

A Check box if address changed

B Exempt under section
 501(C)(03)
 408(e) 220(e)
 408A 530(a)
 529(a)

C Book value of all assets at end of year: 17,390,367.

D Employer identification number (Employees trust, see instructions for Block D on page 9): 36-2202880

E Unrelated business activity codes (See instructions for Block E on page 9): 541800

Name of organization (Check box if name changed and see instructions)
AMERICAN PUBLIC WORKS ASSOCIATION

Number, street, and room or suite no. If a P O box, see page 9 of instructions
2345 GRAND BOULEVARD, SUITE 700

City or town, state, and ZIP code
KANSAS CITY, MO 64108-2625

F Group exemption number (See instructions for Block F on page 9.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

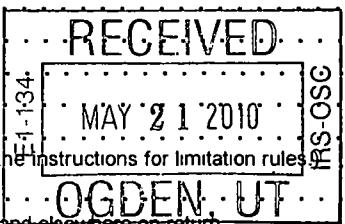
H Describe the organization's primary unrelated business activity: SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of TERI NEWHOUSE Telephone number 816-595-5277

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c Balance		1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	1,201,396.	891,209.	310,187.
12	Other income (See page 11 of the instructions, attach schedule)			
13	Total. Combine lines 3 through 12.	1,201,396.	891,209.	310,187.

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	NONE
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	6,658.
20	Charitable contributions (See page 13 of the instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	NONE
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b NONE
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	150,927.
28	Other deductions (attach schedule) <u>SEE STATEMENT 2</u>	28	49,057.
29	Total deductions. Add lines 14 through 28	29	206,642.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	103,545.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	103,545.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34	102,545.



P 18

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (1) <input type="text"/> (2) <input type="text"/> (3) <input type="text"/>	
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000)	
c Income tax on the amount on line 34	35c 23,243.
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16 Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
37 Proxy tax. See page 16 of the instructions	37
38 Alternative minimum tax	38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39 23,243.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a	
b Other credits (see page 17 of the instructions)	40b	
c General business credit. Attached Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	23,243.
42 Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	42	
43 Total tax. Add lines 41 and 42	43	23,243.
44a Payments A 2007 overpayment credited to 2008	44a	17,972.
b 2008 estimated tax payments	44b	48,000.
c Tax deposited with Form 8868	44c	
d Foreign organizations Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	44f	
45 Total payments. Add lines 44a through 44f	45	65,972.
46 Estimated tax penalty (see page 4 of the instructions) Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	NONE
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	42,729.
49 Enter the amount of line 48 you want Credited to 2009 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	42,729.

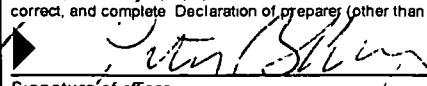
Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <u>CANADA</u>	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		

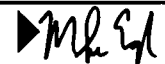
Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here  **15/14/10** **Executive Director**
 Signature of officer Date Title **Secretary**

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

Paid Preparer's Use Only
 Preparer's signature  Date **MAY 14 2010** Check if self-employed Preparer's SSN or PTIN **P00482834**
 Firm's name (or yours if self-employed), address, and ZIP code **BKD, LLP** EIN **44-0160260**
120 WEST 12TH STREET, SUITE 1200 Phone no **816 221-6300**
KANSAS CITY, MO 64105-1936

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 19)

1 Description of property

Table with 1 column for description of property, rows (1) through (4).

2 Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

Table with 5 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Includes a Totals row.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10. Rows (1) through (4).

Totals. Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) STMT 3						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		1,201,396.	891,209.	310,187.	164,235.	315,162.
						150,927.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) STMT 4						
(2)						
(3)						
(4)						
(5) Totals from Part I	1,201,396.	891,209.				150,927.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			Enter here and on page 1, Part II, line 27
		1,201,396.	891,209.			150,927.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
STMT 7			%
			%
			%
			%
Total. Enter here and on page 1, Part II, line 14			NONE

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

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PLACEMENT OF VENDOR ADS AND EMPLOYMENT POSITION ADS IN APWA REPORTER. IT IS DISTRIBUTED TO ALL MEMBERS ON A MONTHLY BASIS. PLACEMENT OF EMPLOYMENT POSITION ADS ON THE APWA WEBSITE. CHAPTER ADVERTISING INCOME IS GENERATED FROM PLACEMENT OF VENDOR ADS AND EMPLOYMENT POSITIONS ATTRIBUTED TO THE CHAPTERS SPECIFIC NEWSLETTERS OR MAGAZINES.

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS
=====

OTHER DEDUCTIONS

49,057.

PART II - LINE 28 - OTHER DEDUCTIONS

49,057.

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SCHED J - PART I, ADVERTISING INCOME REPORTED ON A CONSOLIDATED BASIS

1. NAME OF PERIODICAL REPORTER	2. GROSS ADVERTISING INCOME	3. DIRECT ADVERTISING COSTS	4. ADVERTISING GAIN OR LOSS	5. CIRCULATION INCOME	6. READERSHIP COSTS	7. EXCESS READERSHIP COSTS
	1,201,396.	891,209.		164,235.	315,162.	
COLUMN TOTALS	1,201,396.	891,209.	310,187.	164,235.	315,162.	150,927.

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

1. NAME OF PERIODICAL	2. GROSS ADVERTISING INCOME	3. DIRECT ADVERTISING COSTS	4. ADVERTISING GAIN OR LOSS	5. CIRCULATION INCOME	6. READERSHIP COSTS	7. EXCESS READERSHIP COSTS
PART II TOTALS						
PART I TOTALS	1,201,396.	891,209.				150,927.
SCHEDULE J TOTALS	1,201,396.	891,209.				150,927.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

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NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
LARRY W FREVERT 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	PAST PRESIDENT	NONE	NONE
NOEL C THOMPSON 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	PRESIDENT	NONE	NONE
ELIZABETH TREADWAY 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	DIRECTOR REGION III	NONE	NONE
JEAN-GUY COURTEMANCHE 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	DIRECTOR REGION I	NONE	NONE
HOWARD B LAFEVER 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	FORMER DIRECTOR REGION II	NONE	NONE
SHELBY P LASALLE 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	DIRECTOR REGION IV	NONE	NONE
DAVID LAWRY 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	DIRECTOR REGION V	NONE	NONE
LARRY STEVENS 2345 GRAND BOULEVARD, SUITE 700	DIRECTOR REGION VI	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
=====	=====	=====	=====
KANSAS CITY, MO 64108			
JIMMY B FOSTER 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	DIRECTOR REGION VII	NONE	NONE
ANN A BURNETT-TROISI 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	DIRECTOR REGION VIII	NONE	NONE
DOUG J DREVER 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	DIRECTOR REGION IX	NONE	NONE
GEORGE R CROMBIE 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	DIRECTOR-AT-LARGE ENVIRONMENT	NONE	NONE
PATRICIA HILDEBRAND 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	DIRECTOR-AT-LARGE ENG & TECH	NONE	NONE
DIANE LINDERMAN 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	DIRECTOR-AT-LARGE PW MGMT/LDRS	NONE	NONE
KEN A NERLAND 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	DIR-AT-LARGE FLEET & FACILITY	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

=====

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
=====	=====	=====	=====
SUSAN HANN 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	DIRECTOR-AT-LARGE TRANSPORT	NONE	NONE
LARRY KOEHLE 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	PRESIDENT-ELECT	NONE	NONE
PETER KING 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	SECRETARY/ EXEC DIRECTOR / CEO	NONE	NONE
KAYE SULLIVAN 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	DEPUTY EXEC DIRECTOR / COO	NONE	NONE
EDWARD GOTTKO 2345 GRAND BOULEVARD, SUITE 700 KANSAS CITY, MO 64108	DIRECTOR REGION II	NONE	NONE
TOTAL COMPENSATION			----- NONE =====

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Part I only

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

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

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization AMERICAN PUBLIC WORKS ASSOCIATION	Employer identification number 36-2202880
	Number, street, and room or suite no. If a P O box, see instructions 2345 GRAND BOULEVARD, SUITE 700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions KANSAS CITY, MO 64108	

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

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

• The books are in the care of ▶ TERI NEWHOUSE

Telephone No ▶ 816 595-5277 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 05/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or
▶ tax year beginning 07/01, 2008, and ending 06/30, 2009

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 21,766.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ 65,972.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ NONE

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.