
COI	E. APPA IS SUBJECT TO INCOME TAXES ON IT	rs u	NR	ELATED B	USIN	ESS	ACTIVITI	ES
<u>(P</u>	RIMARILY ADVERTISING).							
								<del></del>
<u>AP</u> I	PA BELIEVES THAT IT HAS APPROPRIATE SUPPO	ORT	FO	R ANY IN	COME	TA	X POSITIO	NS
TAI	EN, AND THEREFORE, DID NOT IDENTIFY ANY	UNC	ER	TAIN INC	OME	TAX	POSITION	S
THI	AT ARE MATERIAL TO THE CONSOLIDATED FINAN	NCIA	<u>L</u>	STATEMEN				
032054 12-20-	io					Sched	dule D (Form 990)	2010

Schedule D (Form 990) 2010 AMERICAN PUBLIC POWER ASSOCIATION	53-0026315 Page 5
Part XIV Supplemental Information (continued)	<del></del>
THE DECEMBER 31, 2007 THROUGH 2010 TAX YEARS ARE OPEN FOR	EXAMINATION BY
TAXING AUTHORITIES.	
DARM WE TANK O CONTROL OF THE PROPERTY OF THE	
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.
	<del></del>

#### SCHEDULE I (Form 990)

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

2010

OMB No 1545-0047

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.

Open to Public Inspection

Schedule I (Form 990) (2010)

Name of the organization							Employer identification number
AMERICAN	PUBLIC PO	WER_ASSOCIA	TION				53-0026315
Part i General Information on Grants a	nd Assistance						
Does the organization maintain records or criteria used to award the grants or assist the properties of the propert	stance?				y for the grants or as	sistance, and the selec	X Yes No
Part II Grants and Other Assistance to							
recipient that received more than	5,000. Check this	box if no one recipier	nt received more th	an \$5,000. Part II		additional space is nee	eded
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
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organization.</li></ul>	_	ganizations					14.

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

art # Continuation of Grants and Other							(h) Burnoss of seist
(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	1				}		
2000 E. HORSETOOTH ROAD							
FORT COLLINS, CO 80525	84-0642436		22,500.	0.			DEED PROJECT PAYMENT
PRINCETON MUNICIPAL UTILITIES							
2 SOUTH MAIN STREET	j						
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
COOMMCDURG WINICIDAL RIPCORTO					•		
SCOTTSBURG MUNICIPAL ELECTRIC UTILITY - 2 EAST MCCLAIN AVENUE -							
SCOTTSBURG, IN 47170	35-6001189		51,896.	0.			DEED PROJECT PAYMENT
SCOTISBONG, IN 47170	35 0001103		31,050.				DEED TROOBET TAIMENT
CITY UTILITIES OF SPRINGFIELD							
PO BOX 551							
SPRINGFIELD, MO 65801	44-0553154		7,500.	0.			DEED PROJECT PAYMENT
TENNESSEE VALLEY AUTHORITY							
DEPT 888018	62 0474417		15 412	0.	}		DEED PROJECT PAYMENT
KNOXVILLE, TN 37995	62-0474417		15,413.	<u> </u>			DEED PROCECT PAIMENT
UNIVERSITY OF LOUISIANA-LAFAYETTE							
FOUNDATION - PO BOX 43850 -	1						
LAFAYETTE, LA 70504	72-6023836	501(C)(3)	6,234.	0.			DEED PROJECT PAYMENT
WAVERLY LIGHT AND POWER							
PO BOX 329, 100 ADAMS PARKWAY	40.000745:		10.500				DEED DROTTEON DAVISOR
WAVERLY, IA 50677	42-0927124	<del>                                     </del>	12,500.	0.	· · · · · · · · · · · · · · · · · · ·		DEED PROJECT PAYMENT

(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
CHOLARSHIPS (DEED PROJECT PAYMENT)	9	9,799.	0.		
		<del></del>			
Part IV Supplemental Information. Complete this part to	provide the information	n required in Part I	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: A F			····		
ACTIVITIES, COST, BIBLIOGRAPHY,					
RECOMMENDATIONS, AND A FOUR-PAG	E SUMMARY A	BSTRACT AR	E REQUIRED	AT THE	
CONCLUSION OF ALL DEED-SPONSORE	D GRANT PRO	JECTS.	<del></del> :		
THE ORGANIZATION MAKES GRANTS A	KIN TO SCHO	LARSHIPS A	S PART OF	THE DEED	
PROGRAM.					

#### **SCHEDULE**,J (Form 990)

**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.

**Open to Public** 

Internal Revenue Service Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

Inspection **Employer identification number** 

OMB No 1545-0047

#### AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel		in i   Questions Regarding Compensation			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel   Housing allowance or residence for personal use				Yes	No
First-class or charter travel Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Discretionary spending account Personal services (e.g., maid, chauffeur, cheft)  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 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?  Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.  Compensation committee X Written employment contract X Compensation converted X Compensation survey or study T promain to recompensation consultant X Compensation survey or study T promain to recompensation committee  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: Receive a severance payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4arc, 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. 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: The organization? Any related organization?  Any related organization?  Any related organization?	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
Travel for companions  Travel for companions  Travel for companions  Travel for companions  Travel for companions  Travel for companions  Travel for companions  Travel for companions  Travel for companions  Health or social club dues or initiation fees  Discretionary spending account  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  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?  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.  X Compensation committee  X Written employment contract  X Independent compensation consultant  X Compensation survey or study  X Form 990 of other organizations  X Approval by the board or compensation committee  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:  Receive a severance payment or change-of-control payment from the organization or a related organization?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  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.  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:  The organization?  A b III		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
X   Tax indemnification and gross-up payments		First-class or charter travel  Housing allowance or residence for personal use			
Discretionary spending account  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.  X Compensation committee  X Written employment contract  X Independent compensation consultant  X Compensation survey or study  X Form 990 of other organizations  X 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 filling 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, 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?  5 Any related organization?		Travel for companions Payments for business use of personal residence			
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.  X Compensation committee  X Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations  X 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 filling 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?  5 Any related organization?		X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
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.  X Compensation committee  X Written employment contract  X Independent compensation consultant  X Compensation survey or study  X Form 990 of other organizations  X 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 filling organization or a related organization:  a Receive a severance payment or change-of-control payment from the organization or a related organization?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 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.  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?  5 Any related organization?		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
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.  X Compensation committee  X Written employment contract  X Independent compensation consultant  X Compensation survey or study  X Form 990 of other organizations  X 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 filling organization or a related organization:  a Receive a severance payment or change-of-control payment from the organization or a related organization?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 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.  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?  5 Any related organization?					
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.  X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X 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, 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.  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?  5a  Any related organization?	Ь			v	
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  2 X  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.  X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X 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 filling 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?  5 Any related organization?	_		<u> 1b</u>		
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.    X   Compensation committee   X   Written employment contract   X   Independent compensation consultant   X   Compensation survey or study   X   Form 990 of other organizations   X   Approval by the board or compensation committee   A   During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:    Receive a severance payment or change-of-control payment from the organization or a related organization?   4a   X	2			J.	
CEO/Executive Director. Check all that apply.  X Compensation committee X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X 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 filling 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?  5 Any related organization?		trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Λ	
CEO/Executive Director. Check all that apply.  X Compensation committee X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X 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 filling 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?  5 Any related organization?	3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
X Compensation committee X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X 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 filling 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, 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.  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?					
X   Independent compensation consultant   X   Compensation survey or study   X   Form 990 of other organizations   X   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 filling organization or a related organization:   a   Receive a severance payment or change-of-control payment from the organization or a related organization?   4a   X     b   Participate in, or receive payment from, a supplemental nonqualified retirement plan?   4b   X     c   Participate in, or receive payment from, an equity-based compensation arrangement?   4c   X     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.     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?   5a     b   Any related organization?   5b					
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?  lf "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?					
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.  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?		<u> </u>			
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?  5 Any related organization?					
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?  5 Any related organization?	4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	İ		
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? lf "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.  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:  The organization?  Ab X  4c X  5a  5a  5b  5b					
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.  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?  5a  b Any related organization?	а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
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.  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?  5a  b Any related organization?	b	4b			
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?  5a  b Any related organization?	C	4c		X	
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 any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
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?		Only posting 501/a\/2) and 501/a\/4\ arganizations must complete lines 5-0	ŀ		
contingent on the revenues of:  a The organization?  b Any related organization?  5a  5b	5				
a The organization?  b Any related organization?  5a  5b	٠				
b Any related organization?	а	•	5a	Ì	
it "Yes" to line 5a or 5b, describe in Part III.	Ū	If "Yes" to line 5a or 5b, describe in Part III.	<u> </u>		,—
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	6				
contingent on the net earnings of:	-				
a The organization?	а	•	6a		
b Any related organization?			6b		
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	7				
not described in lines 5 and 6? If "Yes," describe in Part III		·	7		
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8				
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			8	L	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9				
Regulations section 53.4958-6(c)?			9		

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

Schedule J (Form 990) 2010

Part # 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)	(D) Nontaxable	(E) Total of columns	(F)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	i)	429,653.	89,000.	69,060.	65,500.	14,687.	667,900.	0.
1 PHILLIP M. CRISSON	ii)	0.	0.	0.	0.	0.	0.	0.
	i)	122,615.	3,203.	161.	25,724.	3,078.	154,781.	0.
2 HARRY R. OLIBRIS	ii)	0.	0.	0.	0.	0.	0.	0.
	i)  _	282,498.	21,168.	11,261.	37,271.	22,261.	374,459. 0.	0.
	ii)	262,230.	21,604.	1,638.	55,448.	4,857.	345,777.	0.
	i)  _ ii)	0.	21,004.	0.	0.	4,837.	0.	0.
	i)	243,879.	19,309.	2,503.	48,387.	13,533.	327,611.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	i)	212,421.	16,915.	470.	52,241.	21,631.	303,678.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	i)	180,747.	4,477.	1,135.	47,072.	7,831.	241,262.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	i) _	181,515.	5,008.	223.	35,886.	16,533.	239,165.	0.
8 JOY DITTO	ii)	0.	0.	0.	0.	0.	0.	0.
	i)	154,337.	3,604.	346.	26,066.	16,051.	200,404.	0.
9 NATHAN MITCHELL	ii)	0.	0.		0.	0.	0.	0.
	i)  _	133,734.	3,750.	815.	38,344.	14,612.	191,255.	0.
10 JEANNE LABELLA	ii)	0.	0.	0.	0.	0.	0.	0.
	i)  _	137,075.	3,964.	1,202.	36,886.	11,368.	190,495.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
l l	i)  _							
	ii)							
	i)  -							
	ii)							
	i) ii)		<del>.</del>					
	i) _		-					·
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#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

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)

632211

632211

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

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Schedule O (Form 990 or 990-EZ) (2010) Page 2 Name of the organization **Employer identification number** AMERICAN PUBLIC POWER ASSOCIATION 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: 427,562. NET UNREALIZED GAINS ON INVESTMENTS: -416,921.PENSION CHANGES

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

10,641.

TOTAL TO FORM 990, PART XI, LINE 5

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
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 INDEPEND	ENT AUDIT COMMITTEE
THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF T	HE AUDIT OF ITS
FINANCIAL STATEMENTS AND THE SELECTION OF THE INDE	PENDENT ACCOUNTANT.
<del></del>	

#### 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.

2010
Open to Public Inspection

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

 $\begin{array}{c} \textbf{Employer identification number} \\ 53-0026315 \end{array}$ 

	(a)	(b)	(c)	(d)	(e)		<b>(f)</b>	
	Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state o foreign country)		ļ	assets Direct	Direct controlling entity	
Part II	Identification of Related Tax-Exempt Organizations during the tax year.)	nizations (Complete If the organization	on answered "Yes" to Form 990	, Part IV, line 34 b	ecause it had one o	or more related tax-exe	mpt	
	(a) Name, address, and EIN	(b) Primary activity	(c)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
	of related organization	Primary activity	Legal domicile (state or foreign country)		status (if section	Direct controlling	cont	rolled
	of related organization	Filliary activity	Legal domicile (state or foreign country)			Direct controlling	cont	rolled
	of related organization	Filliary activity	1 '		status (if section	Direct controlling	cont	trolled
	of related organization	Filliary activity	1 '		status (if section	Direct controlling	cont	trolled
	of related organization	Printary activity	1 '		status (if section	Direct controlling	cont	rolled tity?

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

Schedule R (Form 990) 2010

Page 2

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.) Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	ate allo		amount in box 20 of Schedule	managing partner?	Percentage ownership
HOMETOWN CONNECTIONS INTERNATIONAL, LLC - 84-1428802, PMB 414, 1153 BERGEN PARKWAY, #M,	PUB PWR PRDS		PUBLIC POWER,	sections 512-514)	28,565.	241,795.	Yes	X	N/A	X	

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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	<b>(g)</b> Share of end-of-year	(h) Percentage ownership
or related organization		foreign country)	Citaly	or trust)	111001110	assets	
PUBLIC POWER INCORPORATED - 52-2077067			AMERICAN				
1875 CONNECTICUT AVENUE NW #1200			PUBLIC POWER				
WASHINGTON, DC 20009	HOLDING COMPANY	DC	INCORPORATED	C CORP	28,565.		100.00%
					ļ		
		_					
				<u> </u>			<u> </u>

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

Note	e. 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	s with one or more r	elated organizations listed	ın Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
þ	Gift, grant, or capital contribution to other organization(s)				1b		X
C	Gift, grant, or capital contribution from other organization(s)				1c		X
d	Loans or loan guarantees to or for other organization(s)				1d		X
е	Loans or loan guarantees by other organization(s)				1e		X
f	Sale of assets to other organization(s)				1f		X
9	Purchase of assets from other organization(s)				1g		X
h	Exchange of assets				1h		X
j	Lease of facilities, equipment, or other assets to other organization(s)				1i	<u> </u>	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 organic	ızatıon(s)			1k		X
- 1	Performance of services or membership or fundraising solicitations by other organi	ızatıon(s)			11		X
m	Sharing of facilities, equipment, mailing lists, or other assets				1m		X
n	Sharing of paid employees				1n	X	ļ
						ļ	<u></u>
0	Reimbursement paid to other organization for expenses				10		X
р	Reimbursement paid by other organization for expenses				1p		X
						ļ	
q	Other transfer of cash or property to other organization(s)				1q	<u> </u>	X
	Other transfer of cash or property from other organization(s)				1r_		<u>X</u>
_2_	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	Name of other organization	Transaction	Amount involved	Method of determining amount involved			
		type (a-r)		amount involved		_	
44) T	PUBLIC POWER, INC.	N	33,925.	EM37			
(1) 1	OBLIC POWER, INC.	IN	33,323.	r riv			
(0)		ı					
(2)		<del>-</del>	<del></del>				
<u>(3)</u>							
<u>(4)</u>							
(5)							
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(6)			L				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	Are all		(e) Share of end-of-	(1 Dispr	opor-	(g) Code V-UBI	(h Gene	enal or
of entity	, innary douting	(state or foreign	Are all p section organiz		year assets	tion allocat	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	aging ner?
		country)	Yes	No		Yes	No	(Form 1065)	Yes	No_
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### Form **8868**.

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box		<b>&gt;</b>	X				
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).						
	mplete Part II unless you have already been granted a				m 8868.					
	c filing (e-file). You can electronically file Form 8868 if y					oration				
	o file Form 990-T), or an additional (not automatic) 3-mo									
	file any of the forms listed in Part I or Part II with the exc									
	Benefit Contracts, which must be sent to the IRS in pap	•								
	• • •		(see instructions). For more details on t	ile elec	stronic illing or this is	onn,				
Part I	irs gov/efile and click on e-file for Charities & Nonprofits  Automatic 3-Month Extension of Time	•	hmit original (no copies paeded)							
	tion required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and con	piere	_					
Part I only						لــــا				
	orporations (including 1120-C filers), partnerships, REM me tax returns.	IICs, and ti	rusts must use Form 7004 to request ar	exten	sion of time					
			·			<del></del>				
ype or	Name of exempt organization			Empl	oyer identification	number				
rint				_	2 2226215					
ile by the	AMERICAN PUBLIC POWER ASSOC	CIATIO	ON	5	3-0026315					
lue date for	Number, street, and room or suite no. If a P.O. box, s									
ling your eturn See	1875 CONNECTICUT AVE., NW,	NO.	1200							
nstructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.							
	WASHINGTON, DC 20009									
nter the I	Return code for the return that this application is for (file	a separa	te application for each return)			0 1				
pplication	on	Return	Application			Return				
s For		Code	Is For			Code				
orm 990		01	Form 990-T (corporation)			07				
orm 990-	RI	02	Form 1041-A			08				
orm 990-		03	Form 4720			09				
orm 990-		03	Form 5227		<del></del>	10				
	<del></del>		Form 6069			<del>                                     </del>				
	T (sec. 401(a) or 408(a) trust)	05			<del></del>	11				
orm 990-	T (trust other than above)  HARRY OLIBRIS -	1975	Form 8870 5 CONNECTICUT AVE.,	NITAT	NO 1200	12				
				TA AA '	NO. 1200	_				
• The bo	oks are in the care of WASHINGTON, DC	20003								
	one No. ► (202) 467-2949		FAX No. ▶							
	rganization does not have an office or place of business				•	Ш				
_	s for a Group Return, enter the organization's four digit	•	<del></del>							
	If it is for part of the group, check this box. ▶				ers the extension is	for.				
	uest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time uni	al						
	AUGUST 15, 2011 , to file the exemp	t organiza	tion return for the organization named a	bove	The extension					
Is fo	r the organization's return for:									
▶	$\overline{\mathbf{X}}$ calendar year $2010$ or									
▶[	tax year beginning	, an	d ending							
	<del></del>		·							
2 If the	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: 🔲 Initial return 🔲 Fina	al retur	n					
	Change in accounting period									
	- <del>-</del> ·									
3a If the	s application is for Form 990-BL, 990-PF, 990-T, 4720, 6	or 6069. e	nter the tentative tax, less any							
	refundable credits. See instructions.			3a	\$	0.				
-										
	mated tax payments made. Include any prior year overp			3ь	\$	0.				
	ince due. Subtract line 3b from line 3a. Include your pa			"						
				3c	\$	0.				
	sing EFTPS (Electronic Federal Tax Payment System).									
Jauuon. I	f you are going to make an electronic fund withdrawal v	viai inis Fa	om 6000, see rolli 6453-EO and Form	00/91	Francisco (C.	10010118				

023841 01-03-11

Form 886	8 (Rev. 1-2011)				<del></del>	Page 2
• If you a	re filing for an Additional (Not Automatic) 3-Month I	Extension, o	complete only Part II and check this b	юх	I	ightharpoonup (X)
Note. Onl	y complete Part II if you have already been granted ar	n automatic	3-month extension on a previously file	d Form 8	3868	
• If you a	re filing for an Automatic 3-Month Extension, comp	lete only Pa	art I (on page 1).			
Part II	Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no	copies n	eeded).	
Type or	Name of exempt organization			Empl	oyer identification	n number
print	AMERICAN PUBLIC POWER ASSOC	CIATIO	N	5	3-0026315	
File by the extended due date for filing your	Number, street, and room or suite no. If a P.O box, 1875 CONNECTICUT AVE., NW,				· <u> </u>	
return See	City, town or post office, state, and ZiP code For a WASHINGTON, DC 20009	foreign add	dress, see instructions.		·	
Enter the	Return code for the return that this application is for (	file a separa	te application for each return)			01
Application	on	Return	Application	<del></del>		Return
ls For		Code	Is For			Code
Form 990		01		Break M	Helele continue	<u> </u>
Form 990	BL	02	Form 1041-A			80
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
The bo	onot complete Part II if you were not already grante  HARRY OLIBRIS oks are in the care of  one No.  (202) 467-2949		FAX No. ▶			
	rganization does not have an office or place of business	see in the l lr	<del></del>	-		
	s for a Group Return, enter the organization's four dig					check this
box ►			ich a list with the names and EINs of al			
	quest an additional 3-month extension of time until		BER 15, 2011.	111101110	ord trie exteriorer	10.101
	calendar year $2010$ , or other tax year beginning		<del></del>			
	e tax year entered in line 5 is for less than 12 months,		· · · · · · · · · · · · · · · · · · ·	Final re	eturn	
• III	Change in accounting period	CHOCK ICES	on mila totom	, , ,,,,		
7 Stat	e in detail why you need the extension					
	E INFORMATION NECESSARY TO	FILE A	A COMPLETE AND ACCUI	RATE	RETURN H	AS
	T YET BEEN OBTAINED.				-	
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720	or 6069, e	nter the tentative tax, less any			
	refundable credits. See instructions		•	8a	\$	0.
	is application is for Form 990-PF, 990-T, 4720, or 606	9. enter any	refundable credits and estimated	in con		
	payments made. Include any prior year overpayment					
	viously with Form 8868.		•	8ь	\$	0.
	ance due. Subtract line 8b from line 8a. Include your	payment wit	h this form, if required, by using			
	PS (Electronic Federal Tax Payment System). See ins		, , , , -	8c	\$	0.
			d Verification			
Under pena it is true, co	ities of perjury, I declare that Phave examined this form, inclu rrect, and complete, and that I am authorized to prepare this	ıdıng accomp form	panying schedules and statements, and to tr	e best of	my knowledge and	belief,
Signature I	Mule Survey Title >	CPA		Date	> 8/10/86	
	100				Form <b>8868</b> (l	Rev 1-2011)

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

Open to Public

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)

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

Inspection

AI	or th	e 200	9 cale	ndar year, or tax year beginning , 2009, and ending			, 20
В	heck if ap	plicable	Please		D Employer ide	entificati	on number
	Addre	55	use IRS label or		53-002	6315	
		change	pnnt or		E Telephone n	umber	
	Initial	return	type See	1875 CONNECTICUT AVE., NW 1200	(202) 46	7-294	19
	Terms	nated	Specific Instruc-				
	Amen		tions	WASHINGTON, DC 20009	G Gross receip	ts \$	17,107,414.
$\vdash$	Applic	ation	F N	ame and address of principal officer PHILLIP M. CRISSON	H(a) is this a grou	p return fo	Yes X No
_	pendi:	ng	1875	CONNECTICUT AVE., NW WASHINGTON, DC 20009	affiliates? H(b) Are all affilia	tes include	Yes No
<u></u>	Tax-ex	empt st		X 501(c) (6 )	ł ''		ee instructions)
J				P://WWW.APPANET.ORG	H(c) Group exem	otion numb	per <b>&gt;</b>
<u></u>			nization		1940 M		
	art I	<u>_</u>	mmary	· · · · · · · · · · · · · · · · · · ·		Oldic of	legar derindike = = =
4	_			<u> </u>			
	1	PROI	y descr M∩TTI	ribe the organization's mission or most significant activities	S THE		·
9			NTRY	THE INTERESTS OF CONTOUTE CONTEST OF THE PROPERTY OF THE PROPE			
nar							
Governance							
	2			ox I if the organization discontinued its operations or disposed of more than 25%		1 1	30
م د	3	Numb	er of v	oting members of the governing body (Part VI, line 1a)		3	30
Activities	4			ndependent voting members of the governing body (Part VI, line 1b)		4	63
ţ;	5			er of employees (Part V, line 2a)		5	0
Ă				er of volunteers (estimate if necessary)		6	278,482.
5	7a	Total	gross ι	unrelated business revenue from Part VIII POUTE (0), IDD 2		7a	28,956.
2 >> >	b	Net u	nrelate	d business taxable income from Form 990-1, line-34		7b	
				s and grants (Part VIII, line 1h) 8 NOV 19 2010	Prior Year		Current Year
e و				17 ) 1	513,42		71,944.
	9	Progr	am ser	vice revenue (Part VIII, line 2g)	14,443,6		14,442,774.
ۇ ر	10	Inves	tment i	uncome (Part VIII, column (A), lines 3, 4, and 30) EN UT	235,5		160,774.
5	11	Other	reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and 11e)	534,7	1	163,356.
<u>.</u> _	12	Total	revenu	ie - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,727,4		14,838,848.
	13	Grant	s and s	similar amounts paid (Part IX, column (A), lines 1-3)	561,7		621,305.
Ş				d to or for members (Part IX, column (A), line 4)		0.	0.
	15			ner compensation, employee benefits (Part IX, column (A), lines 5-10)	6,680,0	-	9,542,338.
<b>CXDenses</b>	16a	Profe	ssional	f fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ž	b	Total	fundra	ısıng expenses, Part IX, column (D), line 25) ▶			
ш	17	Other	expen	ses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,132,5		6,373,341.
	18	Total	expens	ses Add lines 13-17 (must equal Part IX, column (A), line 25)	16,374,4	28.	16,536,984.
				ss expenses Subtract line 18 from line 12	-647,0	22.	-1,698,136.
ŏ	3				Beginning of Ye	ear	End of Year
Net Assets or	20	Total	assets	(Part X, line 16)	8,997,5	88.	9,737,812.
ASS	21			es (Part X, line 26)	17,122,4	16.	16,830,696.
Net	22			or fund balances Subtract line 21 from line 20	-8,124,8	28.	-7,092,884.
_	art II			re Block		I	<u> </u>
		T		ties of perjury, I declare that I have examined this return, including accompanying schedules an	d statements an	d to the	host of my knowledge
		and	belie <b>j</b> / ij	his true, correct, and complete Declaration of preparer (other than officer) is based on all info	ormation of whic	h prrepar	er/has any knowledge
	Sign		$\mathcal{L}\mathcal{L}$				
	lere		Stanal	ure of officer			
•	1010		41	ARRYR, OLIBRIS VICE			
			Type	r print narde and title			
_		<del>                                     </del>	ype o	, print naive and title			
Pai	d		arer's ature	local 1 M. O.			
	- parer's	1 <u> </u>		Vully (- mill			
	Only	if set	f-employ				
		addre	ss, and	ZIP+4 2010 CORPORATE RIDGE, SUITE 400 MCLEAN,			
Ma	y the I	RS dis	cuss t	his return with the preparer shown above? (see instruction			
Fo	r Priva	cv Ac	t and F	Paperwork Reduction Act Notice, see the separate instr			

Form 990 (2009)

including grants of \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

) (Revenue \$

Form 9	90 (200 <del>9</del> ) 53-0026315		F	age 3
Part				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," $\int$			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		ł	
_	Schedule C, Part II	4		
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	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			1
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<del></del>
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	<u> </u>		
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			1
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	- Table 1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	7	40.4	
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more	2		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	9 % D		
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	1.500		200
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	دره دعرتو پر		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.7		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	7 54 x	78.5° D	* ·
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	1		We Fr
	complete Schedule D, Parts XI, XII, and XIII	12		Х
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	. J.E.		が
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	` 7;	102 1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			U
4.5	, <del>,</del> ,	14b		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	4-		x
16	, · · · · · · · · · · · · · · · · · · ·	15		<u> </u>
10	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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	-10		<del> </del>
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<del></del>
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
			000	(2000)

Form **990** (2009)

Par	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? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		.,	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		,	
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	Ì		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			v
_	24b through 24d and complete Schedule K. If "No," go to question 25	24a		<u>X</u>
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	l		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		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?			Х
	If "Yes," complete Schedule L, Part III	27		
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		<u> </u>
b	Schedule L, Part N	28b		Х
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		
Ŭ	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L.			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	$\vdash$	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	-		
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		$\Box$	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	_	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			}
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
			200	(2000)

1 i 1 i

Fall	Statements negarding Other ins Filings and Tax Compliance			
		August 1.1	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	4		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	A Takan	EAST OF
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.	4		
_	Statements, filed for the calendar year ending with or within the year covered by this return.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	72.3
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	10. 3		
_	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		X	
	this return?	3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Λ	<u> </u>
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			V
	account)?	4a	1745	X satisfa
b	If "Yes," enter the name of the foreign country		4	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	8.5		
<b>.</b> .	and Financial Accounts.			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	30		<del>                                     </del>
C		5c		
6.0	Prohibited Tax Shelter Transaction?	130		
va	organization solicit any contributions that were not tax deductible?	6a	Х	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua_		<b></b> -
b	gifts were not tax deductible?	6b		X
7	Organizations that may receive deductible contributions under section 170(c).		r . 62 - 12	- X. J
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		100	
ű	and services provided to the payor?	7a		العدومات المناد
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		5.00	126-5
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		A 14	70
	benefit contract?	7e	,	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	, 7,	78	2.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	. 1		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	,	. ''	, 1
а	Initiation fees and capital contributions included on Part VIII, line 12	1.	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	ļ · ·	, · · ·	3.
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	-	. !	-
b	Gross income from other sources (Do not net amounts due or paid to other sources against	٠, ١		
	amounts due or received from them )		·	١٠.
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	L
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	<u> </u>		<u> </u>

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.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2_		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?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:		, -	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	-	]	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		<u></u>	
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion 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)			
	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 inte	rest		
	policy, and financial statements available to the public			
20		he		
	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, (202) 467-2949	DC	2000	09

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

- 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 com		y cuii	CIII			, unec			<del></del>	
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	nstitutional trustee	chec Officer	Key employee	Highest compensated a employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MARK BONSALL TREASURER	1.00	Х						0.	0.	0
GEORGE CAAN								i i		
DIRECTOR	1.00	X						0.	0.	0
MARC GERKEN										
CHAIR-ELECT	1.00	x						0.	0.	0
WILLIAM CARROLL				$\Box$						
DIRECTOR	1.00	x					l	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	Х						0.	0	0
MEL DAVIS										
DIRECTOR	1.00	х						0.	0.	0
JIM DAVIS					<del> </del>	<del> </del>				
DIRECTOR	1.00	Х						0.	0	0
HAROLD E. DEPRIEST			-					-		
DIRECTOR	1.00	X						0.	0	0
JAMES A. DICKENSON				$\Box$						
DIRECTOR	1.00	x						0.	0	0
PAULA J. DIFONZO										
DIRECTOR	1.00	x	İ					0.	o.	0
WILLIAM DOLLAR										
DIRECTOR	1.00	Х						0.	o.	0
TERRY DRAPER										
DIRECTOR	1.00	Х						0.	0	0
JOEY DUREL DIRECTOR	1.00	Х						0.	0	0
KEVIN EASLEY DIRECTOR	1.00							0.	0.	0

Form 990 (2009)

JSA

	Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and I	ligi	nest Compensat	ed Employ	ees (c	ontinued)
ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT R. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. JOHNSTON 1.00 X ROBERT P. J	(A)	(B) (C)					_		(D)	(E)		(F)
ROBERT P. JOHNSTON   1.00   X   0.00   0.00	Name and title											
ROBERT P. JOHNSTON   1.00   X   0.00   0.00		,	or d	lnst	유	Ş Q	를 를 H	Por				
ROBERT P. JOHNSTON   1.00   X		""	rect /du	Ē	ĕ	em g	loye	l ed	the	organizati	ons	compensation
ROBERT P. JOHNSTON   1.00   X			Q E	nal		loye	e com			(W-2/1099-	MISC)	
ROBERT P. JOHNSTON   1.00   X		i	stee	trust		ð	pen		(W-2/1099-WISC)			
ROBERT P. JOHNSTON   1.00   X				ee			sate					organizations
DIRECTOR   1.00   X	ROBERT P. JOHNSTON	<del> </del>	<del> </del>		$\vdash$	-	-					
DIRECTOR		1.00	x						0.		0.	0
STEVEN KLEIN			-	1	_	<del>                                     </del>				-		
DIRECTOR  1.00	DIRECTOR	1.00	Х		1	ļ			0.		0.	0
DONALD E. KOM  DIRECTOR  1.00 x  0.0  LARRY MUSICK  DIRECTOR  1.00 x  0.0  0.0  DIRECTOR  1.00 x  0.0  0.0  DIRECTOR  1.00 x  0.0  0.0  DIRECTOR  1.00 x  0.0	STEVEN KLEIN											
DIRECTOR  1.00 X  0.0  DAVE LOCK EX OFFICIO  1.00 X  0.0  LARRY MUSICK DIRECTOR  1.00 X  0.0  JOE PACOVSKY  DIRECTOR  1.00 X  0.0  0.0  BILL RADIO  DIRECTOR  1.00 X  0.0  0.0  DIRECTOR  1.00 X  0.0  0.0  DIRECTOR  1.00 X  0.0  0.0  DIRECTOR  1.00 X  0.0  0.0  DIRECTOR  1.00 X  0.0  0.0  DIRECTOR  1.00 X  0.0  0.0  DAVID R. WALTERS  DIRECTOR  1.00 X  0.0  DAVID R. WALTERS  D. D. D. D. D. D. D. D. D. D.	DIRECTOR	1.00	Х						0.		0.	0
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DIRECTOR   1.00   X   0.0   0.0			1									_
DIRECTOR   1.00   X     0   0   0   0   0   0   0   0		1.00	X	<u> </u>	ļ	ļ			0.		0.	0
DIRECTOR  J. GARY STAUFFER  DIRECTOR  1.00 X  0.0  SHARON STAZ  DIRECTOR  1.00 X  0.0  DAYLD R. WALTERS  DIRECTOR  1.00 X  0.0  DAYLD R. WALTERS  DIRECTOR  1.00 X  0.0  DIRECTOR  1.00 X  0.0  DIRECTOR  1.00 X  0.0  AND THE COLIN WHITLEY  DIRECTOR  1.00 X  0.0  0.0  ROBERT E. WILLIAMS  DIRECTOR  1.00 X  0.0  1b Total CONTINUED AT SCHEDULE J-2  1.00 X  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 from the organization and related organizations greater than \$150,000? 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  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person  (A) (B) (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received				ļ			}					
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ROBERT E. WILLIAMS  DIRECTOR  1.00 X  0.0  1b Total CONTINUED AT SCHEDULE J-2  1.00 X  2,362,969  0.323,31  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  Yes I  3 Did the organization ist 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  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  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received		1.00	X						0.	,	ο.	0
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3.4	VIII	<ul> <li>Statement of Rever</li> </ul>	nue			53-0026315		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 51
lar amounts	ь	Federated campaigns	1b					
similar	d e	Related organizations Government grants (contribu	1 . 1	36,844.	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
and other simi	f	All other contributions, gifts, gran and similar amounts not included	above . 1f	35,100		John St.		
au	g h	Noncash contributions included a <b>Total.</b> Add lines 1a-1f		_	71,944	43		4
9		Total. Add liftes fatilities	<u> </u>	Business Code		1		2,77/6
e l	2.	EDUCATION & TRAINING		541800	1,794,935	1,794,935		
<u>۾</u>	2a b	PUBLICATIONS & SUBSCRIPTION	ONS	541800	798,262	519,780	278,482	<del> </del>
<u>.</u>	D	ANNUAL CONFERENCE		541800	593,900	593,900	2.0,702	
Program Service Revenue	C L	MEMBERSHIP DUES		541800	11,255,677	11,255,677		
E	a				11,233,011	1.,233,0.,		
gra	e ,	AU -41						
S.	g	All other program service rev Total. Add lines 2a-2f			14,442,774		's '= :	1.38-72-
	3	Investment income (includin				2551 125		
	3	other similar amounts)			147,854			147,85
	4	Income from investment of t		_	0			
	5	Royalties			0			<u> </u>
	3	noyames	(ı) Real	(II) Personal	11 13 1 2 1 1	while the street		register tarif
	•	O D. 4		· · · ·	- 3 6 4 - 1 4 6 4 4 4	· 4 * 19 5 19 19 19 19 19 19 19 19 19 19 19 19 19		中国大学
1	6a	Gross Rents						
- 1	b	Less. rental expenses			The state of the s			
1	C	Rental income or (loss) !				المراكزة الماكنية الماكنية	\$5.4	:
	d	Net rental income or (loss).	(i) Securities	(II) Other	11 - 47 - 47	1,000 25		T
	7 a	Gross amount from sales of	· ' '	(11/01/10)		(19-15-15-15-15-15-15-15-15-15-15-15-15-15-		
		assets other than inventory	2,281,486			Section 1		
	b	Less cost or other basis	2 260 566		17、多大教育建设	<b>拉斯拉克克克</b>		<b>高速性</b>
		and sales expenses	2,268,566					1340.7
	c d	Gain or (loss)		L	12,920	فأعلا فأحد المشعرات	33 1	12,92
Other Revenue	8a		undraising		12,920		, m *1	12,32
آ <u>و</u>		events (not including \$	<del></del>		· 高度 海生	\$ 4.7	Tr. 7	
اچ		of contributions reported on	line 1c).		,	2. 7.		(1.2)
-		See Part IV, line 18	а					100
읟	b	Less: direct expenses	b	L	ליו לנו לנולו למציב	Buch ask	ئ ساند	أستناه أأساه المستا
ō	С	Net income or (loss) from fur	ndraising events .	<u>,</u>	0			l-,
	9 a	Gross income from gaming a See Part IV, line 19					1	
	b	Less direct expenses	b	L		· · · · · · · · · · · · · · · · · · ·		ļ · · · · · · · · · · · · · · · · · · ·
	С	Net income or (loss) from ga	aming activities	<u> </u>	0			ļ
1	10a	Gross sales of inventor returns and allowances						
		Less cost of goods sold Net income or (loss) from sal	b		0	, -,		
	-	Miscellaneous Reven		Business Code		-		12.2
Γ,	 11a	MISCELLANEOUS		900099	159,356	159,356	1	
[	. , u	EMRI-ELECTORNIC MARKET		900099	4,000	4,000		
								<u> </u>
	С	All other revenue	<del></del>		1			
				i .	1	<u> </u>	<del></del>	•
	d e	Total. Add lines 11a-11d			163,356			· · ·

### Part IX Statement of Functional Expenses

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

	All other organizations must comple	te column (A) but are			C), and (D).
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. 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.			<u> </u>
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):	_			
а	Management	0.			
b	Legal	83,754.			
С	Accounting	65,841.			
d	Lobbying	0.		<b>_</b>	
е	Professional fundraising services See Part IV, line 17	0.	····		
f	Investment management fees	0.			ļ
g	Other	0.		ļ	<u></u>
12	Advertising and promotion	0.			
13	Office expenses	63,665.			
14	Information technology	0.		<u> </u>	ļ
15	Royalties	0.			
16	Occupancy	1,469,028.			<del> </del>
17	Travel	331,251.			
18	Payments of travel or entertainment expenses	.			
	for any federal, state, or local public officials	0.			<u> </u>
19	Conferences, conventions, and meetings	1,914,015.			
20	Interest	0.			
21	Payments to affiliates		77		
22	Depreciation, depletion, and amortization	465,730.			
23	Insurance	<u> </u>			
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 )				
	DDINTING	336,983.		<del> </del>	<del> </del>
_	TELECOM CAMPAIGN	351,958.			<u> </u>
_		199,426.			<u> </u>
-	DUES AND MEMBERSHIPS	185,188.			<del>                                     </del>
-	REPAIRS AND MAINTENANCE	166, 220.			<del> </del>
•	AUDIOVISUAL/FILMS/PHOTOS	740,282.		-	-
	All other expenses				<del> </del>
	Total functional expenses. Add lines 1 through 24f	16,536,984.	·	-	
26	Joint Costs. Check here ▶ If following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
JSA	fundraising solicitation			J	5 000 (000)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	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		.	
(A)		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	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 10a 4,942,674.		-	٠, ١
		other basis Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation	2,549,226.	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.		1,486,200.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,997,588.		9,737,812.
	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	
Se	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key	e e e e e e e e e e e e e e e e e e e		
abi		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	T-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	12,395,533.		10,814,041.
	26	Total liabilities. Add lines 17 through 25	17,122,416.	26	16,830,696.
es		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
SUC	27	Unrestricted net assets	-8,692,911.	27	-7,348,109.
3ala	28	Temporarily restricted net assets	568,083.	28	255,225.
ğ	29	Permanently restricted net assets	•	29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	,,.
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	-8,124,828.		-7,092,884.
_	34	Total liabilities and net assets/fund balances	8,997,588.		9,737,812.
_	<del></del>	Total national and not appointed balances,	2,33.,800.	U 4	3,.3.,312.

Form **990** (2009)

Accounting method used to prepare the Form 990	<u> </u>	1,7	Financial Statements and Reporting	Pa
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?	25 1	Yes		
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?		1 1		1
Were the organization's financial statements compiled or reviewed by an independent accountant?			If the organization changed its method of accounting from a prior year or checked "Other," explain in	
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 consolidated basis, separate basis, or both  Separate basis  X 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		1 1	Schedule O.	
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?		2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a
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? 2c 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 consolidated basis, separate basis, or both  Separate basis X 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		2b X	Were the organization's financial statements audited by an independent accountant?	b
the audit, review, or compilation of its financial statements and selection of an independent accountant?				С
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 consolidated basis, separate basis, or both  Separate basis  X 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		2c X		
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 consolidated basis, separate basis, or both  Separate basis  X 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	$\top$		· · · · · · · · · · · · · · · · · · ·	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  X 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	1	'		
Issued on a consolidated basis, separate basis, or both  Separate basis  X  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				d
Separate basis X 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			· ·	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	,			
	1			3a
the Single Audit Act and OMB Circular A-1337		20	the Circle Audit Ast and ONE Circular A 4000	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	+	Ja		h
		1		٠
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b		3b   Form 990		

#### **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

Complete if the organization is described below.

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



Department of the Treasury Internal Revenue Service

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.

	Section 501(c)(4), (5), or (6) of	rganizations Complete Part III	ax), tileli		
	ame of organization	<u> </u>		Employer identi	fication number
AME	ERICAN PUBLIC POWE	R ASSOCIATION		53-00	26315
Pa	rt I-A Complete if the	organization is exempt under	r section 501(c) o	r is a section 527 organ	nization.
1	Provide a description of th	ne organization's direct and indirect	t political campaign	activities in Part IV	
2	Political expenditures			▶ \$	
3	Volunteer hours				
Da	ALC Complete if the	organization is exempt under	section 501(c)(3)		
1	Enter the amount of any e	excise tax incurred by the organizat excise tax incurred by organization	ion under section 45	955	
2		d a section 4955 tax, did it file Forr			
3 4a	Was a correction made?				
b	If "Yes," describe in Part IV				resNo
Pa	rt I-C Complete if the	organization is exempt unde	r section 501(c), e	except section 501(c)(3	).
1		expended by the filing organizatio			
	activities			▶ \$	
2	Enter the amount of the fil	ing organization's funds contribute	d to other organizat	ions for section	
	527 exempt function activ	nties		▶ \$	
3		penditures. Add lines 1 and 2 Er			
	line 17b				
4		file Form 1120-POL for this year?			
5		es and employer identification num			
		anization listed, enter the amount eived that were promptly and dire			
		cal action committee (PAC) If addi			
		Ţ ·	1	T	T
	(a) Name	(b) Address	(c) EiN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
			]		
			_		
			_		
					ļ
		h	4		
		<b></b>	4		
		1	.l	<u> </u>	1

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2009

JSA 9E1264 2 000

Scriedule C (FQIII	990 or 990-EZ) 2009			33 00	720313	Page 2
Part II-A C	omplete if the organiz nder section 501(h)).	ation is exe	mpt under section	501(c)(3) and	filed Form 5768 (ele	
A Check ▶	if the filing organizat					<del></del>
B Check ▶	If the filing organizat			control provisi	ons apply.	
	Limits on L (The term "expenditures"	obbying Expei ' means amou		)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobby	ring expenditures to influer	ce public opir	non (grass roots lobb	ovina)	· · · · · · · · · · · · · · · · · · ·	
	ving expenditures to influer					
	ring expenditures (add line					
d Other exer	npt purpose expenditures					
e Total exem	pt purpose expenditures (	add lines 1c ai	nd 1d)			
	ontaxable amount Enter					
columns.			and the following table			
	nt on line 1e, column (a) or (b	is: The lobbyi	ng nontaxable amount i	<u>.</u>		
Not over \$5		1	amount on line 1e	·		
	000 but not over \$1,000,000		olus 15% of the excess	over \$500 000		
	0,000 but not over \$1,500,000		olus 10% of the excess		•	
	0,000 but not over \$17,000,0	<del></del>	olus 5% of the excess of			
Over \$17,00		\$1,000,000		10, 41,000,000	•	,
	s nontaxable amount (ente			\		
	ne 1g from line 1a. If zero					
	ne 1f from line 1c If zero o					
	an amount other than zero				Form 4720 reporting	
-	11 tax for this year?			•		Yes No
		that made a s below. See the	e instructions for lin	n do not have t es 2a through 2	o complete all of the fif f on page 4.)	ive
	L	obbying Expe	enditures During 4-Y	ear Averaging Pe	eriod	
•	ar (or fiscal year nning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nor	n-taxable amount					
b Lobbying ceil	ling amount 2 2a, column (e))			र है। इस		
c Total lobbyin		<u> </u>				
,	-					
<b>d</b> Grassroots n	ontaxable amount					
e Grassroots c (150% of line	eiling amount e 2d, column (e))	<u>.</u>				
f Grassroots to	obbying 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)).	

		(;	9)		(b	)	
		Yes	No		Amo	unt	
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						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?						
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?						
е							
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?		ļ				
i	Other activities? If "Yes," describe in Part IV						
j	Total. Add lines 1c through 1i						
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 Da	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? rt III-A Complete if the organization is exempt under section 501(c)(4), section 501						•
Га	501(c)(6).	(C)(3)	, or s	secuo	п		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	<u> </u>	X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?						Х
Га	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			<del> </del>			
	expenses for which the section 527(f) tax was paid).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1			
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3			
1	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible l	obbyıı	ng				
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
Pa	rt IV Supplemental Information						
	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C o, complete this part for any additional information CTION 6033 (E) NOTICE						
SCI	HEDULE C, PART III						
THI	E AMERICAN PUBLIC POWER ASSOCIATION IS A SERVICE ORGANIZATION					<b>-</b>	
REI	PRESENTING MORE THAN 1,500 MUNICIPAL, COUNTY, AND STATE-OWNED E	LECT	RIC				
UT:	ILITY SYSTEMS THROUGH DIRECT MEMBERS AND AFFILIATED ORGANIZATION	NS.					
							_

Schedule C (F	orm 990 or 990-EZ) 2009	53-0026315	Page 4
Part IV	Supplemental Information (continued)		
		·	
	<del></del>		
		·	

### **SCHEDULE D** (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

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.

Inspection

Name	of the organization		Employer identification number
AME	RICAN PUBLIC POWER ASSOCIATION		53-0026315
Par	Organizations Maintaining Donor Adv the organization answered "Yes" to For	ised Funds or Other Similar F m 990, Part IV, line 6.	unds or Accounts. Complete if
		(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 a	dvisors in writing that the assets	held in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	used only for charitable purposes and not for the t	penefit of the donor or donor advi	sor, or for any other
	purpose conferring impermissible private benefit?		Yes No
Pai		the organization answered "Y	es" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre	eation or pleasure) Prese	ervation of an historically important land area
	Protection of natural habitat		ervation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation conti	ibution in the form of a conservation
	easement on the last day of the tax year	•	
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified		
ď	Number of conservation easements included in (c		
3	Number of conservation easements modified, tran	sferred, released, extinguished,	or terminated by the organization during
	the tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy regard	- · · · · · · · · · · · · · · · · · · ·	
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conserv	ation easements during the year
_	<u> </u>		and a second advance the vector
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation	easements during the year
	Does each conservation easement reported on lin	a 2/d) above estisfy the requirem	ante of coation
8	•		
^	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports		
	balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	<del>-</del>	is illiancial statements that describes
Pa	t III Organizations Maintaining Collections		or Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S	SEAS 116 not to report in its re	evenue statement and halance sheet works of
	art, historical treasures, or other similar assets he	eld for public exhibition, education	n, or research in furtherance of public service,
	provide, in Part XIV, the text of the footnote to its f		
b	If the organization elected, as permitted under shistorical treasures, or other similar assets held provide the following amounts relating to these ite	for public exhibition, education ms	, or research in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line		
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of a	rt, historical treasures, or other	similar assets for financial gain, provide the
	following amounts required to be reported under \$		
а	Revenues included in Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		<b>▶</b> \$

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

Schedule D (Form 990) 2009

Par	t III Organizations Maintainir	ng Collections of	of Art, Hi	storical	Treasures	, or O	ther Similar As	sets (c	ontinued	)
2	Using the organization's acquisition,	accession and o	thar ross	rde obo	ak any of th	a fallar	wing that are a c	ianifican	tuco of do	
3			Miler reco	iras, che	ck any or in	e iolioi	wing that are a s	ignincan	use or us	
_	collection items (check all that apply	/).								
a	Public exhibition		d		Loan or exc	_				
b	Scholarly research		е		Other					
C	Preservation for future ger									
4	Provide a description of the organiz	ation's collections	and expi	ain now i	ney turtner	the or	ganization's exei	npt purp	ose in	
_	Part XIV.									
5	During the year, did the organizatio							_	_ (	
	assets to be sold to raise funds rath									No
Par	Escrow and Custodial Ar					answ	ered "Yes" to F	orm 99	0, Part	
	IV, line 9, or reported an	amount on For	п 990, Р	an X, iir	le 21.					
1 a	Is the organization an agent, trustee			-					<del>-</del> (	— <sub>1</sub>
	included on Form 990, Part X?					• • •		· · · L	Yes [	No
b	If "Yes," explain the arrangement in	Part XIV and com	iplete the	tollowing	) table	<del></del>	<del></del>		<del></del> -	
	5						An	nount		
C	Beginning balance				L					<del></del>
đ	Additions during the year									
e	Distributions during the year									
_ T	Ending balance								1,,	
2a	Did the organization include an amo		), Part X,	line 217	· · · · · ·			· · · L	Yes	No
$\overline{}$	If "Yes," explain the arrangement in				N/ 11 / F		-0 D + 0/ 1	10		<u></u>
Par	t V Endowment Funds. Com		Y						(-\ F	
4.	Designation of week belongs	(a) Current Year	<b>(b)</b> Pri	or year	(c) Two ye	ars back	(d) Three year	s back	(e) Four ye	
1a	Beginning of year balance							) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1. 1. 1.	
b	Contributions		ļ					<u> </u>		
C	Net investment earnings, gains,							,		1
	and losses						, , , -	- 1.		
	Grants or scholarships							1 10 1	,,,	
е	Other expenditures for facilities .									
	and programs									
	Administrative expenses						**			
9	End of year balance	(4)			<u> </u>					J
2	Provide the estimated percentage of	•		as						
a	Board designated or quasi-endowm		%							
D	Permanent endowment ►									
		% .h								
Ja	Are there endowment funds not in	the possession of	rine orga	nization	mat are nei	and a	administered for t	ne	(v.	N-
	organization by.								3a(i)	es No
	(i) unrelated organizations								<u> </u>	
h	(ii) related organizations								3a(ii) 3b	
_	· · ·		-						35	
4	Describe in Part XIV the intended u						20.10			
Par	t VI Investments - Land, Build		•			1				
	Description of investment		t or other bas restment)	sis (t	b) Cost or other basis (other)		(c) Accumulated depreciation		i) Book value	) 
1 a	Land	<b>}</b>								
b	Buildings									
c	Leasehold improvements	• • • •			1,644,3		893,179.			,183.
d	Equipment				2,935,2	4	1,594,374.			,905.
e	Other				363,0		197,191			,842.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	orm 990, F	Part X, co	lumn (B), lin	e 10(c,	).) ▶			,930.
								Cabad	ula D /Form	0001 2000

Part VII	Investments - Other Securities. See F	orm 990, Part X, lin	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
Financial d	lerivatives			
	ld equity interests			
				<del></del>
<b></b>		•		
	<del>-</del>	<u> </u>		<del></del>
	<del></del>			<del></del>
Total /Colum	nn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII		form 000 Port V lin		<u>·</u>
Pait VIII				
	(a) Description of investment type	(b) Book value	(c) Method of valuatio Cost or end-of-year market	n·
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, II	ne 15.		
		Description		(b) Book value
ART WOF				31,473.
INVESTM	MENT IN SUBSIDIARY			1,454,727.
		<del></del>		
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)			1,486,200.
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Amount	The state of the s	·安正城市法军(1994)
Federal in	come taxes	, , , , , , , , , , , , , , , , , , ,		
ACCRUE		639,158		
	CTIREMENT BENEFITS	2,127,749		<b>3. 38</b> 图 31
	TY FOR PENSION BENEFITS	6,404,663		
	LEASE LIABILITY	339,092		第二章 第二
DEFERRE		1,303,379		
PERENTE	ID VOIAT	1,303,379		and graphs of the profit of the contraction of the
				7, 120 / 27,
	-		The state of the s	a. Transport
			TO THE STATE OF TH	
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 25)	10,814,041	· 新疆岛南部 自由 500 000 000 000 000 000 000 000 000 00	ELECTION OF THE

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 2	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemen	its
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	-
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	<del></del>
5	Donated services and use of facilities	
6	Investment expenses 6	<del></del>
7	Prior period adjustments 7	
8	Other (Describe in Part XIV.)	-
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<del></del>
Part		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	,
а	Net unrealized gains on investments	
b	Donated services and use of facilities	1
С	Recoveries of prior year grants 2c	,
d	Other (Describe in Part XIV.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	· i
а	Investment expenses not included on Form 990, Part VIII, line 7b	- A,
	Other (Describe in Part XIV.)	
	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	
С	Other losses 2c	
d	Other (Describe in Part XIV)	, i
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV)	
С	Add lines 4a and 4b	4c
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part	XIV Supplemental Information	
and 2b	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part II, 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 rt to provide any additional information	
SEE	PAGE 5	

### Part XIV Supplemental Information (continued)

FIN 48

PART X, OUESTION 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

омв № 1545-0047 20**09** 

Open to Public

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.

Employer identification number Name of the organization 53-0026315 AMERICAN PUBLIC POWER ASSOCIATION 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 X 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 (f) Method of valuation (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash (a) Description of (h) Purpose of grant (book, FMV, appraisal, or assistance or government non-cash assistance BCS, INCORPORATED DEED PROJECT PAYMENT 52-1612749 70,189 8920 STEPHENS RD #200, LAUREL, MD 20723 BURNS & MCDONNELL DEED PROJECT PAYMENT 43-0956142 50,000 9400 WARD PKWY KANSAS CITY, MO 64114-3119 CITY OF COLUMBIA DEED PROJECT PAYMENT 23,195 P O BOX 6912 COLUMBIA, MO 65205 CITY OF WESTERVILLE DEED PROJECT PAYMENT 31-6401113 38,500 64 E WALNUT ST POB 6107, WESTERVILLE OH ELECTRICITY OF NORTH CAROLINA DEED PROJECT PAYMENT 19,500 1427 MEADOWWOOD BLVD RALEIGH, NC 27626-0513 56-1942763 PLATTE RIVER POWER AUTHORITY DEED PROJECT PAYMENT 84-0642436 7.500 2000 E.HORSETOOTH RD, FORT COLLINS, CO 80525 SACRAMENTO MUNICIPAL UTIL DIST DEED PROJECT PAYMENT 48,750 PO BOX 15830 SACRAMENTO, CA 95852-1830 94-6001157 TENNESSEE VALLEY AUTHORITY DEED PROJECT PAYMENT DEPARTMENT 888018 KNOXVILLE, TN 37995-8018 35,587 WAVERLY LIGHT AND POWER DEED PROJECT PAYMENT POB 329 100 ADAMS PARKWAY WAVERLY, IA 50677 | 42-0927124 9,537 BURLINGTON ELECTRIC DEPARTMENT DEED PROJECT PAYMENT 03-6000410 10,161 585 PINE STREET BURLINGTON, VT 05401-4891 DEED PROJECT PAYMENT 11,500. 13014 COLLECTIONS CENTER DR, CHICAGO, IL 23-7175375 GRAND HAVEN BOARD OF LIGHT & POWER 1700 EATON DRIVE GRAND HAVEN, MI 49417-2820 38-3108342 23,250 Enter total number of section 501(c)(3) and government organizations 

JSA

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

Schedule I (Form 990) 2009

(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
RSHIPS (DEED PROGRAM PAYMENTS)		5,714			
IV Supplemental Information. Con	mplete this part to	provide the inf	ormation required	d in Part I, line 2, and any o	ther additional information.
EDULE I					
ORGANIZATION MAKES GRANTS A	AVIN TO SCHOL	ADCUTDO AC			
ONGANIZATION MARES GRANIS A	AVIN 10 SCHOTY	AKSHIPS AS	PART OF THE L	)EEU	
GRAM.					
· • • • • • • • • • • • • • • • • • • •					
·					

### SCHEDULE I-1 (Form 990)

# Continuation Sheet for Schedule I (Form 990)

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2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Open to Public Inspection

Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer Identification number 53-0026315

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

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

Schedule I-1 (Form 990) 2009

Part II	Continuation of Grants and Other	Assistance to Ind	lividuals in the Un	ited States (Schedule	I (Form 990), Part III.)	
	(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
		-				
<del></del>						
						4
<del> </del>						
<del></del>						

Schedule I-1 (Form 990) 2009

### **SCHEDULE J** (Form 990)

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 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number 53-0026315

Part	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.			1
	First-class or charter travel Housing allowance or residence for personal use			ĺ
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			}
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
<b>L</b>	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment	.		İ
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	Х	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	ļ
_			•	l
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.	,		٠,
	Compensation committee X Written employment contract			
	X   Independent compensation consultant   X   Compensation survey or study	1	-	-
	X Form 990 of other organizations X 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.			_
	organization or a related organization.	[	-	х
_	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	46		<u> </u>
	if tes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Fait in			
	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	-		
а	The organization?	5a		l
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
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			
	ın Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	1		
	Regulations section 53.4958-6(c)?	9	l .	<u> </u>

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

		(B) Breakdown	of W-2 and/or 1099-MISC	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
	(i)	223,148.	10,344.	24,503.	26,959.	10,900.	295,854.	0.	
JEFFREY J. TARBERT	(ii)	0.	0.	ō.		0.	0.	0.	
	(i)	231,991.	2,383.	21,977.	19,662.	14,979.	290,992.	0.	
JAMES J. NIPPER	(ii)	0.	0.	0.	0.	0.	0.	ō.	
	(i)	214,561.	2,450.	24,047.	34,465.	0.	275,523.	0.	
SUE KELLY	(ii)	0.	0.	0.	0.	0.	0.	0.	
-	(i)	391,426.	110,302.	24,574.	50,649.	10,900.	587,851.	0.	
PHILLIP M. CRISSON	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i) L	172,343.	2,368.	16,921.	36,578.	15,323.	243,533.	0.	
MIKE HYLAND	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i) L	155,423.	742.	19,553.	29,292.	1,125.	206,135.	0.	
ALLEN E MOSHER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i) L	121,305.	0.	23,277.	0.	6,748.	151,330.	0.	
JOHN KELLY	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i) <u></u>	115,426.	0.	22,815.	0.	13,857.	152,098.	0.	
JEANNE LABELLA	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(1)	146,474.	728.	7,937.	17,018.	10,054.	182,211.	0.	
NATHAN MITCHELL	(11)	0.	0.	0.	0.	0.	0.	0.	
	(1)	135,275.	754.	16,692.	16,756.	7,003.	176,480.	0.	
JOY DITTO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	] (i) [								
	(ii)								
	(i)			<b></b>					
	(ii)								
	(i)	· <b></b>							
	(ii)	<del> </del>		-					
	(0)	· <b></b>							
	(ii)								
	(1)								
	(ii)								
	(i) <u>_</u>				<b></b>				
	(ii)								

Part III Supplementa Complete this part to p for any additional infor	provide the i	nformation, e	explanation,	or descrip	otions requ	ired for Pa	rt I, lines	1a, 1b, 4	c, 5a, 5	b, 6a, 6	6b, 7, ar	nd 8. /	Also co	mplete th	is part
					<b></b> -										
									<b></b>	<b>-</b>			<b>_</b>		
		<b></b>		. = =	<del></del>				<b>-</b> -	<b>-</b>					
								<b>.</b>				<b>_</b>			
	<b></b>			<b></b> _					<b>-</b> -	<b></b>	<b></b> -		<b></b>		
	<b></b>											<b>_</b>		<b></b> -	
				<b></b> -	· <b>-</b>		<del>-</del>		<b></b> -	<b></b>	<b></b> -		<b>-</b> -		
	<b>-</b>				<b></b> -	<del>-</del>		<b>.</b>			<b></b>				
								<del>-</del> -				<b>-</b>	<b>-</b>		
	<b></b>	<b></b>						<b></b> _							
	<b>-</b>				<b></b>			<b></b> -							
				<b>-</b>					<b></b>						
			<b></b>					<b>-</b>			<b></b>				
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					<del></del>				-	,			Sched	ule J (Form 9	90) 2009

### SCHEDULE J-2 (Form 990)

### **Continuation Sheet for Form 990**

OMB No. 1545-0047

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

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

(A) Name and title	(B) Average hours	Posit	ion (	(C chec		that app	oty)	(D) Reportable	(E) Reportable	(F) Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
BRIAN MOECK DIRECTOR	1.00	X						0.	0.	0
PAUL J. PALLAS										
DIRECTOR COLEMAN SMOAK	1.00	X					-	0.	0.	0
DIRECTOR	1.00	X						0.	´ 0.	0
LYNNE TEJEDA DIRECTOR	1.00	Х						0.	0.	0
JESS TILTON DIRECTOR	1.00	Х						0.	0.	0
JORGE RODRIGUEZ RUIZ	1.00		ļ		-		-	· · · · · · · · · · · · · · · · · · ·	0.	
DIRECTOR	1.00	Х						0.	0.	0
KELLY ROGER DIRECTOR	1.00	X						0.	0.	 
ROGER FONTES										
DIRECTOR	1.00	X	ļ.,					0.	0.	0
AUSTIN CARROLL DIRECTOR	1.00	X						0.	0.	0
MIGUEL CORDERO							-	· · · · · · · · · · · · · · · · · · ·		<del>-</del>
DIRECTOR	1.00	Х						0.	0.	0
RON EARL										
DIRECTOR RICK HOMRIGHAUSEN	1.00	X	<u>.</u>		-	<u> </u>	<del> </del>	0.	0.	0
DIRECTOR	1.00	x						0.	0.	o
PATRICK MCCULLAR					-					
DIRECTOR	1.00	Х						0.	0.	0
TED RAMPTON DIRECTOR	1.00	X						0.	0.	0
BRIAN SKELTON DIRECTOR	1.00	Х						0.	0.	C
MARC GERKEN DIRECTOR	1.00	Х		_						<u> </u>
MAUDE RICHARDS					<del>                                     </del>					
DIRECTOR	1.00	X	ļ	_	_		_			
TERRY HUVAL DIRECTOR	1.00	Х								
ROGER KELLEY DIRECTOR	1.00	X								
PAUL PALLAS										
DIRECTOR RON ASCHE	1.00	X	$\vdash$		-	-	$\vdash$			
DIRECTOR	1.00	х								

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

Schedule J-2 (Form 990) 2009

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

### **Continuation Sheet for Form 990**

OMB No. 1545-0047

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

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

Employees						_		ı			
(A)	(B) Average hours	Pocit	.oo /	)) bod	•	that app	<b>.</b> k./\	(D) Reportable	(E) Reportable	(F) Estimated	
Name and title	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations	
PATRICK MCCULLAR	1 00										
DIRECTOR	1.00	Х									
PHILLIP M. CRISSON PRESIDENT & CEO	40.00			Х				526,302.	0.	61,549	
HARRY R. OLIBRIS  VP- FINANCE AND ACCOUNTING	40.00			Х				123,230.	0.	1,043	
JEFFREY J. TARBERT SVP MEMBER SERVICE	40.00				х			257,995.	0.	37,859	
JAMES J. NIPPER SVP GOV'T RELATIONS	40.00				x			256,351.	0.	34,641	
SUE KELLY	40.00		$\vdash$		^			230,331.		31,041	
VP POLICY ANALYSIS & GEN COUN	40.00				Х			241,058.	0.	34,465	
MIKE HYLAND VP ENGINEERING SERVICES	40.00				Х			191,632.	0.	51,901	
ALLEN E MOSHER SR. POL ANALYSIS DIR	40.00	!				Х		175,718.	0.	30,417	
JOHN KELLY ECONOMICS & RESEARCH DIRECTOR	40.00					Х		144,582.	0.	6,748	
JEANNE LABELLA SR. VP PUBLISHING	40.00					Х		138,241.	0.	13,857	
NATHAN MITCHELL ENGINEERING & OPERATION DIR.	40.00					Х		155,139.	0.	27,072	
JOY DITTO VP GOVERNMENT RELATIONS	40.00					Х		152,721.	0.	23,759	
					Γ						
		1									
		1	-								

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

Schedule J-2 (Form 990) 2009

### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

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

► Attach to Form 990.

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number 53-0026315

ATTACHMENT 1 (CONT'D)

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

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

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 INCLUES 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

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)

### **Related Organizations and Unrelated Partnerships**

20**09** .

Department of the Treasury Internal Revenue Service ► 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.

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 had one or more related tax-exempt organizations during the tax year	the organization an	swered "Yes" on	Form 990, Part I	V, line 34 becaus	se it						
	(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						
						···						
						··						

Schedule R (Form 990) 2009

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

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)	entity income (related, unrelated, unrelated, excluded from tax under sections		entity income (related, unrelated, excluded from tax under		1 .	h) contonate stone?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen	(j) neral or naging riner?
		Country		512-514)			Yes	No		Yes	No
HOMETOWN CONNECTIONS INT'L LLC											
PMB 4141153 BERGEN PKWY	PUB PWR PRDS	DC	PPI		24,059	208,665		х		ļ	х
									-		

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 52-2077067							
1875 CONNECTICUT AVE, N.W #1200 WASHINGTON, DC 20009	HOLDING CO	DC	N/A	C CORP	24,920	-100,816	100 0000
							ļ
							.,

Pa	rt V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part	IV, line 34, 35, or 36	.)		•
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			,	es 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?			3 2 3 5
' a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1	а	X
b	Gift, grant, or capital contribution to other organization(s)			b	Х
c	Gift, grant, or capital contribution from other organization(s)		<u>  1</u>	С	X
d	Loans or loan guarantees to or for other organization(s)		<u>  1</u>	d	X
e	Loans or loan guarantees by other organization(s)		1	e .	X
f	Sale of assets to other organization(s)		1	f	X
	Purchase of assets from other organization(s)		<u>  1</u>	g	X
h	Exchange of assets		<u>  1</u>	h	X
ï	Lease of facilities, equipment, or other assets to other organization(s)		<u>[1</u>	i	X
•	Economic of the minute of the contract of the		<b> _</b> -		
i	Lease of facilities, equipment, or other assets from other organization(s)		1	للل	X
, k	Performance of services or membership or fundraising solicitations for other organization(s)		<u>1</u>	k	X
ì	Performance of services or membership or fundraising solicitations by other organization(s)		1	<u> </u>	X
m	Sharing of facilities, equipment, mailing lists, or other assets		<u>1</u>	m _	X
n	Sharing of paid employees		<u>1</u>		X
••	change of paid on projects of the first of t				7 15.
0	Reimbursement paid to other organization for expenses		<u>1</u>	0	X
р	Reimbursement paid by other organization for expenses		<u>1</u>	р	X
					1,
q	Other transfer of cash or property to other organization(s)		$\cdot \cdot \cdot \cdot \cdot \cdot \vdash$	9	Х
<u>r</u>	Other transfer of cash or property from other organization(s)	<u> </u>	1	r	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	d relationships and trai	nsaction thresho	olds.	
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount in	volved	
(1)	PUBLIC POWER, INC.	N	3	9,2	05.
(2)					
(3)					
<u>(4)</u>					
(5)					
(6)					

Schedule R (Form 990) 2009

PAGE 42

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(e)  Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	501 organiz	partners tion c)(3) tations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen mar par	(h) ieral or naging itner?
			Yes	No		Yes	No		Yes	No.
					-					

Schedule R (Form 990) 2009

#### Form 8868

(Rev April 2009)

## Application for Extension of Time To File an Exempt Organization Return

635/

OMB No 1545-1709

Department of the Treasury mal 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

	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on pag- te Part II unless you have already been granted an automatic 3-month extension on a prev	
	matic 3-Month Extension of Time. Only submit original (no copies needed).	av and complete
Part I only	required to file Form 990-T and requesting an automatic 6-month extension - check this b	ox and complete
All other corp	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ome tax returns.	004 to request an extension of
one of the rel electronically i eturns, or a co	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autofurns noted below (6 months for a corporation required to file Form 990-T). However, f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms of or consolidated From 990-T. Instead, you must submit the fully completed and the details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C.	er, you cannot file Form 8868 990-BL, 6069, or 8870, group I signed page 2 (Part II) of Form
Гуре ог	Name of Exempt Organization	Employer identification number
print	AMERICAN PUBLIC POWER ASSOCIATION	53-0026315
File by the	Number, street, and room or suite no. If a P.O. box, see instructions	
lue date for iling your	1875 CONNECTICUT AVE., NW	
etum See	City, town or post office, state, and ZIP code For a foreign address, see instructions.	
nstructions	WASHINGTON, DC 20009	
	f return to be filed (file a separate application for each return).	
X Form 990	} <del></del>   ' ' '	m 4720
Form 990		m 5227
Form 990		m 6069 m 8870
<ul><li>If the organ</li><li>If this is for</li><li>or the whole g</li></ul>	No ► 202 467-2949  FAX No. ►  Inization does not have an office or place of business in the United States, check this box  a Group Return, enter the organization's four digit Group Exemption Number (GEN)  In our opening the control of the group, check this box. If it is for part of the group, check this box.	. If this is and attach a list with the
until	at an automatic 3-month (6 months for a corporation required to file Form 18/15, 2010 and the exempt organization return for the organization ganization's return for	•
► X	tax year beginning, and ending	·
2 If this tax	year is for less than 12 months, check reason.	Change in accounting period
3a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any
	dable credits. See instructions	3a \$
•	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	ayments
	clude any prior year overpayment allowed as a credit.	36 \$
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	163091
	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Syste	m) See
instructio	<del></del>	3c \$
aution. If you repayment in	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-E0 structions	O and Form 8879-EO
. Privacy Ad	ct and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)

Form 990

Department of the Treasury

Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

20**08** 

Open to Public Inspection

A	or th	ie 2008 calendar year, or tax year beginning , 2008, and ending			, 20			
В	heck if a	poplicable Please C Name of organization AMERICAN PUBLIC POWER ASSOCIATION	D Employer id	entificat	ion number			
	Addr	use IRS Doing Rusiness As	53-002	6315				
	7	change print or Number and street (or P O box if mail is not delivered to street address) Room/su						
	instra	type. See 1875 CONNECTICUT AVE., NW 1200	(202) 4	(202) 467-2949				
	_	Specific City or town, state or country and ZIP + 4	(202)4	(202) 467-2949				
	Ame	ded bons. HACHTNOTON DC 20000	G Gross receip	ıts S	15,727,406.			
-		F Name and address of principal officer putting N CRECON	H(a) Is this a gro					
L	pend	I	affiliates?	•				
_	Tay o	1875 CONNECTICUT AVE., NW WASHINGTON, DC 20009  tempt status	H(b) Are all affilia		ed? Yes No			
<u>:</u>			<del></del>	•	-			
<u>-</u>		tte: HTTP://WWW.APPANET.ORG	H(c) Group exem	<u> </u>	<del> </del>			
			mation 1940 M	State of	legal domicile DC			
Fe	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities						
ė		SEE STATEMENT 1						
ă								
79.								
Governance	2	Check this box 🕨 💹 if the organization discontinued its operations or disposed of more than 2	25% of its assets.					
	3	Number of voting members of the governing body (Part VI, line 1a)		3	30			
les	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	30			
Activities &	5	Total number of employees (Part V, line 2a)		5	63			
Act	6	Total number of volunteers (estimate if necessary)		6	NONE			
	7 a	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.			
			Prior Year		Current Year			
m	8	Contribution and grants (Part VIII, line 1h)	529,6	05	513,428.			
3 ž	9	Program service revenue (Part VIII, line 2g)	13,443,3		14,443,642.			
COUSS!	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	532,1		235,540.			
ત્રું જ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
>	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	154,8		534,796.			
	13	Create and similar amounts asid (Part IV, salves (A), terral (A)	14,659,8	1	15,727,406.			
	14	<del></del>	303,5	19.	561,797.			
	1	Benefile Carl McFrienbers (Part IX, column (A), line 4)			NONE			
コニシ	15	Salaries, other compensation, eg ployee benefits (Part IX, column (A), lines 5-10)	6,427,8	24.	6,680,069.			
T se	16a	## ofessional fundraising fees (## IX, column (A), line 11e)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		<u>NONE</u>			
シ ズ ジ	1 1	al fundralising expenses, Partik, column (D), line 25) ▶			· , ·			
{		Other expenses (Part IX, colun (A), lines 11a-11d, 11f-24f)	8,405,8		9,132,562.			
3	18	Total (X) [1] Total (A), line 25)	15,137,2	11.	16,374,428.			
ر آجہ	19	Revenue less expenses Subtract line 18 from line 12	-477,3	16.	-647,022.			
300			Beginning of Y	ear	End of Year			
Assets or Balances	20	Total assets (Part X, line 16)	12,103,5	78.	8,997,588.			
Z P	21	Total liabilities (Part X, line 26)	12,353,1	06.	17,122,416.			
Net	22	Net assets or fund balances Subtract line 21 from line 20	-249,5	l l	-8,124,828.			
Pa	art II	Signature Block						
	Sign Iere	Under penalties of perjury, I declare that have examined this return, including accompanying schedules and belief, it is true, correct, and complete Declaration of preparer (other Signature of officer  HARRY ROLLINGS  Type or print name and title	and statements, an	d to the	best of my knowledge			
Paid	, 	Preparer's signature						
Pre	parer :	Termin annual Company						
Use	Only	if self-employed).						
140		address, and ZIP + 4 2010 CORPORATE RIDGE, SUITE 400 MCLEAN,						
ма	y tne l	RS discuss this return with the preparer shown above? (See instruction						

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

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orm 990 (2008)		53-0026315	Page 2
Part III Statement of Program Service Acc	omplishments (see instructions)		
Briefly describe the organization's mission			
SEE STATEMENT 1			
			·
	<del></del>		
2 Did the organization undertake any signific			
the prior Form 990 or 990-EZ?		• • • • • • • • • • • • • • • • • • •	Yes X No
If "Yes" describe these new services on Sche			
3 Did the organization cease conducting, or r			
services?			Yes X N
If "Yes," describe these changes on Schedule	e O		
Describe the exempt purpose achievements	for each of the organization's three	largest program services by expe	nses.
Section 501(c)(3) and 501(c)(4) organization	ns 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 s	service reported	
la (Code ) (Expenses \$	including grants of \$	\/Payanua \$	
		) (Nevenue \$	
EDUCATION/TRAINING: ANNUAL CO			
SPECIALIZED WORKSHOPS, 25+ TE			
ON RATE DESIGN, POLICY MAKING		12-1-1-1-1	
ACCOUNTING, COST SERVICES, ET	rc.		
			,
			·
U. (0. )			
b (Code:) (Expenses \$		) (Revenue \$	)
MEMBER SERVICES: INFORMATION			*****
AND ANALYSIS, ON LEGISLATIVE,	REGULATORY		
TECHNICAL AND STATISTICAL ISS	SUES.		
			<u> </u>
•			
	<del></del>		
	<del></del>		
c (Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
PUBLICATIONS: BI-MONTHLY MAGA	AZINE WEEKLY		<del></del> '
NEWSLETTER, SPECIALIZED NEWSI			· · · · · · · · · · · · · · · · · · ·
HUMAN RESOURCES, COMMUNICATIO	ONS RESEARCH		<del></del>
AND DEVELOPMENT.			
<del></del>			
		<del></del>	
d Other program services (Describe in Schedu	•		
(Expenses \$ including grant	s of \$ (Revenue	e \$ )	
e Total program service expenses ▶ \$	(Must equal Part IX.	Line 25, column (B) )	
A 3,030,1,000			Form 990 (200
1020 1 000			

. . . .

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
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	5	х	
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	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	Х	
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	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			1
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>x</u>
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	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		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	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
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	21	X_	<u> </u>
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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		l	
	\$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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	<u> </u>	<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del> </del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	<u> </u>
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	25b	<u> </u>	<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
_	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
164	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	<u> </u>	<u> </u>
JSA 8E1021	1 000	Form	990	(2008)

#### Part IV Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee 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)? If "Yes," complete Schedule L. 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b 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? If "Yes," complete Schedule L, Part IV . . . . . . 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form **990** (2008)

1, 61	Statements (regarding other into things and tax compliance			_
	•	25.00	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			2
	U.S. Information Returns Enter -0- if not applicable			40%
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	X	100000000
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X Transition	6355F=#29
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			200
	this return?	_3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u>X</u>	<u> </u>
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	<del>Maritica</del>	X
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			
<b>-</b> -	and Financial Accounts	E o	100 m	
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-30		<u> </u>
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		[
62	Did the organization solicit any contributions that were not tax deductible?	6a	х	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6ь	x	<b> </b>
7	Organizations that may receive deductible contributions under section 170(c).		Sep.	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		<u></u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ļ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h	The Services	56-88%.)
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	語系列		7
	organization, have excess business holdings at any time during the year?	8	的走来	Max H
9_	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a	1770 Y	100
a	Did the organization make any taxable distributions under section 4966?	9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	3 B		(396.7)
10	Section 501(c)(7) organizations. Enter			
a	militation rees and depited contributions included on that vin, line 12			
b I 1	ended to the public use of club facilities			
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders   11a			
	Gross income from members or shareholders	183		
IJ	amounts due or received from them.)			1
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	اشتثارتهم	Hittoric At
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		<b>18</b>	
	and the year of the second sec	ا المام المام المام المام المام المام المام المام المام المام المام المام المام المام المام المام المام المام 	QQN	12 50 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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

Sect	ion A. Governing Body and Management			
			Yes	No
	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			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	, _		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		_X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during	ار المارية المارية	2	
_	the year by the following The governing body?	ζ,	· ,	-
a b		8a	X	
9a	Does the organization have local chanters branches or affiliates?	8b	Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	9a	-	<u>X</u>
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	30		
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	
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	11		х
Secti	on B. Policies			
			Yes	No
1 2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approval by	a e	9 S.	-
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.	<b>班</b> 3		
a	The organization's CEO, Executive Director, or top management official?	15a	<u> </u>	
b	Other officers or key employees of the organization?	15b	X	
16a	Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1. A	-	-
, Ja	with a tayable entity during the year?	46-	,' 1	
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		<u>X</u>
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	~,	, t '	
	the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100	L	L
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):	only	}	
	available for public inspection. Indicate how you make these available. Check all that apply	y	•	
	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 inter	est		
	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	ie		
	organization ►THE ASSOCIATION 1875 CONNECTICUT AVE., NW, SUITE 1200 WASHINGTON,		200	09
	(202) 467-2949	. <u>-</u> -22.	-==5	<b>~ ~ ~ ~</b>
		F	990	(2008)

## 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 Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List 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 com	pensate an	y offic	cer,	dıre	ecto	r, trus	tee	, or key employee		
(A) Name and Title	(B) Average hours per week	ndividual trustee	Institutional trustee	che Officer		জ Highest compensated employee	Former	(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
SEE SCHEDULE J-2										
						:				_
										<u> </u>
									-	
										_
					_		-			
			-							
			-							

JSA

Pa	irt VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	ye	es,	and F	ligl	hest Compensat	ed Employ	ees (c	ontinued)		
	(A)	(B)		•		C)			(D)		(E)		(F)	
	Name and title	Average hours per	_		chec	k all	that app		Reportable compensation	Reportal compensa		Estima amoun		
		week	Individual trustee or director	Institutional	Officer	Key employee	ghes	Former	from the	from rela organizat		othe compens		
			ctor tr	iona		lploy	e g	•	organization	(W-2/1099-		from t		
			uste	trus		8	npen		(W-2/1099-MISC)			organiza and rela		
			, e	ie			Highest compensated employee				1	organiza		
				$\vdash$	<u> </u>							<del>_</del>		
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		•												
				L.,										
<u>1b</u>	Total							<u> </u>	2,040,076.		NONE		490.	
2	Total number of individuals (including those organization ► 10	e in 1a) v	vho r	ece	ived	i m	ore t	han	\$100,000 in re	portable co	mpens	ation from	the	
_													s No	
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ind	ivid	iste ual	e, 1	кеу е 		oloyee, or nignes	compens.	ated	3	x	
4	For any individual listed on line 1a, is the													
	the organization and related organizations individual										such 	4 2		
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr	ue c	omp	ens	satio	on fro	m	any unrelated of	rganization	for	5	<b>建设设</b>	
Sec	ction B. Independent Contractors	oomproto t	5000	<u> </u>	<u></u>	. 00	on per	30,	<u>,</u>	· · · · · · · ·	•••		<u> </u>	
1	Complete this table for your five highest compensation from the organization	compensat	ted in	ndep	eno	dent	cont	rac	tors that receive	d more tha	ın \$10	0,000 of		
	(A) Name and business add		_					Τ	(B)			(C)		
_	rvaine and business add							+	Description of se	I VICES		ompensation	71 	
_					_			Ţ_						
_														
2	Total number of independent application (	noludina 4	hoos		41				d man Aba : 640	0.000	127-4-3-	444.00°	Recorded to	
_	Total number of independent contractors (i compensation from the organization	NONE		111	ı) \ 	wno	rece	ive	u more than \$10	o,ooo in			是是過	

	t VIII	Statement of Revenu	ie		_	53-0026315	<u> </u>	Page 9
					(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		<del></del>				
, gr	b	Membership dues	[ . ]					
gifts	c d	Fundraising events Related organizations	1111	····				
ns, s	e	Government grants (contribut		146,928.				
atio er s	f		, i					
trl b		and similar amounts not included	above . 1f	366,500.				
Son	g	Noncash contributions included in	n lines 1a-1f \$					
	h	Total. Add lines 1a-1f		Business Code	513,428.			
'ent	_	EDUC ( MORINING			2 006 442	2 006 440		
æ	2a b	EDUC, & TRAINING PUBS. & SUBSCRIPTIONS		541800 541800	2,086,442. 900,769.	2,086,442. 343,067.	557,702.	
/Ice	0	ANNUAL CONFERENCE		541800	718,175.	343,007.	331,102.	718,175
Ser	d	MEMBERSHIP DUES		541800	10,738,256.	10,738,256.		110,173
Program Service Revenue	e							
ogr.	f	All other program service reve				No other transports from the second	COMMENSATION CONTRACTOR	s war drawn ar area
مَ	g	Total. Add lines 2a-2f			14,443,642.			
	3	Investment income (including			172 066			
	4	other similar amounts) Income from investment of ta						173,966.
	5	Royalties · · · · · · · · ·	-	_	NONE			
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less: rental expenses						
	C	Rental income or (loss)		l				7
	d	Net rental income or (loss)	(ı) Securities	(II) Other	NONE			
	7 a	Gross amount from sales of	(i) occurrics	(ii) Other				
ļ	ь	assets other than inventory Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<b>.</b>	61,574.			61,574.
	8 a	Gross income from fu	ındraisıng					
Ju e		events (not including \$	<del></del>					
eve		of contributions reported on li	· ·					
<u>بر</u>	_	See Part IV, line 18						
Other Revenue	C	Less direct expenses Net income or (loss) from fun			NONE	The state of the s	A DOMESTICS	231
	9a	Gross income from gaming ad	=		<b>武權與《於其孫所等</b>			
		See Part IV, line 19						
	b	Less. direct expenses		ŀ	Mary State		<b>特别和特别</b>	E-23827
	С	Net income or (loss) from gar	-	· · · · · · · •	NONE	The many have been a first of the continuous of	AS TO STATE TO THE STATE OF	Taylor desired
	10a	Gross sales of invento						
Ì	_	returns and allowances						
	b c	Less: cost of goods sold Net income or (loss) from sale			NONE			
1		Miscellaneous Revenu		Business Code	NONE			
	11a	MISCELLANEOUS		900099	229,946.	229,946.	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	am praint BOOK ACCUMUNATION OF
	b	EMRI-ELECTORNIC MARKET		900099	304,850.	304,850.		
- 1	С							
	d	All other revenue		L		The Free Color of the Color	rations, re-in-	175-18 8 7 9 per July 20 36 3
	е	Total. Add lines 11a-11d			534,796.	的是不是一个	THE PERSON	TO THE STATE OF TH
	12	Total Revenue. Add lines 1h,						
		9c, 10c, and 11e			15,727,406.	13,702,561.	557,702.	953,

### 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).									
	not include amounts reported on lines 6b, , 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	561,797.			Promise and the second					
2	Grants and other assistance to individuals in				And the second					
	the U.S. See Part IV, line 22	NONE		2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -						
3	Grants and other assistance to governments,		<u>-</u>	ار در در از از از از از از از از از از از از از	AND THE PROPERTY OF					
	organizations, and individuals outside the			a en les established	<b>第二个图示规则</b>					
	US See Part IV, lines 15 and 16	NONE								
4	Benefits paid to or for members	NONE			A 1 2					
5	Compensation of current officers, directors,				<del>-</del>					
	trustees, and key employees	2,243,614.								
6	Compensation not included above, to disqualified	2/2:0/02:0			<del></del>					
	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.		<del></del>						
11	Fees for services (non-employees)	3/3,007.								
		MONE								
	Management	NONE 102,369.		···						
		j.	<del></del>		<u> </u>					
	Accounting	66, 192.	<del></del>							
	Lobbying	NONE	1							
	Professional fundraising services See Part IV, line 17 Investment management fees	NONE		and the second of the second o						
	r	NONE	<del></del>							
	Other	NONE		<del>-</del> -						
12	Advertising and promotion	NONE			·					
13	Office expenses	89,458.								
14	Information technology	NONE	-		<u> </u>					
15	Royalties	NONE								
16	Occupancy	1,557,082.	<del></del>							
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	NONE	<del> </del>							
24	Other expenses Itemize expenses not	,		المرابع المراب	\$12 T					
	covered above (Expenses grouped together									
	and labeled miscellaneous may not exceed									
	5% of total expenses shown on line 25 below)				,					
а	PRINTING	665,877.								
	TELECOM_CAMPAIGN	702,601.								
C	DUES_AND_MEMBERSHIPS	249,115.								
d	BOOKS_AND_SUBSCRIPTIONS	117,048.								
е	AUDIOVISUAL/FILMS/PHOTOS	174,325.								
f	All other expenses	2,211,386.								
	Total functional expenses. Add lines 1 through 24f	16,374,428.								
26	Joint Costs. Check here ▶ If following									
	SOP 98-2 Complete this line only if the organization									
	reported in column (B) joint costs from a combined educational campaign and fundraising									
	solicitation									
JSA				·						

Pa	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	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		,	يعي والمراجع والمراجع المراجع المراجع
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II	•		
		of Schedule L		6	
ts.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sales or use		8	
4	9	Prepaid expenses and deferred charges	220,360.	9	213,299.
		Land, buildings, and equipment cost basis 10a 4,770,045.		İ	,
	ь	Less accumulated depreciation Complete	•		1 1 1 14 7-4
	•	Part VI of Schedule D	2,564,476.	10c	2,549,226.
	11	Investments - publicly traded securities STMT- 4	5,349,233.		4,008,209.
	12	Investments - other securities See Part IV, line 11	<del> </del>	12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,261,693.	I	1,470,555.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	12,103,578.		8,997,588.
	18	Grants payable	439,560.	17	612,283.
	19	Deferred revenue	4 205 026		4 114 600
	20	Tax-exempt bond liabilities	4,285,036.	20	4,114,600.
øs.	21	Escrow account liability Complete Part IV of Schedule D	<del>.</del> .	21	
fie	22	Payables to current and former officers, directors, trustees, key employees,		2.2	And the second street to the
Liabilities		highest compensated employees, and disqualified persons Complete Part II	·		المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ا المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ال
Ë		of Schedule L	and the second of the second of the second	22	to - Loughton or Lan an Charles and Sand Sanderson's
	23	Secured mortgages and notes payable to unrelated third parties	· · - · · · · · · · · · · · · · · · · ·	23	
	24	Unsecured notes and loans payable		24	" ' '
	25	Other liabilities Complete Part X of Schedule D	7,628,510.	25	12,395,533.
	26	Total liabilities. Add lines 17 through 25	12,353,106.	26	17,122,416.
ses		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.		,	A STATE OF THE STA
ano	27	Unrestricted net assets	-848,862.	27	-8,692,911.
Balance	28	Temporarily restricted net assets	599,334.	28	568,083.
멑	29	Permanently restricted net assets		29	
or Fund		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			Fa
ets	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	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.
Pa	rt XI	Financial Statements and Reporting			
1 2a		unting method used to prepare the Form 990: Cash X Accrual Other the organization's financial statements compiled or reviewed by an independent account			Yes No
b		the organization's financial statements complied by an independent accountant?			<del></del>
c		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility			· · ·   2b   X
•		, review, or compilation of its financial statements and selection of an independent account			2c
3a		result of a federal award, was the organization required to undergo an audit or audits as		• • •	
		ringle Audit Act and OMB Circular A-133?			3a X
b		es," did the organization undergo the required audit or audits?			

#### 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

▶ To be completed by organizations described below.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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) or	organizations Complete Part III					
Na	ame of organization			Employer identi	fication number		
AME	ERICAN PUBLIC POWER	R ASSOCIATION		53-00	026315		
	rt I-A To be complete	ed by all organizations exempt ons for Schedule C for details	under section 50	1(c) and section 527 or	ganizations.		
1		he organization's direct and indirect					
2							
3	volunteer nours		• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
Pai	rt I-B To be complete	d by all organizations exempt	under section 501	(c)(3)	<del></del>		
		ons for Schedule C for details.		(5)(5).			
1		····	uan undar agetian 40	NCC ► \$			
2	Enter the amount of any excise tax incurred by the organization under section 4955						
3		d a section 4955 tax, did it file Form					
4a	Was a correction made?		it 4720 for this year?		Yes No		
b	If "Yes," describe in Part IV				· · L_ Yes  No		
Pa	t I-C To be complete	ed by all organizations exempt	under section 50	1(c), except section 50	)1(c)(3).		
		ons for Schedule C for details		•			
1	Enter the amount directly	expended by the filing organization	n for section 527 ex	cempt function			
2	Enter the amount of the fil	ling organization's funds contributed	to other organizati	ons for section			
	527 exempt function activ	vities					
3		t exempt function expenditures. Ad-					
	on Form 1120-POL, line 1	7b		▶ \$			
4	Did the filing organization	file Form 1120-POL for this year? .			Yes No		
5	State the names, addresse	es and employer identification numb	oer (EIN) of all section	on 527 political organizat	ions to which payments		
		nount paid and indicate if the amo					
		d promptly and directly delivered to			eparate segregated fund		
	or a political action comm	ittee (PAC) If additional space is ne	eded, provide inform	nation 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-		

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2005	( <b>b)</b> 2006	(c) 2007	(d) 2008	(e) Total		
2a 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))	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CONTRACTOR OF THE STATE OF TH	in the second	الأعلى المساد			
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2008

Pa	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		Amoun		
1	During the year, did the filing organization attempt to influence foreign, national, state or local	165	NO		Aillouii		
•	legislation, including any attempt to influence public opinion on a legislative matter or	1					
	referendum, through the use of						
а	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)?	-				resulting	
b	If "Yes," enter the amount of any tax incurred under section 4912	.					
С.	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	- v-4-	-			<del></del>	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u> </u>			
Fa	rt III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6). See the instructions for Schedule C for details.	ction	501	(C)(5),	or		
					Y	es No	
1	Were substantially all (90% or more) dues received nondeductible by members?				1 X		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	X	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				3	X	
Pa	rt III-B To be completed by all organizations exempt under section 501(c)(4), se						
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No	o. O	RII	Part II	I-A,		
	question 3 is answered "Yes." See Schedule C instructions for details.						
1 2	Dues, assessments and similar amounts from members			1		····	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).	nts c	ÞΙ				
а							
b		• • •	• •	2a   2b			
C	Carryover from last year			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	• • •		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		٠٠,			<del></del>	
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo						
		-	·	4			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			5			
	Supplemental Information						
	aplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C,	line i	5 200	l Dart II	P. line	1;	
	o, complete this part for any additional information	mie .	Jan	1 1 211 11	-D, IIIIC	••	
	TION 6033(E) NOTICE						
SCI	HEDULE C, PART III						
THE	AMERICAN PUBLIC POWER ASSOCIATION IS A SERVICE ORGANIZATION						
REI	PRESENTING MORE THAN 1,500 MUNICIPAL, COUNTY, AND STATE-OWNED ELEC	CTRI	<u>C</u>			<b></b>	
UT	LITY SYSTEMS THROUGH DIRECT MEMBERS AND AFFILIATED ORGANIZATIONS	<b>.</b>					

Schedule C (Form 990 or 990-EZ) 2008

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Schedule C (F	orm 990 or 990-EZ) 2008  Supplemental Information (continued)	53-0026315	Page 4
Part IV	Supplemental Information (continued)		
	·-~-		
- <del>-</del>			
<del>-</del>			
	•		

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047
2008
Open to Public

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.

Nam	e of the organization			Employer identification number
AME	ERICAN PUBLIC POWER ASSOCIATION			53-0026315
	Organizations Maintaining Donor Adv the organization answered "Yes" to For		ilar Funds or	
	the organization answered Tes (0 For	(a) Donor advised fu	nds T	(b) Funds and other accounts
4	Total number at and of uses			
1 2	Total number at end of year			<del></del>
	Aggregate contributions to (during year)		<del></del>	
3	Aggregate grants from (during year)			<del></del>
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor action are the organization's property, subject to the	<del>-</del>		! 1 ! !
6	Did the organization inform all grantees, donors, at	_	~	
	used only for charitable purposes and not for the b	•	-	•
	ımpermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if	the organization answere	ed "Yes" to Fo	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	organization (check all that a	pply)	
	Preservation of land for public use (e.g., recre	eation or pleasure)	Preservation o	f an historically importantly land area
	Protection of natural habitat			f certified historic structure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qua	alified conservation contribu	tion in the form	n of a conservation easement
	on the last day of the tax year.			
				Held at the End of the Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements	·		2b
С	Number of conservation easements on a certified			2c
d	Number of conservation easements included in (c			<b>I</b>
3	Number of conservation easements modified, tran	sferred, released, extinguis	hed, or termina	ated by the organization during
	the taxable year ▶	_		
4	Number of states where property subject to conse	rvation easement is located	<b></b>	<del></del>
5	Does the organization have a written policy regard	ing the periodic monitoring,	inspection, vio	lations, and
	enforcement of the conservation easements it holds	\$?		Yes . No
6	Staff or volunteer hours devoted to monitoring, ins	pecting, and enforcing ease	ments during t	he year ▶
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing easeme	nts during the	year ▶ \$
8	Does each conservation easement reported on line	e 2(d) above satisfy the requ	irements of sec	ction
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization reports	conservation easements in	its revenue and	d expense statement, and
	balance sheet, and include, if applicable, the text of	of the footnote to the organization	zation's financi	al statements that describes
	the organization's accounting for conservation ease			
Pa	rt III Organizations Maintaining Collections Complete if the organization answered	s of Art, Historical Treasu	res, or Othe	r Similar Assets.
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, educ	ation, or resea	rch in furtherance of public service.
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	r public exhibition, education ns:	n, or research	in furtherance of public service,
	(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, hi	•		for financial gain, provide the
	following amounts required to be reported under S	•		
а	Revenues included in Form 990, Part VIII, line 1 .			
b	Assets included in Form 990, Part X			▶ \$

Schedule D (Form 990) 2008

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

Par	t III Organizations Maintaini	ng Collections of	of Art, Historic	al Treasures	, or Oth	ner Similar A	ssets (c	ontinued	"
							_		
3	Using the organization's accession	and other records	s, check any of t	he following th	at are a	significant us	e of its co	ollection	
	items (check all that apply).								
а	Public exhibition		d	Loan or exc	hange p	rograms			
b	Scholarly research		e	Other					
C	Preservation for future ge								
4	Provide a description of the organia	zation's collections	s and explain ho	w they further	the orga	anization's exe	mpt purp	ose in	
	Part XIV								
5	During the year, did the organization	on solicit or receive	e donations of a	rt, historical tre	easures	, or other simila	ar .		
	assets to be sold to raise funds rate	her than to be mai	ntained as part	of the organiza	ation's co	ollection?	• • • [	Yes	No
Par	t IV Trust, Escrow and Custo	odial Arrangeme	ents. Complete	e if organizati	on ansi	wered "Yes"	o Form	990,	
	Part IV, line 9, or reporte	ed an amount on	Form 990, Pa	rt X, line 21					
1 a	Is the organization an agent, truste	e, custodian or oth	her intermediary	for contribution	ns or ot	her assets not	Ĺ		
	included on Form 990, Part X?						[	Yes	No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the follow	ing table			_	_	
				Γ		Ar	nount		
С	Beginning balance			[	1c				
đ	Additions during the year			[	1d				
е	Distributions during the year				1e				
f	Ending balance			[	1f				
2a	Did the organization include an am	ount on Form 990	), Part X, line 21	?			T	Yes	No
	If "Yes," explain the arrangement in						_	_	ليا
Par	t V Endowment Funds. Con	nplete if organiz	ation answere	d "Yes" to Fo	rm 990	, Part IV, line	10.		
		(a) Current Year	(b) Prior year	(c) Two year	ırs back	(d) Three yea	rs back	(e) Four ye	ears back
1 a	Beginning of year balance				ALLE LAND		46.5		
b	Contributions		建强等的形	· 是你是我们是		<b>学</b> 是实验。	1454		
С	Investment earnings or losses		1	1 3 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tris in the	18 18 28 28		Feet Lines	Care in the
d	Grants or scholarships		<b>一种种种种</b>			Tables of Care	3. N. N. T		
е	Other expenditures for facilities .		STATE OF THE STATE OF		AS SALTINA	The state of the s	我 300 克		THE SECOND IN
	and programs		是是是有						
f	Administrative expenses		2-3-10	10 10 10 10 10 10 10 10 10 10 10 10 10 1		1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
g	End of year balance			A CONTRACTOR	5 532	7 12 18 18 18 18 18 18 18 18 18 18 18 18 18	The state of	Emily Con	
2	Provide the estimated percentage	of the year end ba				21 24 A22 23 1 Dept.		11.15.2.5.	
а	Board designated or quasi-endown	nent 🕨	%						
b	Permanent endowment >	%							
C	Term endowment ▶	%							
3a	Are there endowment funds not in	the possession of	f the organization	n that are held	l and ad	ministered for	the		
	organization by	•	· ·					Y	es No
	(i) unrelated organizations							3a(i)	_
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related org	janizations listed a	s required on So	chedule R?				3b	
4	Describe in Part XIV the intended in							L-,L	
Par	t VI Investments - Land, Buil				t X. line	10			
	Description of investment		t or other basis	(b) Cost or other		Depreciation	10	i) Book value	
	·		vestment)	basis (other)	(6)	Depreciation	,-	., 500	-
1 a	Land				<del></del>				
b	Buildings				1				
c	Leasehold improvements			1 520 20	2	711 405		016	708.
ď	Equipment			1,528,20	· · · · · · · · · · · · · · · · · · ·	711,495.			
e	Other			2,878,80		,340,305.			,504.
	I. Add lines 1a-1e (Column (d) shou		Part X column	363,03	<del>3.</del>	169,019.			,014.
. J.ta		na equal i OIIII 990	, rait A, COIUIIII	i (D), iiile IU(C)	<i>.</i>	· · · · · ·			,226.
							Sched	ule D (Form	990) 2008

Part VII	Investments - Other Securities. See F	orm 990, Part X, li	ne 12.	1 330 0
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
Financial der	ivatives and other financial products			
	equity interests			
<b></b>	- <b></b>			
				<del></del>
<del>-</del>				
Total (Column	(b) should equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. See I	Form 990 Part X I	ine 13	
Tare viii	(a) Description of investment type	(b) Book value	(c) Method of valuat	ion:
	(a) Description of investment type	(b) Book value	Cost or end-of-year mark	
				<del> </del>
<del></del>				
	***	<del>****</del>		<del></del>
		* * * * * * * * * * * * * * * * * * * *		-
		<del></del>		
	\	<del></del>		
		<u> </u>		
Total. (Column	(b) should equal Form 990, Part X, col (B) line 13)	<u>-</u>	Prophing the state of the state of the state of	
Part IX	Other Assets. See Form 990, Part X,	ine 15.		
	(a)	Description		(b) Book value
ART WORK	ζ			15,828.
SUBLEASE	E ESCROW DEPOSITS			NON
	NCENTIVE RECEIVABLE			NONI
INVESTME	ENT IN SUBSIDIARY			1,454,727.
				· · · · · · · · · · · · · · · · · · ·
<del></del>				
	× • • • • • • • • • • • • • • • • • • •	<del></del>		
Total (Column	(b) should equal Form 990, Part X, col (B) line 15)			4 450 555
Part X	Other Liabilities. See Form 990, Part 2		<u></u>	1,470,555.
rait A	(a) Description of liability	(b) Amount	THE PERSONNEL PRINCIPLE TO THE	
Federal incon		(b) Amount		
ACCRUED		615,749		
	TIREMENT BENEFITS	NON		
	TY FOR PENSION BENEFITS	10,017,737		
	LEASE LIABILITY	487,666		
DEFERRE		1,274,381	一个"一个","我们们的"大","我们看你们看到这个"我们就是我们的"的"我们"。"一个	
		2,213,301		<b>第二次的基础的</b>
				<b>经验,是是</b>
Total. (Column	(b) should equal Form 990, Part X, col (B) line 25)	12,395,533		THE STATE OF THE S

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.

	ule D (Form 990) 2008 53-0026315	Page 4
Part		
1 (	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net). Add lines 4-8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	. 10
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	• • • • • • • • • • • • • • • • • • • •
а	Net unrealized gains on investments	
b	Donated services and use of facilities 2b	
С	Recoveries of prior year grants	
d	· · · _ · · · _ · · · · · · · · · ·	<u> </u>
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4 ,
а	Investment expenses not included on Form 990, Part VIII, line 7b	2 ( ) (3)
b		2 12 2 2
C		1 1
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	in the second
а	Donated services and use of facilities 2a	
b	Prior year adjustments 2b 2b	
C	Losses reported on Form 990, Part IX, line 25	- Agent Ass
d	Other (Describe in Part XIV)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b		
С	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
	XIV Supplemental Information	<del></del>
	plete 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
ind 2	b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	

Schedule D (Fo	m 990) 2008	53-0026315	Page 5
Part XIV	Supplemental Information (continued)		
-			
•			
		~	
	**		
<b>_</b>			
<b></b>		<b></b>	
	~		
<del>-</del>			
<b>-</b>			

Schedule D (Form 990) 2008

### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

20**08** 

Open to Public

Schedule I (Form 990) 2008

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

Name of the organization Employer identification number AMERICAN PUBLIC POWER ASSOCIATION 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? X 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" on 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. (f) Method of valuation 1 (a) Name and address of organization (b) FIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash (a) Description of (h) Purpose of grant (book, FMV, appraisal or government if applicable or assistance assistance non-cash assistance SEE SCHEDULE I-1 Enter total number of section 501(c)(3) and government organizations 

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

### SCHEDULE I-1 (Form 990)

### **Continuation Sheet for Schedule I (Form 990)**

20**08** 

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

AMERICAN PUBLIC POWER ASSOCIATION

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

Part I Continuation of Grants and C	Other Assist	ance to Govern	nments and Orga	nizations in the U.	S. (Schedule I (For	m 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 L614 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							1
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	<del> </del>		73,158.				DEED PROJECT PAYMENT
2 Enter total number of Section 501(c)(3) a							
3 Enter total number of other organizations		<u> </u>	<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<u></u>	•

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

Schedule I-1 (Form 990) 2008

### SCHEDULE I-1 (Form 990)

### **Continuation Sheet for Schedule I (Form 990)**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

(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
		44,991.				1
		44,991.	i			
			·-·· ·- ·- · · · · · · · · · · · · · ·			DEED PROJECT PAYMENT
		21 055				
		21,055.				DEED PROJECT PAYMENT
		15,000.				DEED PROJECT PAYMENT
		20,000				1
		10,450.				DEED PROJECT PAYMENT
	i					
-						
		_, ,, ,				
						•
_	<u> </u>		d government organizations	d government organizations	d government organizations	3 government organizations

Part III	Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)									
	(a) Type of grant or assistance	(b) Number of recipents	(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				
·										
	<u> </u>									
·										
			1	l						

#### SCHEDULE J (Form 990)

### **Compensation Information**

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.

20**08** 

Open to Public

Name of the organization

Department of the Treasury

Internal Revenue Service

AMERICAN PUBLIC POWER ASSOCIATION

Employer identification number

53-0026315

Part	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		_	Ι,
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			
	x Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1 b		х
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	x	
		-1		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the		u-	,
	organization's CEO/Executive Director Check all that apply	12	 	
	X Compensation committee X Written employment contract	4.		1 Jan 1 1
	x Independent compensation consultant x Compensation survey or study			. `
	X Form 990 of other organizations X Approval by the board or compensation committee	~ [3]		
		· == .	, .	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	11 m		O program
			-	-
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.	100		P
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	- t <sub>2</sub> \$	٠,	. :;
	compensation contingent on the revenues of			
а	The organization?	5a		<u> </u>
b	Any related organization?	5 b	L	
	If "Yes" to line 5a or 5b, describe in Part III	1		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			1
	compensation contingent on the net earnings of	5.		,
а	The organization?	_6a		
b	Any related organization?	6 b		
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
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			
	ın Part III	8		

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.

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
	(i)	237,427.	NONE	NONE	NONE	8,929.	246,356.	NONE	
JEFFREY J. TARBERT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	<u>247,630.</u>	NONE	NONE	NONE	13,259.	260,889.	<u>NONE</u>	
JAMES J. NIPPER	(11)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(0)	218,895.	NONE	NONE	NONE	2,181.	221,076.	NONE NONE	
SUSAN KELLY	(11)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(1)	440,109.	NONE	NONE	14,360.	8,929.	463,398.	NONE	
PHILLIP M. CRISSON	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	152,115.	NONE	NONE	NONE	13,259.	165,374.	NONE	
MIKE HYLAND	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(1)	159,247.	NONE	NONE	NONE	341.	159,588.	NONE	
ALLEN E MOSHER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(1)	145,770.	NONE	NONE	NONE	NONE	145,770.	NONE	
JOHN KELLY	(11)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	137,866.	NONE	NONE	NONE	NONE	137,866.	NONE	
JEANNE LABELLA	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)								
	(ii) [								
	(1)								
	(11)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)					•			
	(11)								
	(i)								
	(ii)								
	(1)								
	(ii)								
	(i)								
	(6)								

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 for any additional information.	Also complete this part
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

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

## **Continuation Sheet for Form 990**

OMB No 1545-0047

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

Employer Identification number

53-0026315

AMERICAN PUBLIC POWER ASSOCIATION Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** 

(A)	(B)		(C)		(D)	Œ)	(F)			
Name and Title	Average hours per week	Posi	tion (		k all	that ap	<del>'''</del>	Reportable Reportable		Estimated amount of
	perweek	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MAUDE_GRANTHAM-RICHARDS	4							-		
CHAIR	1.	X			_		↓_	NONE	NONE	NONE
MARC GERKEN	-1									
CHAIR-ELECT	1.	X	-			-	ļ	NONE	NONE	NONE
TERRY J. HUVAL	-									
IMMEDIATE PAST CHAIR	1.	X	⊨		-	<del> </del>	<b>├</b>	NONE	NONE	NONE
MARK_BONSALL			1							
TREASURER	1.	X	⊢	┝		├	┼-	NONE	NONE NONE	NONE NONE
GEORGE M. CAAN										
DIRECTOR	1.	X	┡	├	-	ļ	┼—	NONE	NONE	NONE
WILLIAM CARROLL	)			ĺ						
DIRECTOR	1.	X		-	_	ļ	-	NONE	NONE	NONE
LONNIE CARTER	-					ł				
DIRECTOR	1.	X			<del> </del>	1		NONE	NONE	NONE
ALLEN_CROWSER			1							
DIRECTOR	1.	X	┢	├-		<del>                                       </del>	╂	NONE	NONE	NONE
PHYLLIS CURRIE	1		1							
DIRECTOR	1.	X	<u> </u>	<u> </u>		<b>!</b>	┼-	NONE	NONE	NONE
CHARLES M. DAVIS	1	1		ŀ	1	ĺ				
DIRECTOR	1.	X	├	├	├	<del> </del>	<del> </del> -	NONE	NONE	NONE
JIM_DAVIS	l l	,,			l				,,,,,,,	NONE
DIRECTOR	1.	X	-	├	├		┼~	NONE	NONE	NONE
HAROLD E. DEPRIEST		,,				]			,,,,,,,	NONE
DIRECTOR	1.	X	<del> </del>	$\vdash$	$\vdash$	-	+-	NONE	NONE	NONE
JAMES A. DICKENSON		,			ļ			,,,,,,,	NONE	NONE
DIRECTOR	<del></del>	<u> </u>	<del>  -</del>	-	$\vdash$		┼─	NONE	NONE	NONE
PAULA J. DIFONZO								NONE	NONE	NONE
DIRECTOR WILLIAM DOLLAR	1.	X		-	$\vdash$		-	NONE	NONE	NONE
WILLIAM DOLLAR DIRECTOR	+ ,							NONE	NONE	NONE
	1.	X	<del> </del>		$\vdash$	+-	+	NONE	NONE	NONE
TERRY_DRAPER	1 ,				ĺ	1		NONE	NONE	NONE
DIRECTOR JOEN DUBEL	1.	X.	$\vdash$		-	<del> </del>	+-	NONE	NONE	NONE
JOEY DUREL	-	,,							Nour	NONE
DIRECTOR	1.	X	╁	╁	├~	+	+-	NONE	NONE	NONE
KEVIN_EASLEY	-	,,								NONE
DIRECTOR  POPERT P. JOHNSTON	1.	X	$\vdash$	-	-	1	+-	NONE	NONE	NONE
ROBERT P. JOHNSTON	1 .	1	1							Nove
DIRECTOR	1.	X	┼~	┼-	<del> </del>	-	-	NONE	NONE	NONE
ROBERT_VJOLLY	-		1		1					
DIRECTOR	1	<u> </u>	┼—	╁	$\vdash$	┼	+-	NONE	NONE	NONE
STEVEN_KLEIN_			1	1	1	}				
DIRECTOR  For Privacy Act and Benefits Reduction	1	X	ل	1	<u></u>	Щ.		NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

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VIENNA - 53-0026315

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## SCHEDULE J-2

Department of the Treasury Internal Revenue Service

## **Continuation Sheet for Form 990**

OMB No 1545-0047

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

Open to Public Inspection

Name of the Organization

Employer Identification number

AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

ł	Continuation of Of	ficers, Directors,	Trustees, Key E	Employees, and	d Highest Com	pensated
	Employees					

Employees	Employees									
(A)	(B)			(0	C)			(D)	Œ)	(F)
Name and Title	Average hours per week	Posit	tion (	chec	k all	that ap	ply)	Reportable	Reportable	Estimated
	рет week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DONALD E. KOM		<del>                                     </del>								
DIRECTOR	1.	l x			1			NONE	NONE	NONE
DAVE_LOCK										
EX OFFICIO	1	_ x						NONE	NONE	NONE
LARRY MUSICK										
DIRECTOR	1.	X						NONE	NONE	NONE
JOE PACOVSKY		1					1			
DIRECTOR	1	X_			<u> </u>			NONE	NONE	NONE
BILL_RADIO		1								
DIRECTOR	1.	<u>x</u>	<u>.</u>		L			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.	<u> </u>	_		<u> </u>			NONE	NONE	NONE
COLIN_WHITLEY										
DIRECTOR	1	<u> </u>						NONE	NONE	<u>NONE</u>
ROBERT E. WILLIAMS										
DIRECTOR	1	<u> </u>						NONE	NONE	<u>NONE</u>
BRIAN MOECK										
DIRECTOR	1.	X				<u> </u>	_	NONE	NONE	NONE
PAUL J. PALLAS		]								
DIRECTOR	1.	<u> X</u>	<u> </u>		<u> </u>			NONE	NONE	NONE
COLEMAN SMOAK		İ								
DIRECTOR	<u> </u>	X				ļ		NONE	NONE	<u>NONE</u>
LYNNE_TEJEDA				ľ	l					
DIRECTOR	1.	X	-					NONE	NONE	<u>NONE</u>
PHILLIP M. CRISSON									_	
PRESIDENT & CEO	40.	<del> </del>		X	$\vdash$			440,109.	NONE	23,289.
HARRY R. OLIBRIS										
DIRECTOR OF FINANCE	40.	<u> </u>		X		-		57,102.	NONE	<u>NON</u> E
JEFFREY J. TARBERT		ł								
SENIOR VP- MEMBER SE	40.	$\vdash$		<u> </u>	X			237,427.	NONE	8,929.
JAMES J. NIPPER										
SENIOR VP- GOV'T REL	40.	-		<b> </b> -	X			247,630.	NONE	13,259.
SUSAN KELLY	_	1								
VP POLICY ANALYSIS & GEN COUNS	40.	<del> </del>		<u> </u>	X	-		218,895.	NONE	2,181.
MIKE HYLAND										
VP ENGINEERING SERVICES	40.	<u> </u>		<u> </u>	Х	<u> </u>	<u> </u>	152,115.	NONE	13,259.
ALLEN E MOSHER	_					Ī	]			
SR. POL ANALYSIS DIR For Privacy Act and Paperwork Poduction A	40.	Ļ	L	L	L	X	<u></u>	159,247.	NONE	

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

Schedule J-2 (Form 990) 2008

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VIENNA - 53-0026315

47

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

## **Continuation Sheet for Form 990**

OMB No 1545-0047

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

Employer Identification number

AMERICAN PUBLIC POWER ASSOCIATION

53-0026315

Employees									<del> </del>	
(A)	(B)			(0				(D)	<b>(</b> E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	chec Officer	a Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JOHN_KELLY		İ								
ECONOMICS & RESEARCH DIRECTOR	40.			L		_X_	<u> </u>	145,770.	NONE	5,785.
JEANNE_LABELLA										
VP PUBLISHING	40.				ļ	х		137,866.	NONE	13,259.
NATHAN_MITCHELL										
ENGINEERING & OPERATION DIRECT	40.	<u> </u>				Х		124,165.	NONE	8,929.
ROBERT_VARELA										
EDITOR PUBLIC POWER WEEKLY	40.					X		119,750.	NONE	13,259.
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

#### 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

Name of the organization	Employer identification number				
AMERICAN PUBLIC POWER ASSOCIATION	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.					
	<del></del>				
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Schedule O (Form 990) 2008	Page Z				
Name of the organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 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 ISSUE	S				
AFFECTING PUBLIC POWER SYSTEMS. THE BOARD OF DIRECTORS MAY FILL ANY					
OTHER VACANCIES THAT OCCUR IN ITS ELECTED MEMBERSHIP BY APPOINTME	NT_OF				
INDIVIDUALS QUALIFIED TO FILL SUCH VACANCIES FOR THE REMAINING TE	RM_OF				
THE POSITION.					
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Schedule O (Form 990) 2008	Page 2			
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 WI	LL_BE			
DISTRIBUTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS	FOR			
REVIEW AND APPROVAL BEFORE IT IS FILED WITH THE IRS.				
	**********			

Schedule O (Form 990) 2008	Page 2
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 OUTSID	E
CONSULTANT, WHICH WAS PERSENTED TO AND APPROVED BY THE EXECUTIVE	
COMMITTEE OF THE BOARD OF DIRECTORS AND VOTED UPON BY THE FULL BO	ARD_AT
THE FALL BOARD MEETING.	
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Schedule O (Form 990) 2008	Page Z
Name of the organization  AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 53-0026315
FINANCIAL STATEMENTS	
AS THE ORGANIZATION AND ITS SUBSIDIARIES MEET THE GAAP REQUIREMEN	
CONSOLIDATION, THE ORGANIZATION RECEIVED CONSOLIDATED AUDITED FIN	NANCIAL
STATEMENTS FOR THE YEAR IN WHICH IT IS COMPLETING THE RETURN. AN	1
INDEPENDENT AUDITING FIRM CONDUCTED THE AUDIT OF THE FINANCIAL	
STATEMENTS. THE AUDITED FINANCIAL STATEMENTS WERE PREPARED IN AC	CCORDANCE
WITH GAPP.	
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Schedule O (Form 990) 2008	Page Z					
Name of the organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 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. TH	ESE					
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 ACTION	IS_BY_A					
DIRECTOR, OFFICER, OR STAFF MEMBER OF THE ASSOCIATION ARE, OR COU	<u> LD</u>					
REASONABLY APPEAR TO BE, INFLUENCED DIRECTLY OR INDIRECTLY BY PER	SONAL					
INTERESTS, AFFILIATIONS OR ACTUAL OR POTENTIAL BENEFIT OR GAIN T	O_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	IE BOARD					
OR ANY COMMITTEE OF THE BOARD AT WHICH THE ISSUE OR TRANSACTION I	.s					
CONSIDERED. THE INTERESTED INDIVIDUAL MAY, HOWEVER, ANSWER QUESTI	ONS					
REGARDING THE ISSUE OR TRANSACTION. THE MINUTES OF THE MEETING SH	IALL					
REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE INTERESTED DIRECT	OR,					
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 WE	ETHER A					
PARTICULAR SET OF FACTS OR SITUATION GIVES RISE TO A POTENTIAL CO	NFLICT					
OF INTEREST MUST SEEK CLARIFICATION FROM THE ASSOCIATION'S GENERA	<u>L</u>					
COUNSEL.						

chedule O (Form 990) 2008	Page Z
Name of the organization AMERICAN PUBLIC POWER ASSOCIATION	Employer identification number 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 DISCL	OSE
POTENTIAL OR ACTUAL CONFLICTS OF INTEREST IF THEY ARISE.	
·	

Schedule O (Form 990) 2008	Page 2
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 INDEPEND	ENT
ACCOUNTANT. THE ORGANIZATION DOES HAVE AN IDEPENDENT AUDIT COMMI	TTEE
THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS	
FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNT	ANT.
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#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

20**08** 

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.

Open to Public

Name of the organization

Employer identification number

AMERICAN PUBLIC POWER ASSOCIATION				53-002	6315
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 chanty 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	rimary activity Legal domicile entity income (related, investment, foreign unrelated)    Continued of the controlling of the co		Predominant income (related, investment,	ontrolling Predominant income (related, investment,	Direct controlling Predominant income (related, investment,		(G) Share of end-of-year assets	(H) Olsproporsonale allocations?		Disproporsonale		Code V-UBI emount in box 20 of Schedule K-1 (Form 1065)		J) · eral or laging tner?
		country)					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
						<del> </del>	
	<u>, </u>						

## Part V Transactions With Related Organizations

No	e. Complete line 1 if any entity is listed in Parts II, III, or IV				8 No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed	ın Parts II-IV?		<b>製料 製造</b>	
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	X
b	Gift, grant, or capital contribution to other organization(s)			1b	<u> </u>
С	Gift, grant, or capital contribution from other organization(s)			1c	x_
d	Loans or loan guarantees to or for other organization(s)			1d	X
e	Loans or loan guarantees by other organization(s)			1e	X
					- 1
f	Sale of assets to other organization(s)			1f	<u> </u>
g	Purchase of assets from other organization(s)			1g	<u> </u>
h	Exchange of assets			1h	X
i	Lease of facilities, equipment, or other assets to other organization(s)			1i	X
j	Lease of facilities, equipment, or other assets from other organization(s)			1j	<u> </u>
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k	X
1	Performance of services or membership or fundraising solicitations by other organization(s)			11	<u> </u>
m	Sharing of facilities, equipment, mailing lists, or other assets			1 m	X
n	Sharing of paid employees			1n X	
			i		
0	Reimbursement paid to other organization for expenses			10	X
р	Reimbursement paid by other organization for expenses			1 p	X
q	Other transfer of cash or property to other organization(s)			1g	X
r	Other transfer of cash or property from other organization(s)			1r	<u> </u>
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covere	d relationships and tra (B)	insaction thres		
	(A) Name of other organization(s)	Transaction	Amount	nvolved	
	The state of the s	type (a-r)			
				20.60	
(1)_	PUBLIC POWER, INC.	N .		<u>38,604</u>	4.
(2)					
(3)					
4)					
· <b>-</b> \					
5)					
(6)			Ontrodute O	(Farm 00)	0) 2000

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of enuty	(B) Primary activity	(C) Legal domicite (state or foreign country)	Are all	D) partners ction (c)(3) zations?	end-of-year assets	Dispro	(F) portionate ations?	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Ge	(H) neral anagir artner
			Yes	No		Yes	No	() () () ()	Yes	N

Schedule R (Form 990) 2008

## 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

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

300

53-0026315

2008

Description of Property															
GENERAL DEPRECIATION															
DEPRECIATION			<u>,</u>	<del></del>	<del>,</del>			· -			,				
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv	Lıfe	ACRS	CRS class	Current-year 179 expense	Current-year- depreciation
DEPRECIABLE ASSETS	01/01/2005	1	100.000			4,770,045.	1,763,294.	2,280,881.				1			517,587.
DEFRECIABLE ASSESS	01/01/2003	1,770,043.	100.000		<u> </u>	1777070151	1,703,2311	2,200,001.		<del>                                     </del>		<b>†</b>			<u> </u>
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Less: Retired Assets			1.6					\$ 18 m	, ,				11-		Vi. , '
Subtotals		4,770,045.				4,770,045.	1,763,294.	2,280,881.	., .				:		517,587.
Listed Property															
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					<del></del>										
		<del>                                     </del>										1			
Less: Retired Assets	<del></del>				· · · · · · · · · · · · · · · · · · ·			<b>逐渐走点几</b> 位。	(), [P	2			1,	<u> </u>	1, 1
Subtotals			1						1111	1 1 1 1			ŗ		
TOTALS		4,770,045.	1, 1, 1	<u> </u>		4,770,045.	1,763,294.	2,280,881.	1 1 - 1 3 3 3 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	7 2 -			'i' X		517,587.
AMORTIZATION			<del></del>	1	<u> </u>										
AMORTIZATION	Date	Cost	15 18 1	California I San La Ar	William Control of the Control of th	聖海衛之 "明天"	<b>Y</b>	Ending			T,			14 7	0
Asset description	placed in service	or basis	100				Accumulated	Ending Accumulated amortization	Code	Lıfe	,   · \			i.	Current-year amortization
Asset describition	Service	Dasis					3	311101 112411011	2500		<u> </u>		15./ 1	<u>:</u>	<u> </u>
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TOTALS, , , ,	<u> </u>	1	1	· · · · · ·	3.1.5		<u> </u>	L							L

\*Assets Retired JSA 8X9024 1 000

## FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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

	(Rev 4-2008)	Page 2
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	<b>▶</b> X
Note. C	only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	
• If you	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	
Part I	Additional (Not Automatic) 3-Month Extension of Time. You must file original and of	ne copy.
	Name of Exempt Organization Employer identifi	<del></del>
Type or	AMERICAN PUBLIC POWER ASSOCIATION 53-002631	5
print	Number street and room or suite no. If a P.O. box see instructions.	<u> </u>
File by the extended		
due date filing the	for 1875 CONNECTICUT AVE., NW  City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
return. Se	e l	
instruction	WIGHT TO TOWN DO 2000	
$\overline{}$	type of return to be filed (File a separate application for each return)	——————————————————————————————————————
1	Form 990 Form 990-PF Form 1041-A	Form 6069
J∐ F	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720	Form 8870
	form 990-EZ Form 990-T (trust other than above) Form 5227	
STOP!	Do not complete Part II if you were not already granted an automatic 3-month extension on a previo	usly filed Form 8868.
<ul><li>The t</li></ul>	pooks are in the care of ► THE ASSOCIATION	
Telep	phone No ► 202 467-2949 FAX No ►	
<ul><li>If the</li></ul>	organization does not have an office or place of business in the United States, check this box	▶ []
<ul><li>If this</li></ul>	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is
	whole group, check this box ▶ If it is for part of the group, check this box ▶ and attain	ch a
	the names and EINs of all members the extension is for.	
	request an additional 3-month extension of time until11/16/2009	
	or calendar year 2008, or other tax year beginning and ending	_
		e in accounting period
	tate in detail why you need the extension <u>ADDITIONAL TIME IS REQUESTED TO GATHER TH</u>	• • •
	FORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.	<u>5</u>
<u>1 1</u>	GONFATION NECESSARI TO FILE A COMPLETE AND ACCURATE RETURN.	
_		
9 o If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	<del></del>
	onrefundable credits. See instructions.	8a \$
	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	
	x payments made Include any prior year overpayment allowed as a credit and any amount paid	
_	eviously with Form 8868	8b \$
	alance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	
W	ith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See	
tn	structions	8c \$
	Signature and Verification	
_	enalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of	of my knowledge and belief,
it is true, i	correct, and complete, and that I am authorized to prepare this form	
Signature	Mugaet a Bradshacer Title & CPAlagont Date	× 8/04/09
<del></del>	GRANT THORNTON LLP	► 8/04/09 Form 8868 (Rev 4-2008)
	2010 CORPORATE RIDGE, SUITE 400	, .
	MCLEAN, VA 22102	

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#### Fortyn 8868

(Rev. April 2008)

Department of the Treasury Internal Revenue Service

# App. ation for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

If you are f		Month Extension, con	nplete only Part I and che	ck this box			► x				
<ul> <li>If you are f</li> </ul>	iling for an Additional (No	ot Automatic) 3-Mont	h Extension, complete or I an automatic 3-month ex	nly Part II (on pa							
Part I Auto	matic 3-Month Extens	sion of Time. Only s	submit original (no copie	s needed).							
A corporation	required to file Form 990	-T and requesting an	automatic 6-month extens	sion - check this	box and comp	lete	. [				
							<b>L</b>				
	orations (including 1120- ome tax returns	C filers), partnerships,	REMICs, and trusts must u	ise Form 7004 to	request an ex	tension of					
one of the re- electronically in returns, or a ca	turns noted below (6 m f (1) you want the addi omposite or consolidated	nonths for a corpora tional (not automatic) d From 990-T. Instead	le Form 8868 if you wan tion required to file Form 3-month extension or (2 I, you must submit the ful sit www irs gov/efile and c	n 990-T) Howe 2) you file Forms Ily completed an	ver, you can s 990-BL, 600 d signed pag	not file For 69, or 8870 e 2 (Part II)	m 8868 ), group				
Type or	Name of Exempt Organiza	ation			Employer id	dentification n	umber				
print File by the	AMERICAN PUBI Number, street, and room	LIC POWER ASSOC	A		53-002	26315					
due date for	1875 CONNECT	CUT AVE., NW									
filing your return See		wn or post office, state, and ZIP code. For a foreign address, see instructions									
instructions	WASHINGTON, I										
	f return to be filed (file a	<del></del>	•								
X Form 990		Form 990-T (corpo	•	<b>}</b> -}	orm 4720						
Form 990	i		401(a) or 408(a) trust)	<del></del>	orm 5227 orm 6069						
Form 990-EZ Form 990-PF Form 990-T (trust other than above) Form 600 Form 990-PF Form 1041-A Form 88											
<ul> <li>If the organ</li> <li>If this is for for the whole on names and Ell</li> </ul>	a Group Return, enter the group, check this box Solution No. of all members the example an automatic 3-month (6)	office or place of busine organization's four of the organization's for patternsion will cover or a corporation of the organiz	FAX No.   siness in the United States digit Group Exemption Numrt of the group, check this attorn required to file Form to the organization return for the siness of the state	nber (GEN) box ►			ne				
	ganization's return for calendar year 2008 of tax year beginning	or	,, and ending								
2 If this tax	year is for less than 12	months, check reason	Initial return	Final return	Change in	n accounting	period				
nonrefun	dable credits. See instruc	ctions.	, 4720, or 6069, enter t			3a \$	NONE				
=			any refundable credits and	d estimated tax	payments						
	clude any prior year over				d dones.	3b \$	NONE				
			our payment with this for			100 C					
		ea, by using EFIPS	(Electronic Federal Tax	x Payment Sys	em) See		******				
instruction	<del></del>	looteens for the 195 t		00 Form 0452 f	O and Form	3c \$	NONE				
		iectronic fund withdra	wal with this Form 8868, s	see Form 8453-I	EO and Form	00/9-EU					
for payment in		ation Ant North				8869 /D					
FOR PRIVACY A	ct and Paperwork Redu	cuon ACT Notice, see	instructions.		F	om 8868 (R	2V 4-2008)				