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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

OMB No 1545-0047  
**2010**  
**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> AMERICAN PETROLEUM INSTITUTE		<b>D Employer identification number</b> 13-0433430
	Doing Business As		<b>E Telephone number</b> (202) 682-8000
	Number and street (or P O box if mail is not delivered to street address) 1220 L STREET NW	Room/suite	
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005		

**F Name and address of principal officer**  
 JACK N GERARD  
 1220 L STREET NW  
 WASHINGTON, DC 20005

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

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

**J Website:** ▶ WWW API ORG

**K Form of organization**  Corporation  Trust  Association  Other ▶

**L Year of formation** 1919 **M State of legal domicile** DC

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities THE MISSION OF THE AMERICAN PETROLEUM INSTITUTE (API) IS TO INFLUENCE PUBLIC POLICY IN SUPPORT OF A STRONG, VIABLE U S OIL AND NATURAL GAS INDUSTRY ESSENTIAL TO MEET THE ENERGY NEEDS OF CONSUMERS IN AN EFFICIENT, ENVIRONMENTALLY RESPONSIBLE MANNER				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	38		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	34		
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	286		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	6,000		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	4,931,084		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	661,277			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	0	Current Year	0
	<b>9</b> Program service revenue (Part VIII, line 2g)	187,780,057		170,763,029	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,661,621		1,263,299	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,354,461		9,210,249	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	198,796,139		181,236,577	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,642,922		3,619,883	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0		0	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	44,511,285		40,122,485	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0		0	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	138,100,297		141,350,693	
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	186,254,504		185,093,061		
<b>19</b> Revenue less expenses Subtract line 18 from line 12	12,541,635		-3,856,484		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	122,167,885	End of Year	117,727,705
	<b>21</b> Total liabilities (Part X, line 26)		79,076,589		75,715,888
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20		43,091,296		42,011,817

**Part II Signature Block**

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

<b>Sign Here</b>	***** Signature of officer	2011-11-15 Date
	JACK N GERARD PRESIDENT AND CEO Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name DEBORAH G KOSNETT	Preparer's signature DEBORAH G KOSNETT	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ TATE AND TRYON				Firm's EIN ▶
	Firm's address ▶ 2021 L STREET NW SUITE 400 WASHINGTON, DC 20036				Phone no ▶ (202) 293-2200

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

**Part 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

THE MISSION OF THE AMERICAN PETROLEUM INSTITUTE (API) IS TO INFLUENCE PUBLIC POLICY IN SUPPORT OF A STRONG, VIABLE U S OIL AND NATURAL GAS INDUSTRY ESSENTIAL TO MEET THE ENERGY NEEDS OF CONSUMERS IN AN EFFICIENT, ENVIRONMENTALLY RESPONSIBLE MANNER

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

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

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

If "Yes," describe these changes on Schedule O

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

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

ADVOCACY- API SPEAKS FOR THE PETROLEUM INDUSTRY BEFORE CONGRESS, THE EXECUTIVE BRANCH OF GOVERNMENT, STATE LEGISLATURES, AND THE NEWS MEDIA IT NEGOTIATES WITH REGULATORY AGENCIES, REPRESENTS THE INDUSTRY IN COURT AND PARTICIPATES IN COALITIONS -- BUILDING THE GRASSROOTS SUPPORT THAT PRODS CONGRESS, THE WHITE HOUSE AND STATE LEGISLATORS TO ACT API ALSO STRIVES TO ENHANCE CREDIBILITY ON THE ENVIRONMENT, HEALTH AND SAFETY ISSUES THAT ARE CENTRAL TO THE PUBLIC'S PERCEPTION OF THE INDUSTRY AND ITS PRODUCTS

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

INFORMATION- API IS THE SOURCE FOR INFORMATION ABOUT THE PETROLEUM INDUSTRY IT UNDERTAKES THE SCIENTIFIC AND ECONOMIC ANALYSIS THAT IS THE FOUNDATION FOR THE INDUSTRY'S STANCE ON THE CURRENT ISSUES IT COLLECTS AND COMPILES STATISTICS AND IS WITHOUT PEER IN FINDING AND PROVIDING INDUSTRY-SPECIFIC INFORMATION FOR PEOPLE WHO NEED IT

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

INDUSTRY OPERATIONS- API HAS SET STANDARDS FOR THE U S PETROLEUM INDUSTRY SINCE ITS FOUNDING IN 1919 IN THE GLOBAL MARKETPLACE, THESE SAME STANDARDS ARE BECOMING INTERNATIONAL STANDARDS, AND API'S INVOLVEMENT IN INTERNATIONAL EVENTS AND ORGANIZATIONS IS GROWING MORE THAN 500 API STANDARDS ARE NOW USED THROUGHOUT THE WORLD MANY OF THESE STANDARDS ARE NOW A PART OF BOTH FEDERAL AND STATE REGULATIONS

**4d** Other program services (Describe in Schedule O ) **See also Additional Data for Description**

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

**4e Total program service expenses** \$

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? . . . . .		No
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/> . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/> . . . . .		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/> . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/> . . . . .		No
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/> . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/> . . . . .		No
<b>11</b>	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/> . . . . .		No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/> . . . . .		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/> . . . . .		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/> . . . . .		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	Yes	
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . . <input checked="" type="checkbox"/> . . . . .	Yes	
<b>15</b>	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 U S? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . . <input checked="" type="checkbox"/> . . . . .	Yes	
<b>16</b>	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 U S? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . . <input checked="" type="checkbox"/> . . . . .		No
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20a</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b>	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	<b>1a</b> 38		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
	<b>1b</b> 34		
<b>2</b>	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? . . . . .	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	Yes	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	Yes	
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body? . . . . .	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 . . . . .		No

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	Yes	
<b>b</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? . . . . .	Yes	
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .		No
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>b</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**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <input type="checkbox"/> _____
<b>18</b>	Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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. See Additional Data Table.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input type="checkbox"/> _____ JOHN E ROBERTSON 1220 L STREET NW WASHINGTON, DC 20005 (202) 682-8000

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										



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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							11,118,931	0	2,966,174	

**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 **146**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
DANIEL J EDELMAN INC 1875 EYE ST NW STE 900 WASHINGTON, DC 20006	ADVERTISING/PUB RELATIONS	63,228,379
CIGNA HEALTH CARE CGLIC-BLOOMFIELD EASC 5082 COLLECT CHICAGO, IL 60693	INSURANCE COVERAGE	4,939,714
ADVOCATES INC DC LTD 11256 INGLISH MILL DR GREAT FALLS, VA 22066	COALITION BUILDING	3,843,563
COORDINATING RESEARCH COUNCIL INC 3650 MANSELL RD STE 140 ALPHARETTA, GA 30222	RESEARCH	3,759,865
MOODY INTERNATIONAL INC 24900 PITKIN ROAD 200 SPRING, TX 77386	CERTIFICATION AUDITS	2,390,284

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **121**

**Part VIII Statement of Revenue**

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f . . . . .					
	<b>Program Service Revenue</b>	<b>2a</b> MEMBERSHIP DUES	900099	132,919,140	132,919,140	
<b>b</b> CERTIFICATION PROGRAM		900099	28,865,285	28,865,285		
<b>c</b> CERTIFICATION FEES		541900	4,931,084		4,931,084	
<b>d</b> MEETING REVENUE		900099	2,692,279	2,692,279		
<b>e</b> SUBSCRIPTIONS		900099	1,201,446	1,201,446		
<b>f</b> All other program service revenue			153,795	153,795		
<b>g Total.</b> Add lines 2a-2f . . . . .			170,763,029			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		1,475,282		1,475,282
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .		9,126,462	9,126,462		
	<b>6a</b> Gross Rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	140,916,216			
		(ii) Other		160		
		<b>b</b> Less cost or other basis and sales expenses	141,128,359			
		<b>c</b> Gain or (loss)	-212,143		160	
<b>d</b> Net gain or (loss) . . . . .		-211,983		-211,983		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>	<b>b</b> Less cost of goods sold . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>11a</b> MISCELLANEOUS REVENUE		Business Code	900099	83,787		83,787
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue . . . . .					
	<b>e Total.</b> Add lines 11a-11d . . . . .		83,787			
<b>12 Total revenue.</b> See Instructions . . . . .		181,236,577	174,958,407	4,931,084	1,347,086	

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,474,481			
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	145,402			
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	10,531,329			
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	19,688,769			
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,029,612			
<b>9</b>	Other employee benefits . . . . .	7,053,451			
<b>10</b>	Payroll taxes . . . . .	1,819,324			
<b>a</b>	Fees for services (non-employees)				
	Management . . . . .	46,595			
<b>b</b>	Legal . . . . .	5,528,882			
<b>c</b>	Accounting . . . . .	105,837			
<b>d</b>	Lobbying . . . . .	14,963,705			
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	267,066			
<b>g</b>	Other . . . . .	28,628,267			
<b>12</b>	Advertising and promotion . . . . .	53,903,014			
<b>13</b>	Office expenses . . . . .	1,271,937			
<b>14</b>	Information technology . . . . .	821,491			
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	4,421,378			
<b>17</b>	Travel . . . . .	2,117,776			
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	2,203,942			
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	1,437,639			
<b>23</b>	Insurance . . . . .	347,586			
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	STUDIES, RESEARCH, AND A	13,888,403			
<b>b</b>	NET PENSION EXPENSE	8,418,981			
<b>c</b>	POSTRETIREMENT BENEFIT	1,530,846			
<b>d</b>	MISCELLANEOUS	708,526			
<b>e</b>	UNRELATED BUSINESS INCO	292,996			
<b>f</b>	All other expenses	445,826			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	185,093,061			
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	42,612,294	<b>2</b>	10,898,003
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	5,736,236	<b>4</b>	5,945,512
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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) Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	43,781	<b>8</b>	16,582
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,323,862	<b>9</b>	1,693,770
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	16,173,641		
	<b>10b</b> Less accumulated depreciation . . . . .	7,523,982		
	<b>10c</b>	8,875,060	<b>10c</b>	8,649,659
	<b>11</b> Investments—publicly traded securities . . . . .	62,576,652	<b>11</b>	90,524,179
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	122,167,885	<b>16</b>	117,727,705	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	22,867,262	<b>17</b>	17,832,465
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	16,907,597	<b>19</b>	19,126,227
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	39,301,730	<b>25</b>	38,757,196
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	79,076,589	<b>26</b>	75,715,888
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	43,091,296	<b>27</b>	42,011,817
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	43,091,296	<b>33</b>	42,011,817	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	122,167,885	<b>34</b>	117,727,705	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	181,236,577
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	185,093,061
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-3,856,484
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	43,091,296
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	2,777,005
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	42,011,817

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 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	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</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		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2010

Open to Public Inspection

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Table with 2 columns: Name of the organization (AMERICAN PETROLEUM INSTITUTE) and Employer identification number (13-0433430)

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	136,419,563
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	56,308,094
<b>b</b> Carryover from last year	<b>2b</b>	9,253,046
<b>c</b> Total	<b>2c</b>	65,561,140
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	75,030,760
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	0

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		FOR ITS YEAR ENDED 12/31/10, API HAD A NEGATIVE LOBBYING EXPENDITURE CARRYOVER OF (\$9,469,620)



SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN PETROLEUM INSTITUTE

Employer identification number 13-0433430

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

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

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

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

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

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

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

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		8,006,414	2,556,257	5,450,157
<b>d</b> Equipment . . . . .		6,041,821	3,907,781	2,134,040
<b>e</b> Other . . . . .		2,125,406	1,059,944	1,065,462
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				8,649,659

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> <i>(Column (b) should equal Form 990, Part X, col (B) line 12 )</i>		

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

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

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

(a) Description	(b) Book value
<b>Total.</b> <i>(Column (b) should equal Form 990, Part X, col.(B) line 15.)</i>	

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

(a) Description of Liability	(b) Amount
1 Federal Income Taxes	
ACCRUED PENSION LIABILITY	13,244,003
SUPPLEMENTAL BENEFIT PLANS	3,129,224
POSTRETIREMENT BENEFITS OTHER THAN PENSION	22,159,135
FEDERAL INCOME TAXES	224,834
<b>Total.</b> <i>(Column (b) should equal Form 990, Part X, col (B) line 25 )</i>	38,757,196

**2.** Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	181,236,577
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	185,093,061
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-3,856,484
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-67,552
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	2,844,557
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	2,777,005
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-1,079,479

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	180,901,959
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	-67,552
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-67,552
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	180,969,511
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	267,066
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	267,066
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	181,236,577

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	184,825,995
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	184,825,995
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	267,066
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	267,066
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	185,093,061

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	API BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS API'S INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY THE IRS FOR THREE YEARS AFTER THEY WERE FILED
PART XI, LINE 8 - OTHER ADJUSTMENTS		PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS 2,844,557

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN PETROLEUM INSTITUTE

**Employer identification number**  
13-0433430

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

**3** Activities per Region (Use Part V if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EAST ASIA AND THE PACIFIC	2	3	PROGRAM SERVICES	CERTIFICATION PROGRAMS	3,578,500
EUROPE			GRANTS AND CONTRIBUTIONS TO RECIPIENTS		145,402
EUROPE	0	0	PROGRAM SERVICES	CERTIFICATION PROGRAMS	750,384
MIDDLE EAST & N AFRICA	1	0	PROGRAM SERVICES	CERTIFICATION PROGRAMS	365,764
NORTH AMERICA	0	0	PROGRAM SERVICES	CERTIFICATION PROGRAMS	357,830
RUSSIA AND THE NIS	0	0	PROGRAM SERVICES	CERTIFICATION PROGRAMS	210,984
SOUTH AMERICA	0	0	PROGRAM SERVICES	CERTIFICATION PROGRAMS	198,940
SOUTH ASIA	0	0	PROGRAM SERVICES	CERTIFICATION PROGRAMS	359,715
CENTRAL AMERICA & CARIBBEAN	0	0	PROGRAM SERVICES	CERTIFICATION PROGRAMS	30,698
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CERTIFICATION PROGRAMS	108,465
<b>3a</b> Sub-total		3			5,967,519
<b>b</b> Total from continuation sheets to Part I		0			139,163
<b>c Totals</b> (add lines 3a and 3b)		3			6,106,682

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .   
 Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SCI RSCH	130,402	WIRE XFER		N/A	N/A
		EUROPE	DEVELOPMENT INDUSTRY GUIDANCE	15,000	WIRE XFER		N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 0

3 Enter total number of other organizations or entities . . . . . 2

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No





Schedule I (Form 990)

OMB No 1545-0047

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

2010

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN PETROLEUM INSTITUTE

Employer identification number 13-0433430

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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (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. Row 1 contains 'See Additional Data Table'.

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

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALL GRANTS ARE ASSIGNED AN API STAFF MEMBER AS THE CONTRACT OFFICER THE CONTRACT OFFICER'S RESPONSIBILITIES INCLUDE MONITORING THE ACTIVITIES OF GRANTEES, AS WELL AS THE RECEIPT AND REVIEW OF PERIODIC PROGRESS REPORTS

**Software ID:**  
**Software Version:**  
**EIN:** 13-0433430  
**Name:** AMERICAN PETROLEUM INSTITUTE

## Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COALITION FOR AMERICAN JOBS/O AMERICAN CHEMISTRY COUNCIL 700 2ND ST NE WASHINGTON, DC 20002	27-5075681	501 C 6	1,000,000				GENERAL SUPPORT
AMERICAN COUNCIL FOR CAPITAL FORMATION 1750 K STREET NW SUITE 400 WASHINGTON, DC 20006	52-0991278	501 C 6	50,000				GENERAL SUPPORT
AMERICAN LEGISLATIVE EXCHANGE 1101 VERMONT AVE NW 11TH FLOOR WASHINGTON, DC 20005	52-0140979	501 C 3	10,000				EVENT SPONSORSHIP
AMERICANS FOR PROSPERITY 2111 WILSON BLVD SUITE 350 ARLINGTON, VA 22201	75-3148958	501 C 4	25,500				ENERGY EDUCATION
AMERICANS FOR TAX REFORM 722 12TH STREET NW 4TH FLOOR WASHINGTON, DC 200053966	52-1403587	501 C 4	50,000				ENERGY EDUCATION
AMERICA'S WETLAND FOUNDATION 1055 ST CHARLES AVENUE SUITE 100 NEW ORLEANS, LA 70130	30-0192739	501 C 3	50,000				GENERAL SUPPORT
ASSOCIATION FOR ENVIRONMENTAL HEALTH AND SCIENCES 150 FEARING STREET SUITE 21 AMHERST, MA 01002	26-2624347	501 C 3	10,000				EVENT SPONSORSHIP
BUILDING & CONSTRUCTION TRADES DEPT AFL-CIO 815 16TH STREET NW SUITE 600 WASHINGTON, DC 20006	53-0025755	501 C 3	10,000				EVENT SPONSORSHIP
BUSINESS INDUSTRY POLITICAL ACTION COMMITTEE (BIPAC) 888 SIXTEENTH STREET NW WASHINGTON, DC 20006	13-1985476	N/A	250,000				ENERGY EDUCATION
CARBON SEQUESTRATION COUNCIL 1155 F STREET NW SUITE 700 WASHINGTON, DC 20004	26-2304244	501 C 6	20,000				GENERAL SUPPORT
COMMON GROUND ALLIANCE 1421 PRINCE STREE SUITE 410 ALEXANDRIA, VA 22314	41-1984081	501 C 3	10,000				EVENT SPONSORSHIP
CONGRESSIONAL COALITION ON ADOPTION INSTITUTE 311 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20002	54-2035617	501 C 3	50,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(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
CONGRESSIONAL HISPANIC CAUCUS INSTITUTE 911 SECOND STREET NE WASHINGTON, DC 20002	52-1114225	501 C 3	125,000				EVENT SPONSORSHIP
CONGRESSIONAL SPORTSMEN'S FOUNDATION 110 NORTH CAROLINA AVE SE WASHINGTON, DC 20003	52-1686163	501 C 3	10,000				EVENT SPONSORSHIP
CONSUMER ENERGY ALLIANCE 2211 NORFOLK STREET SUITE 614 HOUSTON, TX 77098	26-1658339	501 C 4	35,000				EVENT SPONSORSHIP
ENERGY POLICY RESEARCH 1201 WISCONSIN AVENUE WASHINGTON, DC 20007	13-1512139	501 C 6	30,000				ENERGY POLICY RESEARCH
ENVIRONMENTAL COUNCIL OF THE STATES 444 N CAPITOL STREET NW SUITE 305 WASHINGTON, DC 20001	36-3962169	501 C 3	25,000				GENERAL SUPPORT
GROUND WATER RESEARCH & EDUCATION FOUNDATION 13308 N MACARTHUR BLVD OKLAHOMA CITY, OK 73142	73-1271210	501 C 3	10,000				GENERAL SUPPORT
INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA 1201 15TH STREET NW SUITE 300 WASHINGTON, DC 20005	73-0296927	501 C 6	100,000				ENERGY EDUCATION
INSTITUTE FOR ENERGY RESEARCH 1100 H STREET NW SUITE 400 WASHINGTON, DC 20005	76-0149778	501 C 3	50,000				ENERGY POLICY RESEARCH
INTERNATIONAL CONSERVATION CAUCUS FOUNDATION 3250 PROSPECT ST NW WASHINGTON, DC 20007	83-0449176	501 C 3	25,000				GENERAL SUPPORT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY (MIT) 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	04-2103594	501 C 3	33,000				ENERGY EDUCATION
MICHIGAN STATE UNIVERSITY 300 SPARTAN WAY EAST LANSING, MI 488241005	38-6005984	SEC 115	50,000				ENVIRONMENTAL RESEARCH
MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ) 1100 NORTH LAST CHANCE GULCH HELENA, MT 596200901	81-0302402	SEC 115	66,642				PETRO-CHEMICAL RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(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
MONTANA ECONOMIC DEVELOPERS ASSOCIATION (MEDA)118 E SEVENTH STREET SUITE 2A ANACONDA, MT 59711	81-0488036	501 C 3	10,000				PETRO-CHEMICAL RESEARCH
NATIONAL BLACK CHAMBER OF COMMERCE 1350 CONNECTICUT AVE NW 405 WASHINGTON, DC 20036	35-1889294	501 C 3	30,000				EVENT SPONSORSHIP
NATIONAL FISH AND WILDLIFE FOUNDATION 1133 15TH STREET SUITE 1100 WASHINGTON, DC 20005	52-1384139	501 C 3	50,000				GENERAL SUPPORT
NATIONAL FOREIGN TRADE COUNCIL1625 K STREET NW SUITE 200 WASHINGTON, DC 20006	13-5266965	501 C 6	20,000				EVENT SPONSORSHIP
NATIONAL FOUNDATION FOR WOMEN LEGISLATORS INC910 16TH STREETNW SUITE 100 WASHINGTON, DC 20006	52-1480785	501 C 3	10,000				EVENT SPONSORSHIP
NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION 1667 K STREET SUITE 700 WASHINGTON, DC 20006	53-0115970	501 C 6	45,000				ENERGY EDUCATION
NCLS FOUNDATION FOR STATE LEGISLATURES7700 EAST FIRST PLACE DENVER, CO 80230	74-2232576	501 C 3	7,500				EVENT SPONSORSHIP
NICHOLLS STATE UNIVERSITY FOUNDATION PO BOX 2062 THIBODEAUS, LA 70310	72-6031425	501 C 3	20,000				EVENT SPONSORSHIP
NORTHWESTERN UNIVERSITY SCHOOL OF LAW357 EAST CHICAGO AVENUE CHICAGO, IL 60611	36-2167817	501 C 3	40,000				CIVIL JUSTICE ISSUES
OFFSHORE ENERGY CENTER200 N DAIRY ASHFORD ST SUITE 4119 HOUSTON, TX 770791101	76-0280571	501 C 3	10,000				EVENT SPONSORSHIP
OIL AND NATURAL GAS INDUSTRY LABOR MANAGEMENT COMMITTEE 101 N UNION STREET SUITE 305 ALEXANDRIA, VA 22134	27-0567842	501 C 6	220,000				GENERAL SUPPORT
REPUBLICAN GOVERNORS PUBLIC POLICY COMMITTEE1747 PENNSYLVANIA AVE NW SUITE 250 WASHINGTON, DC 20006	20-0306803	501 C 4	10,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(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
SMALL BUSINESS AND ENTREPRENEURSHIP COUNCIL2944 HUNTER MILL ROAD SUITE 204 OAKTON,VA 22124	36-3756240	501 C 4	25,000				GENERAL SUPPORT
SOUTHERN CHRISTIAN LEADERSHIP CONFERENCE 320 AUBURN AVENUE NE ATLANTA,GA 30303	58-0807748	501 C 4	25,000				EVENT SPONSORSHIP
STANFORD UNIVERSITY TERMAN ENGINEERING CENTER ROOM 452 STANFORD,CA 943054026	94-1156365	501 C 3	15,000				EVENT SPONSORSHIP
STRONGER13308 N MACARTHUR OKLAHOMA CITY,OK 73142	31-1666039	501 C 3	200,000				GENERAL SUPPORT
TEXAS OIL AND GAS ASSOCIATION304 WEST THIRTEENTH ST AUSTIN,TX 787011823	20-4669692	501 C 6	10,000				LEGAL ISSUES
THE BRYCE HARLOW FOUNDATION1701 PENNSYLVANIA AVE NW 400 WASHINGTON,DC 20006	52-1266620	501 C 3	7,500				EVENT SPONSORSHIP
THE SIXTY PLUS ASSOCIATION515 KING STREET SUITE 315 ALEXANDRIA,VA 22314	54-1564919	501 C 4	25,000				ENERGY EDUCATION
UNITED STATES ASSOCIATION FOR ENERGY ECONOMICS (USAEE)28790 CHAGRIN BLVD CLEVELAND,OH 44122	34-1755274	501 C 6	10,000				EVENT SPONSORSHIP
UNIVERSITY OF CALIFORNIA DAVIS1 SHIELDS AVENUE DAVIS,CA 95616	94-6036494	SEC 115	180,000				PETRO-CHEMICAL HEALTH EFFECT RESEARCH
UNIVERSITY OF CONNECTICUTDEPT OF PHARMACEUTICAL SCIENCES 69 N EAGLEVILLE RD U- 3092 STORRS,CT 06269	22-2505202	SEC 115	256,839				PETRO-CHEMICAL RESEARCH
VIRGINIA SUSTAINABLE BUILDING NETWORKPO BOX 6539 ARLINGTON,VA 22206	54-1757778	501 C 3	10,000				EVENT SPONSORSHIP
VOLTA LIVE INC5500 FRIENDSHIP BLVD 2322 N CHEVY CHASE,MD 20815	25-5291054	N/A	10,000				EVENT SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KASICH-TAYLOR NEW DAY INAUGURAL COMMITTEE 340 E GAY STREET COLUMBUS, OH 43215	27-3902346	N/A	10,000				EVENT SPONSORSHIP
PENNSYLVANIA INDEPENDENT OIL AND GAS ASSOCIATION (PIOGA)115 VIP DRIVE SUITE 210 WEXFORD, PA 15090	25-1815131	501 C 6	37,500				ADVOCACY EFFORTS - PROPOSED TAX
THE CORBETT CAWLEY INAUGURAL COMMITTEE 200 NORTH THIRD STREET 13TH FLOOR HARRISBURG, PA 17101	27-3934993	501 C 4	15,000				EVENT SPONSORSHIP
GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL 4301 CONN AVENUE NW SUITE M-2 WASHINGTON, DC 20008	54-0732966	501 C 3	30,000				EVENT SPONSORSHIP
NALEO EDUCATION FUND 1122 W WASHINGTON ROAD 3RD FLOOR LOS ANGELES, CA 90015	52-1212849	501 C 3	30,000				EVENT SPONSORSHIP
TRI-STATE BIRD RESCUE AND RESEARCH INC 110 POSSUM HOLLOW ROAD NEWARK, DE 19711	51-0285807	501 C 3	10,000				EVENT SPONSORSHIP



**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

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

**▶ Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
AMERICAN PETROLEUM INSTITUTE

**Employer identification number**

13-0433430

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p><input checked="" type="checkbox"/> First-class or charter travel      <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input checked="" type="checkbox"/> Travel for companions      <input type="checkbox"/> Payments for business use of personal residence</p> <p><input checked="" type="checkbox"/> Tax indemnification and gross-up payments      <input checked="" type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account      <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>	Yes	
<p><b>2</b> 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?</p>	Yes	
<p><b>3</b> 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.</p> <p><input type="checkbox"/> Compensation committee      <input checked="" type="checkbox"/> Written employment contract</p> <p><input checked="" type="checkbox"/> Independent compensation consultant      <input checked="" type="checkbox"/> Compensation survey or study</p> <p><input checked="" type="checkbox"/> Form 990 of other organizations      <input checked="" type="checkbox"/> Approval by the board or compensation committee</p>		
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	Yes	
<p><b>4a</b></p>	Yes	
<p><b>4b</b></p>	Yes	
<p><b>4c</b></p>		No
<p><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>		
<p><b>5a</b></p>		
<p><b>5b</b></p>		
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>		
<p><b>6a</b></p>		
<p><b>6b</b></p>		
<p><b>7</b> 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.</p>		
<p><b>7</b></p>		
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		
<p><b>8</b></p>		
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		
<p><b>9</b></p>		

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	FIRST CLASS OR CHARTER TRAVEL- FIRST CLASS AIR TRAVEL IS LIMITED TO EXECUTIVE STAFF MEMBERS. OTHER STAFF MEMBERS MAY TRAVEL FIRST OR BUSINESS CLASS ONLY WHEN ACCOMPANYING AN EXECUTIVE STAFF MEMBER, A MEMBER COMPANY EXECUTIVE OR GOVERNMENTAL OFFICIAL WHO TRAVELS FIRST CLASS OR BUSINESS CLASS, OR, FOR INTERNATIONAL FLIGHTS, WHEN EXTENUATING CIRCUMSTANCES JUSTIFYING TRAVELING BUSINESS CLASS. FIRST OR BUSINESS CLASS AIR TRAVEL MUST BE APPROVED IN ADVANCE BY AN EXECUTIVE STAFF MEMBER, AND THE EMPLOYEE MUST PROVIDE THE JUSTIFICATION ON THE EXPENSE REPORT. FIRST CLASS TRAIN PASSAGE IS AN ACCEPTABLE ALTERNATIVE TO COACH AIR FARES OF EQUAL OR GREATER VALUE. IT IS NOT API'S PRACTICE TO CHARTER TRAVEL. TRAVEL FOR COMPANIONS- INSTANCES IN WHICH A SPOUSE ACCOMPANIES AN EMPLOYEE TRAVELING ON BUSINESS AT API EXPENSE ARE LIMITED AND APPROVED IN ADVANCE. IN SUCH AUTHORIZED CASES, UNLESS THE STRICT LEGAL DEFINITION OF BUSINESS PURPOSE IS MET, THE REIMBURSEMENT IS TREATED AS TAXABLE INCOME TO THE EMPLOYEE. TAX IDENTIFICATION AND GROSS UP PAYMENTS- FOR EMPLOYEES WHO QUALIFY TO PARTICIPATE IN THE NON-QUALIFIED RETIREMENT INCOME PLAN, API PAYS TAXES DUE ON THE ACCRUED BENEFITS AS THEY ARE AWARDED TO THE PARTICIPANTS. THESE TAX PAYMENTS ARE TREATED AS AN ADVANCE AND NETTED FROM THE ACCRUED BENEFITS TO THE PARTICIPANTS UPON DISTRIBUTION. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES- REIMBURSEMENT OF CLUB DUES TO AN EMPLOYEE FOR MEMBERSHIP IN ANY CLUB ORGANIZED FOR PLEASURE, RECREATION, OR OTHER SOCIAL PURPOSE (I.E., COUNTRY CLUBS, LUNCHEON CLUBS, AND AIRLINE AND HOTEL CLUBS) IS LIMITED AND REQUIRES EXECUTIVE STAFF APPROVAL. EMPLOYEES WHO HAVE BEEN REIMBURSED FOR CLUB DUES MUST ANNUALLY ACCOUNT FOR THEIR BUSINESS USE, AND NON-BUSINESS USE IS TREATED AS TAXABLE INCOME TO THE EMPLOYEE. API OFFERS ALL WASHINGTON, D.C. EMPLOYEES AN OPPORTUNITY TO JOIN A LOCAL HEALTH CLUB AT A DISCOUNTED RATE. API PAYS A PORTION OF THE DUES (\$13.42 PER SEMI-MONTHLY PAY PERIOD) AND TREATS THIS PORTION AS TAXABLE INCOME TO THE EMPLOYEE.
	PART I, LINES 4A-B	LINE 4A THE FOLLOWING RECEIVED PAYMENTS BASED ON A SEVERANCE AGREEMENT: CRAIG, JIM C - \$195,768; FORD, JAMES E - \$160,780; HARGETT, BRENDA S - \$187,354. LINE 4B PARTICIPANTS IN THE AMERICAN PETROLEUM INSTITUTE SUPPLEMENTAL BENEFIT PLANS RECEIVED CONTRIBUTIONS IN 2010 AS FOLLOWS: GERARD, JACK N - \$1,807,244 - INCLUDES NON-VESTED ACCRUAL OF \$1,710,819; NG, HARRY M - \$209,776 - INCLUDES NON-VESTED ACCRUAL OF \$28,593; GRECO, ROBERT L - \$184,017 - INCLUDES NON-VESTED ACCRUAL OF \$27,991; DURBIN, MARTIN J - \$80,320 - INCLUDES NON-VESTED ACCRUAL OF \$74,341; ROBERTSON, JOHN E - \$23,727 - INCLUDES NON-VESTED ACCRUAL OF \$23,477; MODINE, JOHN D - \$29,724; ISAKOWER, KYLE B - \$51,930 - INCLUDES NON-VESTED ACCRUAL OF \$19,865; ROZETT, LINDA G - \$32,603 - INCLUDES NON-VESTED ACCRUAL OF \$31,603; MILITO, ERIK G - \$21,069 - NON-VESTED ACCRUAL ONLY; HUNT, JR., ALVIST T - \$213,012; COBBS, DREW P - \$33,147; FELDMAN, HOWARD J - \$27,304; FELMY, JOHN C - \$14,565; KEREKES, JOHN P - \$17,968. LINE 4B PARTICIPANTS IN THE AMERICAN PETROLEUM INSTITUTE SUPPLEMENTAL BENEFITS PLANS RECEIVED PAYMENTS IN 2010 AS FOLLOWS: CRAIG, JIM C - \$637,009; FORD, JAMES E - \$570,472; HARGETT, BRENDA S - \$147,682.

**Software ID:**  
**Software Version:**  
**EIN:** 13-0433430  
**Name:** AMERICAN PETROLEUM INSTITUTE

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JACK N GERARD	(i) (ii)	2,169,760 0	2,400,000 0	102,289 0	1,724,620 0	32,203 0	6,428,872 0	0 0
HARRY M NG	(i) (ii)	298,145 0	158,700 0	182,707 0	82,946 0	19,034 0	741,532 0	0 0
JOHN E ROBERTSON	(i) (ii)	247,600 0	109,900 0	736 0	30,562 0	11,804 0	400,602 0	0 0
MARTIN J DURBIN	(i) (ii)	443,016 0	135,000 0	9,722 0	54,391 0	27,609 0	669,738 0	0 0
KYLE B ISAKOWER	(i) (ii)	213,860 0	97,700 0	33,089 0	66,822 0	28,713 0	440,184 0	0 0
LINDA G ROZETT	(i) (ii)	229,344 0	94,300 0	2,173 0	42,778 0	3,685 0	372,280 0	0 0
ROBERT L GRECO	(i) (ii)	291,953 0	143,000 0	157,865 0	80,975 0	32,267 0	706,060 0	0 0
ERIK G MILITO	(i) (ii)	203,860 0	80,300 0	444 0	46,344 0	30,963 0	361,911 0	0 0
JOHN D MODINE	(i) (ii)	230,038 0	88,400 0	32,108 0	40,779 0	18,825 0	410,150 0	0 0
ALVIS TRUMAN HUNT	(i) (ii)	286,403 0	106,200 0	221,029 0	95,652 0	26,411 0	735,695 0	0 0
HOWARD J FELDMAN	(i) (ii)	202,680 0	70,000 0	28,628 0	75,114 0	26,453 0	402,875 0	0 0
JOHN C FELMY	(i) (ii)	224,250 0	59,000 0	16,981 0	53,903 0	17,744 0	371,878 0	0 0
DREW P COBBS	(i) (ii)	216,265 0	61,400 0	36,539 0	81,700 0	29,682 0	425,586 0	0 0
JOHN P KEREKES	(i) (ii)	212,613 0	44,800 0	23,334 0	115,164 0	24,063 0	419,974 0	0 0
JIM CCRAIG	(i) (ii)	0 0	0 0	408,039 0	0 0	6,147 0	414,186 0	175,823 0
JAMES E FORD	(i) (ii)	0 0	0 0	400,052 0	0 0	0 0	400,052 0	203,522 0
BRENDA S HARGETT	(i) (ii)	0 0	0 0	344,709 0	30,338 0	8,483 0	383,530 0	103,915 0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN PETROLEUM INSTITUTE

Employer identification number 13-0433430

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) COALITION FOR AMERICAN JOBS	>35% OWNERSHIP, GERARD & DURBIN SERVE AS OFFICERS & BOARD MEMBERS	1,000,000	CONTRIBUTIONS PROVIDED TO ORGANIZATIONS FOR GENERAL SUPPORT		No
(2) OIL AND NATURAL GAS LABOR-MANAGEMENT COMMITTEE	>35% OWNERSHIP, GERARD, NICHOLS, CAZALOT, & TILLERSON SERVE AS OFFICERS & TRUSTEES	220,000	CONTRIBUTIONS PROVIDED TO ORGANIZATIONS FOR GENERAL SUPPORT		No

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**  
AMERICAN PETROLEUM INSTITUTE

**Employer identification number**

13-0433430

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		API'S EXECUTIVE COMMITTEE CONSISTS OF 12 MEMBERS OF THE BOARD MEMBERS INCLUDE THE API CHAIRMAN OF THE BOARD AND THE CHAIR OF THE FINANCE COMMITTEE, WITH REPRESENTATION OF THE TOP SIX (6) DUES-PAYING MEMBERS, AND THE REMAINING FOUR (4) MEMBERS CHOSEN PRINCIPALLY FROM THE LARGEST DUES-PAYING MEMBERS, INCLUDING AS MANY AS TWO (2) INDEPENDENT PETROLEUM PRODUCERS THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO EXERCISE ALL OF THE POWERS OF THE BOARD OF DIRECTORS IN THE ABSENCE OF ACTION BY THE BOARD, EXCEPT TO AMEND THE BYLAWS OR AS OTHERWISE LIMITED BY LAW ITS RESPONSIBILITIES INCLUDE LONG-RANGE PLANNING, PROGRAM AND BUDGET DEVELOPMENT, OVERSIGHT, AND ADMINISTRATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		BUSINESS RELATIONSHIP CAZALOT, CLARENCE P , TILLERSON, REX W , NICHOLS, J LARRY , GERARD, JACK N , DURBIN, MARTIN J FAMILY RELATIONSHIP HUNT, RAY L , HUNT, W HERBERT



Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		IN OCTOBER 2010, API'S BOARD OF DIRECTORS APPROVED A RESOLUTION TO MODIFY THE BYLAWS EFFECTIVE JANUARY 1, 2011 TO ACCOMPLISH THE FOLLOWING GOVERNANCE CHANGES (1) ELIMINATE THE ANNUAL REQUIREMENT TO REPLACE ONE-HALF (1/2) OF THE BOARD, (2) ALLOW SENIOR STAFF EXECUTIVES AUTHORIZED BY THE PRESIDENT TO SIGN, IN THE NAME OF THE INSTITUTE, CONTRACTS AUTHORIZED BY THE BOARD OF THE EXECUTIVE COMMITTEE, AND (3) CREATE TWO ADDITIONAL SEATS ON THE EXECUTIVE COMMITTEE TO BE FILLED BY THE BOARD WHEN CONSIDERED NECESSARY AND APPROPRIATE CLARIFY THAT UNLESS RENOMINATED BY THE BOARD TO REMAIN ON THE EXECUTIVE COMMITTEE, THE SIX AT-LARGE MEMBERS AND THE GENERAL MEMBERSHIP COMMITTEE MEMBER MAY BE LIMITED TO TWO (2) CONSECUTIVE TERMS OF ONE (1) YEAR EACH

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		API IS A TRADE ASSOCIATION WITH MEMBERSHIP DRAWN FROM THE OIL AND NATURAL GAS INDUSTRY AS DESCRIBED BELOW, API'S MEMBERS PARTICIPATE IN THE ELECTION OF THE BOARD. REGULAR ELECTED BOARD MEMBERS HAVE FULL VOTING RIGHTS. API'S PRESIDENT IS AN EX OFFICIO VOTING MEMBER OF THE BOARD. OTHER EX OFFICIO MEMBERS DO NOT HAVE VOTING RIGHTS. HONORARY DIRECTORS HAVE NO VOTING RIGHTS.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE BOARD MEMBERS ARE ELECTED BY THE BOARD OF DIRECTORS AT THE ANNUAL MEETING EACH DIRECTOR SHALL HOLD OFFICE FOR A TWO YEAR TERM OR UNTIL THE DIRECTOR HAS CEASED TO HAVE A SUBSTANTIAL FULLTIME CONNECTION WITH THE MEMBER COMPANY THE DIRECTOR SERVED WHEN ELECTED

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		API'S FORM 990 WAS PREPARED BY API STAFF AND REVIEWED BY ITS EXTERNAL ACCOUNTING FIRM PRIOR TO FILING, THE FORM 990 WAS INCLUDED WITH THE MATERIALS FOR THE FINANCE COMMITTEE'S ANNUAL MEETING IN OCTOBER 2011, AND REVIEWED DURING THE MEETING A COPY OF THE FORM 990 WAS PROVIDED TO THE EXECUTIVE COMMITTEE PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	API'S STANDARDS OF CONDUCT POLICY INCLUDES PROVISIONS RELATED TO AVOIDING ANY ACT THAT MAY RESULT IN A CONFLICT OF INTEREST ON AN ANNUAL BASIS, ALL EMPLOYEES ARE ASKED TO CONFIRM THEIR COMPLIANCE WITH THE STANDARDS OF CONDUCT POLICY ANY EMPLOYEE WHO IS AWARE OF A VIOLATION OF THIS POLICY MUST TAKE APPROPRIATE ACTION SO THAT THE VIOLATION IS PROMPTLY ADDRESSED THIS MAY INCLUDE REPORTING A VIOLATION TO AN EXECUTIVE STAFF MEMBER OR TO AN EXTERNALLY-OPERATED ETHICS HOTLINE ALL REPORTS ARE ASSIGNED TO AN APPROPRIATE EXECUTIVE STAFF MEMBER FOR INVESTIGATION AND RESOLUTION AND A REPORT OF ALL INCIDENTS ARE PROVIDED TO THE FINANCE COMMITTEE EACH YEAR THE BOARD OF DIRECTORS ADOPTED A CONFLICT OF INTEREST POLICY IN 2008 THAT REQUIRES FULL DISCLOSURE OF ALL ACTUAL AND POTENTIAL CONFLICTS THE DISINTERESTED MEMBERS OF THE API EXECUTIVE COMMITTEE SHALL MAKE A DETERMINATION AS TO WHETHER A CONFLICT EXISTS AND WHAT SUBSEQUENT ACTION IS APPROPRIATE (IF ANY) A COPY OF THE POLICY IS PROVIDED TO ALL BOARD MEMBERS WHO ARE REQUESTED TO COMPLETE AND SIGN AN ACKNOWLEDGMENT AND DISCLOSURE FORM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR API'S PRESIDENT & CEO, OTHER OFFICERS, AND KEY EMPLOYEES ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE ON AN ANNUAL BASIS, BASED ON PERFORMANCE REVIEWS, EXTERNAL COMPARABLE DATA OBTAINED FROM CONSULTANTS, AND OTHER RELEVANT INFORMATION THE PRESIDENT & CEO'S COMPENSATION IS BASED ON A WRITTEN CONTRACT APPROVED BY THE EXECUTIVE COMMITTEE A REVIEW WAS CONDUCTED IN 2010

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
	FORM 990, PART VI, LINE 10B	EXPLANATION OF STATE COUNCILS API OPERATES STATE PETROLEUM COUNCILS LOCATED IN VARIOUS STATE CAPITALS THESE ARE NOT SEPARATE LEGAL ENTITIES BUT OPERATE AS BRANCH OFFICES OF API UNDER LOCAL TRADE NAMES THERE ARE ALSO SEVERAL UNRELATED LOCAL CHAPTERS THAT EXIST THAT MAY USE THE API NAME, BUT THEY ARE SEPARATE LEGAL ENTITIES FROM API



Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -67,552 PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS 2,844,557 TOTAL TO FORM 990, PART XI, LINE 5 2,777,005

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
AMERICAN PETROLEUM INSTITUTE

**Employer identification number**

13-0433430

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN PETROLEUM INSTITUTE POLITICAL ACTION COMMITTEE 1220 L STREET NW WASHINGTON, DC 20005 27-2596972	PAC/SEPARATE SEGREGATED FUND	DC	527			Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**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

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-0433430  
**Name:** AMERICAN PETROLEUM INSTITUTE

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM E ALBRECHT BOARD MEMBER	50	X					0	0	0	
TO FIG AL-GABSANI BOARD MEMBER	50	X					0	0	0	
MORTEN ARNTZEN BOARD MEMBER	50	X					0	0	0	
CLARENCE CAZALOT BOARD MEMBER AND TREASURER	50	X		X			0	0	0	
PATRICK D DANIEL BOARD MEMBER	50	X					0	0	0	
CHADWICK C DEATON BOARD MEMBER	50	X					0	0	0	
TIMOTHY C FELT BOARD MEMBER	50	X					0	0	0	
BRUCE C GOTTWALD BOARD MEMBER	50	X					0	0	0	
JAMES T HACKETT BOARD MEMBER	50	X					0	0	0	
FREDERIC C HAMILTON BOARD MEMBER	50	X					0	0	0	
PAUL HOWES BOARD MEMBER	50	X					0	0	0	
RAY L HUNT BOARD MEMBER	50	X					0	0	0	
W HERBERT HUNT BOARD MEMBER	50	X					0	0	0	
AV JONES BOARD MEMBER	50	X					0	0	0	
JAMES F JUSTISS BOARD MEMBER	50	X					0	0	0	
PETER D KINNEAR BOARD MEMBER	50	X					0	0	0	
DAVID J LESAR BOARD MEMBER	50	X					0	0	0	
STEVE MALCOLM BOARD MEMBER	50	X					0	0	0	
JAMES P MCGREGOR BOARD MEMBER	50	X					0	0	0	
LAMAR MCKAY BOARD MEMBER	50	X					0	0	0	
JOHN MILLER BOARD MEMBER	50	X					0	0	0	
BJOURN MOLLER BOARD MEMBER	50	X					0	0	0	
JACK B MOORE BOARD MEMBER	50	X					0	0	0	
JAMES J MULVA BOARD MEMBER	50	X					0	0	0	
J LARRY NICHOLS CHAIRMAN OF THE BOARD	50	X		X			0	0	0	



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROD NELSON BOARD MEMBER	50	X						0	0	0
MARVIN ODUM BOARD MEMBER	50	X						0	0	0
ROBERT BOBBY L PARKER BOARD MEMBER	50	X						0	0	0
CORBIN J ROBERTSON BOARD MEMBER	50	X						0	0	0
DAVID SEATON BOARD MEMBER	50	X						0	0	0
KATHLEEN SHANAHAN BOARD MEMBER	50	X						0	0	0
REX W TILLERSON BOARD MEMBER	50	X						0	0	0
HANK A TRUE BOARD MEMBER	50	X						0	0	0
JOHN S WATSON BOARD MEMBER	50	X						0	0	0
DAVID W WILLIAMS BOARD MEMBER	50	X						0	0	0
DAVID M WOOD BOARD MEMBER	50	X						0	0	0
JOHN M YEARWOOD BOARD MEMBER	50	X						0	0	0
JACK N GERARD PRESIDENT AND CEO	40 00	X		X				4,672,049	0	1,756,823
HARRY M NG GENERAL COUNSEL & CORP SEC	40 00			X				639,552	0	101,980
JOHN E ROBERTSON VICE PRESIDENT	40 00			X				358,236	0	42,366
MARTIN J DURBIN EXECUTIVE VICE PRESIDENT	40 00				X			587,738	0	82,000
KYLE B ISAKOWER VICE PRESIDENT	40 00				X			344,649	0	95,535
LINDA G ROZETT VICE PRESIDENT	40 00				X			325,817	0	46,463
ROBERT L GRECO GROUP DIRECTOR	40 00				X			592,818	0	113,242
ERIK G MILITO GROUP DIRECTOR	40 00				X			284,604	0	77,307
JOHN D MODINE DIRECTOR	40 00				X			350,546	0	59,604
ALVIS TRUMAN HUNT DIRECTOR	40 00					X		613,632	0	122,063
HOWARD J FELDMAN DIRECTOR	40 00					X		301,308	0	101,567
JOHN C FELMY CHIEF ECONOMIST	40 00					X		300,231	0	71,647
DREW P COBBS STATE OFFICE EXECUTIVE DIRECTOR	40 00					X		314,204	0	111,382

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN P KEREKES STATE OFFICE EXECUTIVE DIRECTOR	40 00					X		280,747	0	139,227
JIM CCRAIG FORMER VICE PRESIDENT	0 00						X	408,039	0	6,147
JAMES E FORD FORMER VICE PRESIDENT	0 00						X	400,052	0	0
BRENDA S HARGETT FORMER VICE PRESIDENT	0 00						X	344,709	0	38,821

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**4d. Other program services**

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
MAINTAINING QUALITY-THE INCREASINGLY INTERNATIONAL NATURE OF THE PETROLEUM BUSINESS IS EVIDENT IN API'S APPROACH TO CERTIFYING THAT PRODUCTS MEET THE INDUSTRY'S EXACTING STANDARDS OF QUALITY SINCE 1924, API HAS LICENSED OIL FIELD EQUIPMENT MANUFACTURERS TO USE THE API MONOGRAM, RECOGNIZED AS A MARK OF QUALITY AROUND THE WORLD API LICENSES MOTOR OILS FOR USE IN BOTH GASOLINE AND DIESEL ENGINES API ALSO CERTIFIES INSPECTORS OF STORAGE TANKS, PRESSURE VESSELS, AND PIPING

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
EDUCATION- API ORGANIZES SEMINARS, WORKSHOPS AND SYMPOSIA ON ISSUES VITAL TO THE INDUSTRY'S LIVELIHOOD IT PROVIDES TRAINING MATERIALS THAT HELP PROFESSIONALS IN THE OIL AND GAS BUSINESS MEET REGULATORY REQUIREMENTS AND INDUSTRY STANDARDS