

Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

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)*
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ASSOCIATION FOR PENNSYLVANIA MUNICIPAL MANAGEMENT Number and street (or P O box, if mail is not delivered to street address) Room/suite 414 N 2ND STREET City or town, state or country, and ZIP + 4 HARRISBURG, PA 17101	D Employer identification number 23-2431051 E Telephone number (717) 236-9469 F Group Exemption Number . . . ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.APMM.NET

J Tax-exempt status (check only one) - 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 153,010.

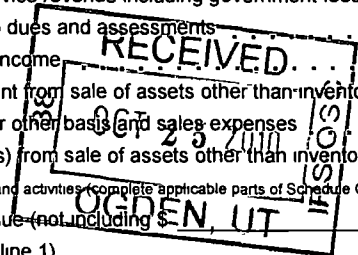
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	107,961.
	3 Membership dues and assessments	3	42,537.
	4 Investment income	4	12.
	5 a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ reported on line 1) of contributions	6a	
	b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7 a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ ATCH 2)	8	2,500.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	153,010.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	0.
	13 Professional fees and other payments to independent contractors	13	6,100.
	14 Occupancy, rent, utilities, and maintenance	14	101.
	15 Printing, publications, postage, and shipping	15	2,566.
	16 Other expenses (describe ▶ ATCH 3)	16	139,613.
17 Total expenses. Add lines 10 through 16	17	148,380.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,630.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	47,862.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	52,492.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . ATCH 4	45,898.	22 65,043.
23	Land and buildings		23
24	Other assets (describe ▶ ATCH 5)	13,651.	24 18,807.
25	Total assets	59,549.	25 83,850.
26	Total liabilities (describe ▶ ATCH 6)	11,687.	26 31,358.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,862.	27 52,492.

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	N/A
41	List the states with which a copy of this return is filed	PA,	
42 a	The organization's books are in care of	DAVID HEFFNER	Telephone no 717-236-9469
	Located at	414 N 2ND STREET HARRISBURG, PA	ZIP + 4 17101
b	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)? If "Yes," enter the name of the foreign country	42b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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 Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 47
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a
- b If "Yes," was the related organization a section 527 organization? 49b
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over \$100,000 ▶ _____

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

Sign Here

▶ *John A. Gowan* 10/19/10
 Signature of officer Date

▶ John A Gowan, Jr. Exec. Dir
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *James R. Nace, CPA* Date 10/12/10

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BROWN SCHULTZ SHERIDAN FRITZ
 210 GRANDVIEW AVENUE CAMP HILL, PA 17011

Check if self-employed Preparer's identifying number (See instructions) P00054270

EIN ▶ 25-1644159 Phone no ▶ 717-761-7171

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	12.
TOTAL	<u>12.</u>

FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS

2,500.

TOTALS

2,500.

ATTACHMENT 3FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	109.
CONFERENCES, CONVENTIONS	86,973.
SECRETARIAT EXPENSES & FEES	45,314.
ICMA EXPENSE	1,971.
TRAINING	4,520.
HOME PAGE	726.
TOTAL	<u>139,613.</u>

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
SAVINGS	45,898.	65,043.
TOTALS	<u>45,898.</u>	<u>65,043.</u>

ATTACHMENT 5FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	9,708.	16,208.
PREPAID EXPENSES OR DEFERRED CHARGES	3,943.	2,599.
TOTALS	<u>13,651.</u>	<u>18,807.</u>

ATTACHMENT 6FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	11,687.	21,983.
SUPPORT AND REVENUE FOR FUTURE PERIODS	0.	9,375.
TOTALS	<u>11,687.</u>	<u>31,358.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO TRAIN AND IMPROVE PROFICIENCY OF MUNICIPAL ADMINISTRATORS, TO INCREASE THE EFFECTIVENESS OF LOCAL GOVERNMENT IN PENNSYLVANIA AND TO RECOGNIZE THE COUNCIL-MANAGER FORM OF LOCAL GOVERNMENT ORGANIZATIONS WHILE STRENGTHENING THE QUALITY OF LOCAL GOVERNMENT THROUGH PROFESSIONAL MANAGEMENT.

ASSOCIATION FOR PENNSYLVANIA MUNICIPAL

23-2431051

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 8

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

EXPENSE ACCT. AND OTHER ALLOWANCES

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

COMPENSATION

0.

0.

0.

PAST PRESIDENT

LARRY COMUNALE
414 N 2ND STREET
HARRISBURG, PA 17101

1.00

0.

0.

0.

PRESIDENT

KENNETH E MYERS
414 N 2ND STREET
HARRISBURG, PA 17101

1.00

0.

0.

0.

2ND V. PRES

STEPHANIE MASON
414 N 2ND STREET
HARRISBURG, PA 17101

1.00

0.

0.

0.

SECRETARY/TREASURER

JOHN A. GARNER
414 N 2ND STREET
HARRISBURG, PA 17101

1.00

0.

0.

0.

MANAGING DIRECTOR

RICHARD J. SCHUETTLER
414 N 2ND STREET
HARRISBURG, PA 17101

1.00

0.

0.

0.

ICMA LIASION

RITA SOLER OSSOLINSKI
414 N 2ND STREET
HARRISBURG, PA 17101

1.00

0.

0.

0.

PLCM STAFF CONTACT

GAIL MARKOVITZ
414 N 2ND STREET

1.00

ASSOCIATION FOR PENNSYLVANIA MUNICIPAL

23-2431051

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 8 (CONT'D)

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

EXPENSE ACCT. AND OTHER ALLOWANCES

COMPENSATION

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

HARRISBURG, PA 17101

DON PEPE
414 N 2ND STREET
HARRISBURG, PA 17101

0. 0. 0.

MEREDITH MERINO
414 N 2ND STREET
HARRISBURG, PA 17101

0. 0. 0.

DANIEL OLPERE
414 N 2ND STREET
HARRISBURG, PA 17101

0. 0. 0.

SCOTT FODI
414 N 2ND STREET
HARRISBURG, PA 17101

0. 0. 0.

MARLA P. MARCINKO
414 N 2ND STREET
HARRISBURG, PA 17101

0. 0. 0.

MICHAEL GOSSERT
414 N 2ND STREET
HARRISBURG, PA 17101

0. 0. 0.

ASSOCIATION FOR PENNSYLVANIA MUNICIPAL

23-2431051

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 8 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
MICHAEL D. RIMER 414 N 2ND STREET HARRISBURG, PA 17101	V. PRES AT-LARGE 1.00	0.	0.	0.
GEORGE WOLFE 414 N 2ND STREET HARRISBURG, PA 17101	2010 CONFERENCE CHAIR 1.00	0.	0.	0.
STEVEN J. MORUS 414 N 2ND STREET HARRISBURG, PA 17101	2011 CONFERENCE CHAIR 1.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

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

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

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

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

Type or print Name of Exempt Organization ASSOCIATION FOR PENNSYLVANIA MUNICIPA Employer identification number 23-2431051
Number, street, and room or suite no If a P.O. box, see instructions 414 N 2ND STREET
414 N 2ND STREET
City, town or post office, state, and ZIP code For a foreign address, see instructions HARRISBURG, PA 17101

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

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

The books are in the care of DAVID HEFFNER

Telephone No 717 236-9469

FAX No

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

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

INTERNAL REVENUE SERVICE
W&I-FIELD ASSISTANCE
HARRISBURG, PA 17108

[X] calendar year 2009 or
tax year beginning and ending MAY 05 2010

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

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

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

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

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

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

Form header section with fields for Name of Exempt Organization (ASSOCIATION FOR PENNSYLVANIA MANAGEMENT), Employer Identification number (23-2431051), and address (414 N 2ND STREET, HARRISBURG, PA 17101).

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

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

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

The books are in the care of DAVID HEFFNER, Telephone No. 717 236-9469, FAX No. If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).

I request an additional 3-month extension of time until 11/15/2010. For calendar year 2009, or other tax year beginning and ending. If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period. State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

Table with 3 rows (8a, 8b, 8c) and 2 columns (Description, Amount). 8a: tentative tax less nonrefundable credits \$0. 8b: refundable credits and estimated tax payments \$0. 8c: Balance Due \$0.

Signature and Verification

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

Signature: Aaron S. Schumling, Title: CPA, Date: 7/30/10

BROWN SCHULTZ SHERIDAN FRITZ
210 GRANDVIEW AVENUE
CAMP HILL, PA 17011

Form 8868 (Rev 4-2009)

INTERNAL REVENUE SERVICE
W & I - FIELD ASSISTANCE
HARRISBURG, PA 17108
AUG 12 2010
RECEIVED
17405