COMMITTEE ON NATURAL RESOURCES

113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee in Energy and Mineral Resources Legislative hearing on H.R. 3 (Terry), "Northern Route Approval Act"

April 16, 2013

2. Ad	dress:
3. Em	ail Address:
4. Pho	one Number:
	* * * *
For W	itnesses Representing Organizations:
1.	Name: Charles T. Drevna
2.	Name of Organization(s) You are Representing at the Hearing: American Fuel & Petrochemical Manufacturers
3.	Business Address: [Information redacted for privacy]
4.	Business Email Address: [Information redacted for privacy]
5.	Business Phone Number: [Information redacted for privacy]

For Individuals:

1. Name:

For all Witnesses

Name/Organization: American Fuel & Petrochemical Manufacturers

Title/Date of Hearing: Legislative hearing on HR 3 (Terry), "Northern Route Approval Act / April 16, 2013

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

BA in chemistry from Washington and Jefferson College and performed graduate work at Carnegie-Mellon University.

- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
 - Member of the National Association of Manufacturers
 - Member of U.S. Chamber of Commerce
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Extensive experience in legislative, regulatory, public policy and marketplace issues involving energy and the environment. Current and previous positions include:

- President, American Fuel & Petrochemical Manufacturers (AFPM), 2007 present
- Executive Vice President, and Director of policy and planning, AFPM, 2002-2007
- Director, State and Federal Government Relations, Tosco, Inc., 2000-2002
- Director, Government and Regulatory Affairs, Oxygenated Fuels Association, 1997-2000
- Vice President, Jefferson Waterman International, 1994-1997
- Held a few positions at Sunoco including Vice president, Government & Public Affairs, Sunoco, formerly known as Sun Coal Company, 1982-1994
- Director, Environmental Affairs, National Coal Association, 1978-1982
- Supervisor, Environmental Quality Control, Consolidation Coal Company, 1971-1977
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

N/A

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

N/A

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

N/A

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

Witnesses Representing Organizations

Name/Organization American Fuel & Petrochemical Manufacturers

Title/Date of Hearing: Legislative hearing on HR 3 (Terry), "Northern Route Approval Act / April 16, 2013

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

N/A

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

N/A

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

See attachment.

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

N/A

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

See attachment.

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)

benefit trust or private foundation)

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

2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number AMERICAN FUEL AND PETROCHEMICAL Address change **MANUFACTURERS** X Name change 53-0115970 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-202-457-0480 700 1667 K STREET, N.W. X Amended 29,276,364. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-WASHINGTON, DC 20036 H(a) Is this a group return pending F Name and address of principal officer: CHARLES T. for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes 527 (insert no.) 4947(a)(1) or If "No." attach a list. (see instructions) J Website: ► WWW.AFPM.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -Year of formation: 1961 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: -PROMOTING THE GENERAL WELFARE **Activities & Governance** OF ITS MEMBERS BY GATHERING AND DISSEMINATING HISTORICAL AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 85 <u>85</u> Number of independent voting members of the governing body (Part VI, line 1b) 43 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. Ō. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) Revenue 14,490,557. 13,756,714. Program service revenue (Part VIII, line 2g) 597,945. 590,207. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,884. 1,490.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,371,543. 15,082,254. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,521,247. 6,095,508. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 7,458,274. 8,174,998. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13,553,782. 13,696,245. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 675,298. 1,528,472. Revenue less expenses. Subtract line 18 from line 12 . Ssets or Balances **Beginning of Current Year End of Year** 13,012,163. 14,111,003. 20 Total assets (Part X, line 16) 6,872,519. 7,958,218. 21 Total liabilities (Part X. line 26) Net 6,139,644. 6,152,785. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign CHARLES T. DREVNA, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check Paid ▶ JOHNSON LAMBERT & CO. LLP 52-1446779 Preparer Firm's name Firm's EIN Firm's address 700 SPRING FOREST ROAD, STE 115 Use Only RALEIGH, NC 27609 Phone no. 919-719-6400 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2011)

MANUFACTURERS 53-0115970

Pai	t 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: EDUCATE THE PUBLIC AND POLICYMAKERS ABOUT THE VITAL ROLE OF THE
	REFINING AND PETROCHEMICAL INDUSTRIES IN THE NATION'S ECONOMY AND OUR
	CONTRIBUTION TO IMPROVEMENTS IN THE QUALITY OF LIFE SERVE AS A STRONG
	ADVOCACY VOICE FOR OUR MEMBERS WITH GOVERNMENT OFFICIALS, THE MEDIA
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$)
	MEETINGS - AFPM OFFERS A WIDE VARIETY OF MEETINGS AND CONFERENCES
	THROUGHOUT THE YEAR TO FACILITATE TECHNICAL ADVANCEMENTS AND CONTINUED
	PROGRESS IN SAFETY, ENVIRONMENTAL PERFORMANCE AND SECURITY FOR THE
	REFINING AND PETROCHEMICAL INDUSTRIES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	LOW CARBON FUEL STANDARD CAMPAIGN - AFPM REQUESTS CONTRIBUTION PLEDGES
	FROM SPECIFIC MEMBER COMPANIES TO INTRODUCE A PUBLIC RELATIONS CAMPAIGN
	TO EDUCATE AND INFORM TARGET AUDIENCES ABOUT THE ADVERSE IMPACTS OF LOW
	CARBON FUEL STANDARDS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	SUPPLEMENTAL ADVOCACY FUND - AFPM REQUESTS ADDITIONALS FUNDS FROM
	MEMBER COMPANIES TOWARD ADVOCACY EFFORTS CONCENTRATING ON THE FOLLOWING
	ISSUES; CLIMATE CHANGE ISSUES; TAXATION; CHEMICAL SECURITY AND CHEMICAL
	RISK MANAGEMENT.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses

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Form 990 (2011) MANUFACTURER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	If "Yes," complete Schedule A	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
-	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	x	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Па		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ч	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	, , , , , , , , , , , , , , , , , , , ,			

Form 990 (2011) MANUFACTURERS

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
04-	Schedule J	23	Λ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		Х
b	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			v
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
55	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2011) MANUFACTURERS

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	24			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible?			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions c	or gifts		77	
_	were not tax deductible?			6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).	ndooo.	royidad to the never	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?			7c		
ч	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	 	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		rt?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ı	ı			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l				
40	amounts due or received from them.)	11b	<u> </u>	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	Í	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
IJ	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the consideration and the constant for independent of the constant of the			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		

Form 990 (2011)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Х Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 85 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 85 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. **X** Upon request Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GERALD VAN DE VELDE - 202-457-0480 1667 K STREET, NW, WASHINGTON, DC 20006

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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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(do box	not c	Pos heck ss pe	ition		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JAMES MAHONEY	5 00	l		l					•	•
CHAIRMAN	5.00	Х		Х				0.	0.	0.
(2) WILLIAM R. KLEESE		l		l					•	•
PAST CHAIR	5.00	Х		Х				0.	0.	0.
(3) DAVID LAMP									0	0
VICE CHAIRMAN	5.00	Х		Х				0.	0.	0.
(4) RICHARD MEEKS									0	0
TREASURER	5.00	Х		Х				0.	0.	0.
(5) KEVIN BROWN		,,		,,					0	0
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
(6) RUSS CROCKETT									0	0
VICE PRESIDENT	5.00	Х		Х		<u> </u>		0.	0.	0.
(7) LYNN ELSENHANS									0	0
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
(8) GREGORY GOFF		,,		,,					0	0
VICE PRESIDENT	5.00	Х		Х		<u> </u>	_	0.	0.	0.
(9) GARY HEMINGER	- 00	3,7		٠,,					0	0
VICE PRESIDENT	5.00	Х	_	Х		<u> </u>	_	0.	0.	0.
(10) JACK LIPINSKI	F 00	7.		٦,					0	0
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
(11) THOMAS O'MALLEY	5.00	7.		x				0.	0.	0
VICE PRESIDENT (12) DENNIS SEITH	3.00	Х		^				0.	0.	0.
	5.00	x		X				0.	0.	0.
VICE PRESIDENT (13) JERRY WASCOM	3.00	^		Λ				0.	0.	0.
	5.00	x		X				0.	0.	0.
VICE PRESIDENT (14) LAWRENCE ZIEMBA	3.00	^		Λ				0.	0.	0.
VICE PRESIDENT	5.00	x		X				0.	0.	0.
	3.00	^		Λ				0.	0.	0.
(15) SHAWN ABRAMS DIRECTOR	2.00	v						0.	0.	0.
(16) BRIAN AMES	2.00	╇	\vdash	\vdash	_	\vdash	\vdash		0.	<u>.</u>
DIRECTOR	2.00	x						0.	0.	0.
(17) BILL ANDERSON	2.00					\vdash		0.	0.	
DIRECTOR	2.00	x						0.	0.	0.
<u> </u>	1 2.00	122				<u> </u>		0.	0.	Farm 990 (0011)

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Part VII Section A. Officers, Directors, Tru	ustees, Key E	mplo	oyee	s, a	nd l	High	nest	Compensated Employ	ees (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos	ition	1 than	one	Reportable	Reportable	,	Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation			nount	
	week officer and a director/trustee) from from related												
	(describe hours for	irecto						the organization	organization		l	pensa	
	related	e or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-MI	SC)	l	om th anizat	
	organizations	trustee or director	al trus		,ee	m per		(** 27 1000 1/1100)			_	d relat	
	in Schedule	Individual 1	Institutional trustee	- -	Key employee	est co oyee	E				orga	anizati	ions
	O)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) CHUCK ANDERSON													_
DIRECTOR	2.00	Х						0.		0.			0.
(19) RAYMON BARLOW													_
DIRECTOR	2.00	Х						0.		0.			0.
(20) JERRY BASCONI										_			_
DIRECTOR	2.00	Х						0.		0.			0.
(21) RICHARD BEDELL		l											•
DIRECTOR	2.00	Х						0.		0.			0.
(22) MICHAEL BERRY DIRECTOR	2.00	x						0.		0.			0.
(23) TERRY BURLESON	2.00	^						<u> </u>		<u> </u>			
DIRECTOR	2.00	x						0.		0.			0.
(24) JEFFRY BYRNE													
DIRECTOR	2.00	Х						0.		0.			0.
(25) ALAN CABODI													
DIRECTOR	2.00	X						0.		0.			0.
(26) NICHOLAS CARTER													
DIRECTOR	2.00	Х						0.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							2,196,861.		0.			32.
d Total (add lines 1b and 1c)						<u> </u>		2,196,861.		0.	33	6,9	32.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 of reportab	ıle			4.0
compensation from the organization													12
										1		Yes	No
3 Did the organization list any former officer,													v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15												Х	
											4	21	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•		reiai	ted organization or indiv	idual for services	٠	5		Х
Section B. Independent Contractors	ipiete Scriedui	C 	01 30	JUIT	pers	SOIT					_ 3		
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100.000 of cor	npens	ation	rom	
the organization. Report compensation for	-	-											
(A)								(B)			((
Name and business	address							Description of s	services	С	ompe	nsatio	'n
CONSUMER ENERGY ALLIANCE	TTOTT CITY	~ **T		п 3 <i>7</i>	7.	700	00			1	0.4	E 0	00
2211 NORFOLK ST, STE 614 MARRIOTT BUSINESS SERVICE		, אנכ	<u>, :</u>	Γ.Υ		/ 0 :	ס כ	CONSOLLING			,04	J, U	00.
1965 MARRIOTT DR, LOUISV		v	37	777	7			CONVENTION S	ERVICES		56	1.6	33.
SIDLEY AUSTIN, LLP	,											-, -	

LEGAL SERVICES

LEGAL SERVICES

CONVENTION SERVICES

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

1501 K STREET NW, WASHINGTON, DC 20005

CROWELL MORING, 1001 PENNSYLVANIA AVE NW,

1211 E HOUSTON ST, SAN ANTONIO, TX 78205

Form **990** (2011)

409,447.

259,645.

245,902.

WASHINGTON, DC 20004

AV TECHNICAL SERVICES

Part VII Section A. Officers, Directors, True	ustees, Key Eı	mple	oyee	s, a	nd F	ligh	est	Compensated Employ		3970
(A) Name and title	(B) Average hours			(C Pos	C) ition	ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ALBERT CHAO	2 00	,,							0	0
DIRECTOR	2.00	Х						0.	0.	0 .
(28) KENNETH CURRIE	2 00	٠,							0	0
DIRECTOR	2.00	Х						0.	0.	0 .
(29) FRANCISCO DE CERQUEIRA NETO	2.00	<u>.</u>						0.	0.	0 .
DIRECTOR (30) FRED DOHMANN	2.00	Х						0.	0.	0 .
DIRECTOR	2.00	x						0.	0.	0.
(31) MIKE DUSTERHOFF	2.00	<u> </u>						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(32) MIKE EBERT	2.00	123						•	<u> </u>	
DIRECTOR	2.00	X						0.	0.	0.
(33) PAUL EISMAN		 								
DIRECTOR	2.00	x						0.	0.	0.
(34) JOEL ELSTEIN										
DIRECTOR	2.00	x						0.	0.	0.
(35) CLINT ENSIGN										
DIRECTOR	2.00	X						0.	0.	0.
(36) AAMIR FARID										
DIRECTOR	2.00	Х						0.	0.	0 .
(37) PAUL FOSTER										
DIRECTOR	2.00	X						0.	0.	0
(38) RAJEEV GAUTAM		l								
DIRECTOR	2.00	Х						0.	0.	0
(39) FREDEREC GREEN									0	0
DIRECTOR	2.00	X						0.	0.	0 .
(40) HARRY HALLORAN	2 00	٠,							0	0
DIRECTOR (41) MCMILLAN HUMMEL	2.00	^						0.	0.	0 .
DIRECTOR	2.00	_v						0.	0.	0 .
(42) STEPHEN HUNKUS	2.00	₽						0.	0.	0 .
DIRECTOR	2.00	x						0.	0.	0.
(43) TERRY HURLBURT	2.00	1						0.	0.	0 (
DIRECTOR	2.00	x						0.	0.	0 .
(44) TERRY JACKSON		 								
DIRECTOR	2.00	x						0.	0.	0 .
(45) DARRELL JACOB										
DIRECTOR	2.00	X						0.	0.	0.
(46) NAUSHAD JAMANI										
DIRECTOR	2.00	lχ		l		l	1	0.	0.	0.

Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Pos	C) ition	ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) HANK JEANS		l							•	•
DIRECTOR	2.00	Х						0.	0.	0.
(48) LUTHER JONES		l								
DIRECTOR	2.00	Х						0.	0.	0 .
(49) ROBERT KENT										0
DIRECTOR	2.00	Х						0.	0.	0 .
(50) STEPHEN KIRK	2 00	\ \ \							_	^
DIRECTOR	2.00	Х						0.	0.	0 .
(51) DANIEL KNEPPER	2.00	x						0.	0.	0.
DIRECTOR (52) JANICE LATZ	2.00	^						0.	0.	0 .
DIRECTOR	2.00	x						0.	0.	0 .
(53) ZACHARY LEVINE	2.00	₽						0.	0.	0 .
DIRECTOR	2.00	X						0.	0.	0.
(54) GLENN LIOLIOS	2.00							0.	0.	0 .
DIRECTOR	2.00	X						0.	0.	0.
(55) JAMES LOVING	2,00	 							•	
DIRECTOR	2.00	x						0.	0.	0 .
(56) BRUCE MACKLIN		 							•	
DIRECTOR	2.00	x						0.	0.	0 .
(57) JOHN MATSON										
DIRECTOR	2.00	X						0.	0.	0 .
(58) MICHAEL MCGARRY										
DIRECTOR	2.00	X						0.	0.	0 .
(59) JOHN MCINTOSH										
DIRECTOR	2.00	Х						0.	0.	0
(60) RAGHU MENON										
DIRECTOR	2.00	X						0.	0.	0
(61) JOHN NICOLS		l								
DIRECTOR	2.00	X						0.	0.	0.
(62) ROBERT PEASE									_	_
DIRECTOR	2.00	X				<u> </u>	_	0.	0.	0.
(63) MICHAEL PESCH	0.00									_
DIRECTOR	2.00	X	<u> </u>			_		0.	0.	0 .
(64) JOHN QUINN	2 00	\ _v						0.	0.	^
DIRECTOR	2.00	┝		\vdash		\vdash		0.	0.	0.
(65) PURNENDU RAI DIRECTOR	2.00	v						0.	0.	0.
(66) JEFF RAMSEY	2.00	┝				<u> </u>		0.	0.	0.
DIRECTOR	2.00	y						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	ıstees. Kev Eı	npla	ovee	s. a	nd F	liah	est	Compensated Employ		3970
(A) Name and title	(B) Average hours			(C Pos	C) ition	ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(67) RICHARD RENNARD	0.00								•	•
DIRECTOR	2.00	Х						0.	0.	0 .
(68) SCOTT RICHARDSON										0
DIRECTOR	2.00	Х						0.	0.	0
(69) LANE RIGGS										0
DIRECTOR	2.00	Х	<u> </u>				_	0.	0.	0
(70) DAN ROBINSON	2 00	٠,							_	^
DIRECTOR CALL PRINCE PURIN	2.00	Х						0.	0.	0
(71) BRUCE RUBIN	2.00	x						0.	0.	0
DIRECTOR (72) LAURA RUIZ	2.00	^						0.	0.	U .
DIRECTOR	2.00	x						0.	0.	0
(73) JAMES RUNYAN	2.00	₽						0.	0.	U .
DIRECTOR	2.00	X						0.	0.	0
(74) C. DOUGLAS SHANNON	2.00	<u> </u>						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0 .
(75) BRIAN SMITH	2.00	1						0.	0.	0 (
DIRECTOR	2.00	X						0.	0.	0
(76) MATTHEW SMORCH		 						•		
DIRECTOR	2.00	x						0.	0.	0
(77) JAMES SPARKMAN										
DIRECTOR	2.00	x						0.	0.	0
(78) NICK SPENCER										
DIRECTOR	2.00	X						0.	0.	0
(79) DARIUS SWEET										
DIRECTOR	2.00	X						0.	0.	0
(80) TIM TAYLOR										
DIRECTOR	2.00	X						0.	0.	0
(81) STAN UENG								_	_	_
DIRECTOR	2.00	X						0.	0.	0 .
(82) RONALD WILLIAMS		_							_	-
DIRECTOR	2.00	X	<u> </u>				_	0.	0.	0.
(83) RUSS WILLMON	0.00									_
DIRECTOR	2.00	X	<u> </u>					0.	0.	0 .
(84) GARY YESAVAGE	2 00								_	^
DIRECTOR	2.00	<u> </u>	-					0.	0.	0 .
(85) MARK ZYSKOWSKI	2 00	Į.,						0.	0.	^
DIRECTOR (86) CHARLES DREVNA	2.00	┝	-	\vdash	\vdash		\vdash	0.	U •	0 .
(86) CHARLES DREVNA PRESIDENT	40.00			х				591,278.	0.	91,451

Form 990 (2011) MANUFACTO									33-011	3370
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl		Pos all t	ition		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(87) GREGORY SCOTT EXECUTIVE VICE PRESIDENT (TO AUG '11	40.00			Х				377,655.	0.	47,484.
(88) GERALD VAN DE VELDE CHIEF FINANCIAL OFFICER	40.00			Х				223,615.	0.	35,940.
(89) RICHARD MOSKOWITZ GENERAL COUNSEL (FROM DEC '11)	40.00			х				9,911.	0.	0.
(90) DAVID FRIEDMAN DIR REG AFFAIRS	40.00					х		211,682.	0.	34,497.
(91) JEFFREY HAZLE DIR REFINING TECH	40.00					х		189,855.	0.	29,065.
(92) BRENDAN WILLIAMS DIR GOVT AFFAIRS	40.00					x		198,431.	0.	33,749.
(93) JAMES COOPER	40.00					X			0.	
VP PETROCHEMICALS (94) SUSAN YASHINSKIE								186,111.		31,225.
VP MEMBER SERVICES	40.00					X		208,323.	0.	33,521.
Total to Part VII, Section A, line 1c								2,196,861.		336,932.

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Part VIII Statement of Revenue **MANUFACTURERS** 53-0115970

ı a		ii Statement of Never	iue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
t t	1 a	Federated campaigns	1a					
밀		Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events						
ar jit		Related organizations						
S, Eigh		Government grants (contribut						
Sign		All other contributions, gifts, gran	, 					
를 다	-	similar amounts not included above						
ÖĘ	a	Noncash contributions included in lines						
ag	h	Total. Add lines 1a-1f						
Ť		Totall / tot		Business Code				
o	2 a	MEETINGS		900099	6578045.			6,578,045.
흥기	b	MEMBERGHER DHE		900099	6199400.	6199400.		, ,
Program Service Revenue	c	CUDDI EMEMBAT DU		900099	1556000.	1556000.		
E S		PUBLICATIONS		511190	125,752.	125,752.		
ğ	٠ ۵	SAFETY STATISTI	CS AND	900099	31,360.	31,360.		
۲	f	All other program service reve			0=7000	0=7000		
	g g				14,490,557.			
\neg	3	Investment income (including	dividends intere	est and	, ,			
	·	other similar amounts)			446,639.			446,639.
	4	Income from investment of tax			•			,
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	()	(.,,				
	b							
	С	Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	14,337,678.	(4) = 1.121				
	b	Less: cost or other basis						
		and sales expenses	14,194,110.					
	С	Gain or (loss)	4.40 = 60					
		Net gain or (loss)			143,568.			143,568.
ø		Gross income from fundraising						-
ğ	-	including \$	-					
e e		contributions reported on line						
Other Revenu		Part IV, line 18	,					
the	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold						
		: Net income or (loss) from sale						
İ		Miscellaneous Revenu		Business Code				
İ	11 a	OTHER		900099	1,490.			1,490.
	b							
	С	;						
	d	All other revenue						
	е	Total. Add lines 11a-11d			1,490.			
	12	Total revenue. See instructions.		•	15,082,254.	7912512.	0.	7,169,742.

AMERICAN FUEL AND PETROCHEMICAL **MANUFACTURERS**

Form 990 (2011)

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),

	orete columns (b), (c), and (b).				
	Check if Schedule O contains a respor	nse to any question in th	is Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,377,334.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,655,502.			
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	214,545.			
9	Other employee benefits	572,980.			
10	Payroll taxes	275,147.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	20,482.			
С	Accounting	62,124.			
d	Lobbying	373,627.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	1,115,074.			
12	Advertising and promotion	4,316.			
13	Office expenses	341,799.			
14	Information technology	50,397.			
15	Royalties				
16	Occupancy	554,471.			
17	Travel	253,562.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 501			
19	Conferences, conventions, and meetings	2,521,931.			
20	Interest				
21	Payments to affiliates	010 064			
22	Depreciation, depletion, and amortization	219,364.			
23	Insurance	77,412.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	LOW CARBON FUELS STANDA	1,572,932.			
b	GENERAL OPERATING EXPEN	118,092.			
С	DUES AND SUBSCRIPTIONS	82,783.			
d	STATISTICS	53,654.			
е	All other expenses	36,254.			
25	Total functional expenses. Add lines 1 through 24e	13,553,782.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	300.	1	300.
	2	Savings and temporary cash investments		2	1,964,182.
	3	Pledges and grants receivable, net	•	3	, , , , , ,
	4	Accounts receivable, net		4	480,745.
	5	Receivables from current and former officers, directors, trustees, key			
	"	employees, and highest compensated employees. Complete Part II			
				5	
	6	of Schedule L Receivables from other disqualified persons (as defined under section			
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ţ	,			7	
Assets	7	Notes and loans receivable, net		8	
⋖	8	Inventories for sale or use	1 333 631	9	427,623.
	9	Prepaid expenses and deferred charges	. 333,034.	9	427,025.
	lua	Land, buildings, and equipment: cost or other			
	Ι.	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,075,017 10b 829,786	1,128,016.	10c	1 245 231
	1		2 - 2 2 2 - 2	110	1,245,231. 9,696,068.
	11	Investments - publicly traded securities		_	3,030,000.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	. 271 127	14	296,854.
	15	Other assets. See Part IV, line 11		15	14,111,003.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4 4 4 4 4 4 4 4 4	16	
	17	Accounts payable and accrued expenses	· -	17	2,656,860.
	18	Grants payable		18	4,086,206.
	19	Deferred revenue	•	19	4,000,200.
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ij	22	Payables to current and former officers, directors, trustees, key employees,			
<u>ia</u>		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	1 201 004		1 015 150
		Schedule D	1,281,884.	25	1,215,152.
	26	Total liabilities. Add lines 17 through 25	6,872,519.	26	7,958,218.
		Organizations that follow SFAS 117, check here X and complete			
Ses		lines 27 through 29, and lines 33 and 34.	F 064 F10		E 004 E00
<u>a</u> n	27	Unrestricted net assets	5,864,519.	27	5,894,592.
Ва	28	Temporarily restricted net assets	275,125.	28	258,193.
nd	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here and			
Š		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	6 150 505
~	33	Total net assets or fund balances	1 12 212 162	33	6,152,785.
	34	Total liabilities and net assets/fund balances	13,012,163.	34	14,111,003.

14,111,003. Form **990** (2011)

AMERICAN FUEL AND PETROCHEMICAL MANUFACTURERS

Form 990 (2011)
Part XI Rec

53-0115970 Page **12**

Pa	Heconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>	<u></u>	X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,08			
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,55 1,52			
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,13	9,6	44.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<1,51	5,3	31.	
6						
Pa	rt XII Financial Statements and Reporting				\equiv	
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b			

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From income Tax onder Section 30 I(c) and Section 327

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 35c (Proxy Tax), then

Section 501(c)(4), (5), or (6) organ		CHEMICAL.	Empl	over identification number
		OIIDIII OIID		=
		ler section 501(c) o	or is a section 527 o	
2 Political expenditures	·		▶\$	0.
Part I-B Complete if the	organization is exempt und	ler section 501(c)(3	3).	
2 Enter the amount of any excise t	ax incurred by organization manag	ers under section 4955	▶\$	
				Yes No
	rachization is exampt une	lor postion 501(s)	execut eastion FO1/	0/(2)
•	<u> </u>		<u> </u>	, , ,
•	•	•		0.
			· · · · · ·	
			▶\$	
4 Did the filing organization file Fo	rm 1120-POL for this year?			Yes No
made payments. For each organ contributions received that were	ization listed, enter the amount pai promptly and directly delivered to	d from the filing organiza a separate political orga	ation's funds. Also enter th nization, such as a separa	e amount of political
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures				
			_	100 101
ACTION COMMITTEE	20006	53-0115970	0.	102,121.

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-E7) 2011 MANUFACTURERS

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Part II-A Complete if the org	ganizatio	on is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768	7113370 Page 2
(election under sec		• • • • • • • • • • • • • • • • • • • •		5		
				n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and sha		, ,	expenditures). nd "limited control" pro	wisions apply		
Limi	its on Lobl	oying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to infl	-					
c Total lobbying expenditures (add I						
d Other exempt purpose expenditur						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ent						
If the amount on line 1e, column (a) of			bying nontaxable am			
Not over \$500,000	(, -		the amount on line 1e			
Over \$500,000 but not over \$1,00	0.000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17			00 plus 5% of the exce			
Over \$17,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1,000,0				
		Ψ.,σσσ,				
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze	•					•
reporting section 4911 tax for this			· ·		[Yes No
	,		eraging Period Under			
(Some organiz	zations tha			n do not have to comp	olete all of the five	
co	olumns be	low. See th	e instructions for line	es 2a through 2f on pa	ıge 4.)	
	Lobk	ying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
	1		1	1		1

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

53-0115970 Page 3

Schedule C (Form 990 or 990-EZ) 2011 MANUFACTURERS 53-011595 | 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)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	5044	(=\		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1	7,599	7,400.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	1,831	L,649.
	Carryover from last year				5,892.
	Total			1,484	757.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			2,777	7,826.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4	<129	3069.
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information		•		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-C,	art II-A; and	Part II-B, lir	ne 1. Also, o	complete
	part for any additional information. RT I-A, LINE 1:				
то	PROVIDE INDIVIDUALS WITH THE OPPORTUNITY TO CONTRI	BUTE T	O THE		
SUI	PPORT OF CANDIDATES FOR FEDERAL OFFICE WHO HAVE DEM	ONSTRA	TED C	ONCERI	1
FOI	R THE INTERESTS OF THE PETROCHEMICAL AND REFINING I	NDUSTR	IES T	HROUGI	ł

THE NPRA POLITICAL ACTION COMMITTEE.

53-0115970 Page 4 Schedule C (Form 990 or 990-EZ) 2011 MANUFACTURERS Part IV | Supplemental Information (continued) PART I-C CONTINUATION: NPRA POLITICAL ACTION COMMITTEE 1667 K STREET, N.W., SUITE 700 WASHINGTON, DC 20006 EIN: 53-0115970 COL (D) AMOUNT: 0. COL (E) AMOUNT: 102121. PART I-C, LINE 5: CONTRIBUTIONS RECEIVED BY AFPM AND TRANSFERRED TO NPRA PAC, A SEPARATE SEGREGATED FUND.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization AMERICAN FUEL AND PETROCHEMICAL MANUFACTURERS

 $\begin{array}{c} \textbf{Employer identification number} \\ 53-0115970 \end{array}$

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
Pai	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			l I
С	Number of conservation easements on a certified historic str		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year >		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	the year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pai	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

AMERICAN FUEL AND PETROCHEMICAL MANUFACTURERS

Schedule D (Form 990) 2011

53-0115970 Page 2

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	or Othe	r Simila	ar Asse	ts (cont	inued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at are a siç	gnificant	use of its	collectio	n items	S
	(check all that apply):										
а	Public exhibition	d	ı <u> </u>	oan or exc	hange progra	ams					
b	Scholarly research	е	, 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	ion's exen	npt purpo	ose in Par	t XIV.		
5	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 ma	aintained as part of t	the orgar	nization's co	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for d	contribution	s or other as	sets not i	ncluded		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Pai	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10).				
		(a) Current year	(b) Pi	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Fou	r years l	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
С	Temporarily restricted endowment										
	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posse		ation tha	t are held a	nd administe	ered for th	e organiz	zation			
	by:	· ·					Ū			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	lule R?					3b		
4	Describe in Part XIV the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	nent. See Form 990), Part X,	line 10.							
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	k value)
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements			1,13	5,215.	3	98,4	20.	73	6,79	95.
	Equipment				3,653.	1	66,8	86.	14	6,76	57.
	Other				6,149.		64,4			1,66	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	nn (B), line 1	0(c).)				1,24	5,23	31.

Schedule D (Form 990) 2011

53-0115970 Page **3**

Part	VII Investments - Other Securities. Se	e Form 990, Part X, I	ine 12.		
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
(1) Fin	ancial derivatives				
(2) Clo	sely-held equity interests				
(3) Oth	er				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
(I)					
$\overline{}$	Col (b) must equal Form 990, Part X, col (B) line 12.)				
	VIII Investments - Program Related. Se	ee Form 990. Part X.	line 13.		
				(c) Method of valua	tion:
	(a) Description of investment type	(b) Book value	Cos	st or end-of-year mar	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
T-1-1 //					
	Col (b) must equal Form 990, Part X, col (B) line 13.)	15			
Part	IX Other Assets. See Form 990, Part X, line				(h) Book value
Part	IX Other Assets. See Form 990, Part X, line	15. Description			(b) Book value
Part (1)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line (a) Column (b) must equal Form 990, Part X, col (B) line	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line (a) Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X,	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1.	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability	Description	(b) Book value		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes	Description	. , ,		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION	Description	296,854.	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	296,854. 456,149.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION	Description e 15.) line 25.	296,854.	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	296,854. 456,149.	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5) (6)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	296,854. 456,149.	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5) (6) (7)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	296,854. 456,149.	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5) (6) (7) (8)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	296,854. 456,149.	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5) (6) (7) (8) (9)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	296,854. 456,149.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5) (6) (7) (8)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	296,854. 456,149.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	296,854. 456,149. 462,149.		

53-0115970 Page 4 **MANUFACTURERS** Schedule D (Form 990) 2011

Pa	rt XI	Reconciliation of Change in Net Assets from Form 990 to	o Audite	ed Finan	cial S	tateme		
1	Total	revenue (Form 990, Part VIII, column (A), line 12)			1			82,254.
2		expenses (Form 990, Part IX, column (A), line 25)			2		13,5	553,782.
3		ss or (deficit) for the year. Subtract line 2 from line 1			3			28,472.
4		nrealized gains (losses) on investments			4			300,641.>
5		ted services and use of facilities			5			
6		tment expenses			6			
7		period adjustments			7			
8		(Describe in Part XIV.)			8		<1,2	214,690.
9		adjustments (net). Add lines 4 through 8			9			515,331.
10		ss or (deficit) for the year per audited financial statements. Combine lines 3 a			10			13,141.
		Reconciliation of Revenue per Audited Financial Statement				er Retu		-
1		revenue, gains, and other support per audited financial statements						883,734.
2		ints included on line 1 but not on Form 990, Part VIII, line 12:						
а		nrealized gains on investments	2a	<30	0,64	1.		
b		ted services and use of facilities						
c		veries of prior year grants						
d		(Describe in Part XIV.)		10	2,12	21.		
e		ines 2a through 2d				20	<1	.98,520.>
3		act line 2e from line 1						82,254.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:				<u> </u>	,	02,2011
а		tment expenses not included on Form 990, Part VIII, line 7b	4a					
b		(Describe in Part XIV.)						
C						4		0.
5		nes 4a and 4b revenue. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>)				5		82,254.
		Reconciliation of Expenses per Audited Financial Statem			nses			02,2314
1		expenses and losses per audited financial statements				1		341,017.
2		ints included on line 1 but not on Form 990, Part IX, line 25:				···· '		711,017
a		ted services and use of facilities	2a					
b		year adjustments						
6			1 - 1					
d		(Describe in Part XIV.)		7	2,54	5.		
e		ines 2a through 2d				20		72 545.
3		•				2	14.7	72,545.
		act line 2e from line 1 Ints included on Form 990, Part IX, line 25, but not on line 1 :					, ++,,	00,172.
4		tment expenses not included on Form 990, Part VIII, line 7b	امدا					
a		(5)	4.	<1,21	4 60	00		
		(Describe in Part XIV.)					_1 _1 2	214,690.
		ines 4a and 4b						$\frac{114,000.5}{553,782.}$
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information				5) 13,3	755,702.
			00 Cara d	l 4- D-	t. IV / II:-		l Ol Dt \	/ line 4: Deat
		nis part to provide the descriptions required for Part II, lines 3, 5, and 9; Part						
		rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com 【, LINE 2: MANAGEMENT HAS CONCLUDED THA						ion.
LVI	\	1, DINE 2. MANAGEMENT HAS CONCLODED THA	71 1/1	VY VIA	, FAC	, IIV A	, m	
DD/	סשסו	LY MAINTAINED THEIR EXEMPT STATUS AND	типро	7 ADE	NO I	INCEE	יי זאד איי	יא ע
FIX) F Li I	HI MAINIAINED INEIK EXEMPT STATOS AND	THEKI	מאא ב	IVO C	исы	(IVIII I	
DΩ	דיידי	ONS AS OF DECEMBER 31, 2011 AND 2010.						
FU) T T T	ONS AS OF DECEMBER 31, ZUIT AND ZUIU.						
ד ג כד	от v	T I THE O OMITED ADTICOMENTS.						
rAl	7.T. X	I, LINE 8 - OTHER ADJUSTMENTS:						
ים ג	\T m +	ONAL DENGTON OUADOR (DENGETO)					1 1	11 600
AUI	λΤ.I.T	ONAL PENSION CHARGE (BENEFIT)					-I,Z	214,690.

53-0115970 Page 5 **MANUFACTURERS** Schedule D (Form 990) 2011 Part XIV Supplemental Information (continued) PAC REVENUE 102,121. PART XIII, LINE 2D - OTHER ADJUSTMENTS: PAC DISBURSEMENTS 72,545. PART XIII, LINE 4B - OTHER ADJUSTMENTS: ADDITIONAL PENSION BENEFIT -1,214,690.

SCHEDULE J (Form 990)

Compensation Information

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions. AMERICAN FUEL AND PETROCHEMICAL

. Inspection

MANUFACTURERS Part I Questions Regarding Compensation Employer identification number 53-0115970

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Device the control of the control of the Control of the Control of the control of the Control of			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4a	х	
a	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b	X	
D	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The storage of lines 4a o, list the persons and provide the applicable amounts for each term in that the			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	1

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

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	(i)	470,000.	110,000.	11,278.	76,850.	14,601.	682,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	209,375.	40,000.	128,280.	33,642.	13,842.	425,139.	0.
2 GREGORY SCOTT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	200,000.	20,000.	3,615.	22,000.	13,940.	259,555.	0.
3 GERALD VAN DE VELDE	(ii)	198,000.	13,000.	0. 682.	17,935.	0. 16,562.	0. 246,179.	0.
4 DAVID FRIEDMAN	(i) (ii)	190,000.	13,000.	002.	17,933.	10,362.	240,179.	0.
4 DAVID TRIBDIMIN	(i)	180,000.	8,000.	1,855.	15,980.	13,085.	218,920.	0.
5 JEFFREY HAZLE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	180,000.	17,500.	931.	16,788.	16,961.	232,180.	0.
6 BRENDAN WILLIAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	170,000.	12,500.	3,611.	18,250.	12,975.	217,336.	0.
7 JAMES COOPER	(ii)	0.	0.	0.	0.	0.	0.	0.
GUGAN VAGUTNGVIT	(i)	185,000.	20,000.	3,323.	20,500.	13,021.	241,844.	0.
8 SUSAN YASHINSKIE	(ii)	0.	0.	0.	0.	0.	0.	0.
0	(i) (ii)							
9	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
14	(i) (ii)							
17	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2011

MANUFACTURERS

53-0115970 Page 3 Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINES 4A-B: CONTRIBUTION TO DEFERRED COMPENSATION PLAN \$44,388 CHARLES DREVNA GREGORY SCOTT SEVERANCE \$125,625

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

AMERICAN FUEL AND PETROCHEMICAL MANUFACTURERS

Employer identification number 53-0115970

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SCIENTIFIC INFORMATION AND STATISTICS RELATING TO THE PETROLEUM REFINING AND PETROCHEMICAL MANUFACTURING INDUSTRIES. -SERVING AS AN EFFECTIVE CHANNEL OF COMMUNICATION OF INDUSTRY INFORMATION AMONG MEMBERS, OTHER ASSOCIATIONS, THE GOVERNMENT, AND THE PUBLIC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND THE PUBLIC TO PROMOTE POLICIES THAT BALANCE ENERGY SUPPLY NEEDS WITH ENVIRONMENTAL GOALS, FACILITATE TECHNICAL ADVANCEMENT AND CONTINUED PROGRESS IN SAFETY, ENVIRONMENTAL PERFORMANCE AND SECURITY, IN PART THROUGH WORLD-CLASS MEETINGS AND CONFERENCES SEVERAL OF WHICH ARE THE FOREMOST INDUSTRY MEETINGS IN THE WORLD. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: REPUTATIONAL ENHANCEMENT, BUSINESS ENHANCEMENT, ASSOCIATION FORM 990, PART VI, SECTION A, LINE 6: AFPM HAS OVER 450 MEMBER COMPANIES. FORM 990, PART VI, SECTION A, LINE 7A: THE AFPM BOARD OF DIRECTORS IS COMPRISED OF REPRESENTATIVES FROM EACH OF ITS REGULAR MEMBERS. FORM 990, PART VI, SECTION A, LINE 7B: EACH PETROCHEMICAL AND REFINERS

MEMBER COMPANY HAS ONE VOTE WHICH PERTAINS TO THE ISSUE BEING VOTED ON.

AFPM BOARD MEMBERS APPROVE APPOINTED MEMBERS OF THE EXECUTIVE COMMITTEE;

ANNUAL BUDGETS; ALTERATIONS/REVISIONS IN THE ASSOCIATION'S BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11: THE CHIEF FINANCIAL OFFICER (CFO)

AND ACCOUNTING MANAGER (AM) REVIEW THE UNAPPROVED FORM 990 AT A SCHEDULED

MEETING AND SUBMIT REVISIONS AND/OR QUESTIONS TO THE CONTRACTED AUDITING

FIRM (JOHNSON LAMBERT). THE FORM 990 FORM IS RETURNED TO THE CFO AND AM

WITH REVISIONS (IF ANY) AND SUBMITTED BACK TO THE AUDITING FIRM AS APPROVED

AND THE FINAL VERSION IS REVIEWED WITH THE PRESIDENT FOR HIS SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 12C: AFPM PROVIDES THE POLICY TO

ORGANIZATION PERSONNEL ANNUALLY AND MONITORS THE ADDITION OF NEW VENDORS

AND COMPANY RELATED TRAVEL.

FORM 990, PART VI, SECTION B, LINE 15: INDEPENDENT SALARY SURVEY OF KEY

POSITIONS WAS COMMISSIONED AND THE EXECUTIVE COMPENSATION IS VOTED ON BY

THE EXECUTIVE COMMITTEE REVIEW BOARD ON AN ANNUAL BASIS. PRESIDENT'S SALARY

AND BONUS WERE RECOMMENDED AND APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990 AMENDED RETURN

FORM 990 WAS AMENDED TO RESTATE THE COMPENSATION OF ONE OF THE

ORGANIZATION'S OFFICERS WHICH WAS ERRONEOUSLY PRESENTED IN THE

ORIGINALLY FILED RETURN.

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

NET UNREALIZED LOSSES ON INVESTMENTS:

-300,641.

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization AMERICAN FUEL AND PETROCHEMICAL	Page 2 Employer identification number		
MANUFACTURERS	53-0115970		
ADDITIONAL PENSION CHARGE (BENEFIT)	-1,214,690.		
TOTAL TO FORM 990, PART XI, LINE 5	-1,515,331.		

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)

Open to Public

OMB No. 1545-0047

Inspection

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

MASHINGTON, DC 20036	Α	For the	2010 calendar year, or tax year beginning	and ending				
Take water Color Business As Samurbar and street (or P.0. how it mail is not delivered to street address) Room/sults 7.00 2.02-457-0.480 2.02-457-0.480 2.02-457-0.480 Room/sults R	В	applicable:	NATIONAL PETROCHEMICAL & REFINERS		D Employer identifi	D Employer identification number		
Month Dong Business As No. Total number of street of P.O. box if mails not delivered to street address) Room/suite E Telephone number 1657 K STREET, N.W. Cores research \$\frac{1}{2}\$ 23, 238, 813. Room/suite E Telephone number SAME AS C ABOVE No. Total number of principal officer. CHARLES T. DREVNA SAME AS C ABOVE No. Total number of principal officer. CHARLES T. DREVNA SAME AS C ABOVE No. Total number of principal officer. CHARLES T. DREVNA H(b) No. attach a list (see instructions) J Websites WWW.NPRA.ORG H(c) Group exempton number No. * H(c)	change		ASSOCIATION					
Number and street (of P.L. look if half is not delivered to street address) Protections Protection P	L	change			53-0	115970		
City or town, state or country, and 2/P + 4 WASHINGTON, DC 20036 Finame and address of principal officer-CHARLES T. DREVNA SAME AS C ABOVE Take exempt status: 50(0(3) XL 50(1) €) ◀ (insert no.) 4947(a)(1) or 122 If no, the form of ungranization: LC Corporation	L		Number and street (or P.O. box if mail is not delivered to street address)					
Tay or town, state of country, and 2 P+ 3		Termin- ated	1667 K STREET, N.W.	700	202-			
MASHINGTON, DC 20036		Amende return	d City or town, state or country, and ZIP + 4			G Gross receipts \$ 23,238,813.		
Finame and address of principal officer. FIRALIES T. DREVNA Finalities Final		⊥ltion			H(a) Is this a group re	eturn		
SAME AS C ABOVE Taxexempt status		pending			for affiliates? Yes X No			
Tax-exempt status					H(b) Are all affiliates included? Yes No			
Website: WWW. NPRA. ORG					→ ` ′			
Form of organization:						,		
Breifty describe the organization's mission or most significant activities:				L Yea				
Birefly describe the organization's mission or most significant activities: —PROMOTING THE GENERAL WELFARE OF ITS MEMBERS BY GATHERING AND DISSEMINATING HISTORICAL AND Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 991				•	•	•		
OF ITS MEMBERS BY GATHERING AND DISSEMINATING HISTORICAL AND 2 Check this box ▶	_		riefly describe the organization's mission or most significant activities:	PROMOTIN	G THE GENERA	L WELFARE		
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8 Contributions and grants (Part VIII, line 1h) 2,105,300. 0. 9 Program service revenue (Part VIII, line 2g) 9,380,679. 13,756,7114. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7-761,038. 5597,945. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,070. 16,884. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 10,728,011. 14,371,543. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,030,482. 5,521,247. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 18 Total fundraising expenses (Part IX, column (A), line 11e) 0. 0. 19 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,495,099. 13,696,245. 19 Revenue less expenses. Subtract line 18 from line 12 7-767,088. 675,298. 10 Total assets (Part X, line 16) 8 8 8 8 6 75,298. 10 Total assets (Part X, line 16) 10,793,000. 13,012,163. 21 Total liabilities (Part X, line 26) 6,034,692. 6,872,519. 22 Net assets or fund balances. Subtract line 21 from line 20 4,758,308. 6,139,644. Part II Signature Block Therefore the complete 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. Primit Type or print name and title Print/Type preparer's name Preparer's signature Priparer Firm's name JOHNSON LAMBERT & CO. LLP Firm's saddress 700 SPRING FOREST ROAD, STE 115								
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Here CHARLES T. DREVNA, PRESIDENT Type or print name and title Print/Type preparer's name Preparer Firm's name JOHNSON LAMBERT & CO. LLP Use Only Firm's address ▶ 700 SPRING FOREST ROAD, STE 115	Sig	_{in}	Signature of officer		Date			
Type or print name and title Print/Type preparer's name Print/Type preparer's name Preparer Firm's name JOHNSON LAMBERT & CO. LLP Use Only Firm's address 700 SPRING FOREST ROAD, STE 115	Here CHARLES T. DREVNA, PRESIDENT							
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	Use			115				
RALEIGH, NC 27609 Phone no. 919-719-6400			RALEIGH, NC 27609		Phone no. 9	19-719-6400		
May the IRS discuss this return with the preparer shown above? (see instructions)	<u>М</u> а	y the IRS						

Other program services. (Describe in Schedule O.)

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

Total program service expenses

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5	Х	
6	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5	21	
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			¯
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ _{3,7}
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20a		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
~	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		_	_	_

53-0115970

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

Note. All Form 990 filers are required to complete Schedule O

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Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V										
			Yes	No							
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable										
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0										
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
	(gambling) winnings to prize winners?	1c	Х								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 36										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X							
b	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O										
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country: ►										
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible?	6a	Х								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b	Х								
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a									
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?										
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting										
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the organization make any taxable distributions under section 4966?	9a									
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
a	Gross income from members or shareholders 11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
40	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note. See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
_	organization is licensed to issue qualified health plans 13b										
	Enter the amount of reserves on hand	44-		X							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a									
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b									

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to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

ASSOCIATION 53-0115970 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response to any question in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1									
b	Enter the number of voting members included in line 1a, above, who are independent1b	1									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			٠,,							
	of officers, directors or trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>4</u> 5		X							
5	0 , 0										
6	Does the organization have members or stockholders?	6	X								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Х								
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
	by the following:										
а	The governing body?	8a	X	<u> </u>							
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
	Does the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with those of the organization?	10b		37							
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	Х								
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ								
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	40h	Х								
_	to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	21	 							
C		12c	Х								
13	In Schedule O how this is done Does the organization have a written whistleblower policy?	13	X	 							
14	Does the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
	Other officers or key employees of the organization	15b	X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	tor									
	public inspection. Indicate how you make these available. Check all that apply.										
10	Own website Another's website X Upon request	nd fi	neiel								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.	nu iina	nciai								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨									
20	GERALD VAN DE VELDE – 202-457-0480	LIOII.									
	1667 K STREET, NW, WASHINGTON, DC 20006										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E) Reportable compensation from related organizations	(F)
Name and Title	Average			Pos				Reportable		Estimated
	hours per week (describe	director	heck	all		арр		compensation from the		amount of other compensation
	hours for related organizations in Schedule O)	ustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
WILLIAM R. KLEESE									_	_
CHAIRMAN	5.00	X		Х				0.	0.	0.
BILL FINNERTY									_	
VICE CHAIRMAN	5.00	X		Х				0.	0.	0.
JAMES MAHONEY		l								•
PAST CHAIRMAN	5.00	Х		Х				0.	0.	0.
RICHARD MEEKS	F 00									0
TREASURER	5.00	Х		Х				0.	0.	0.
KEVIN W. BROWN	F 00	,,		٦,					_	0
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
LYNN ELENHANS	E 00	<u>.</u>		х				0.	0.	0
VICE PRESIDENT GREG GARLAND	5.00	Х		_				0.	0.	0.
VICE PRESIDENT	5.00	x		х				0.	0.	0.
GARY HEMINGER	3.00	₽		_				0.	0.	0.
VICE PRESIDENT	5.00	X		Х				0.	0.	0.
MIKE JENNINGS	3,00							-	•	
VICE PRESIDENT	5.00	x		х				0.	0.	0.
VINCE J. KELLEY		 						•		
VICE PRESIDENT	5.00	x		х				0.	0.	0.
JACK LIPINSKI										
VICE PRESIDENT	5.00	x		х				0.	0.	0.
DENNIS SEITH										
VICE PRESIDENT	5.00	X		Х				0.	0.	0.
CHARLES SHAVER										
VICE PRESIDENT	5.00	X		Х				0.	0.	0.
JERRY WASCOM										
VICE PRESIDENT	5.00	X		Х				0.	0.	0.
JERRY C. WELCH										
VICE PRESIDENT	5.00	X		Х				0.	0.	0.
LAWRENCE ZIEMBA										
VICE PRESIDENT	5.00	X		Х				0.	0.	0.
SHAWN ABRAMS									_	_
DIRECTOR	2.00	X	1	l	l	1	1	0.	0.	0.

Part VII Section A. Officers, Directors, T (A)	(B)		_ ,		C)	5'		(D)	(E)	(F)
Name and title	Average			-	itior	1		Reportable	(∟) Reportable	Estimated
name and title	hours per	(c	heck				ıly)	compensation	compensation	amount of
	week	H				Γ	<u>, , , , , , , , , , , , , , , , , , , </u>	from	from related	other
	(describe	director						the	organizations	compensation
	hours for	e or di	tee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	trustee or	nstitutional trustee		ee Ge	mpen		(W-2/1099-MISC)		organization
	in Schedule	dualt	utiona	<u>.</u>	mplo)	st co	ъ			and related organizations
	O)	Individual	Institu	Officer	Key employee	Highest compensated employee	Бm			organizations
BRIAN J. AMES										
DIRECTOR	2.00	x						0.	0.	0
BILL A. ANDERSON										
DIRECTOR	2.00	X						0.	0.	0 .
CHUCK ANDERSON										
DIRECTOR	2.00	X						0.	0.	0
RAYMON C. BARLOW										
DIRECTOR	2.00	Х						0.	0.	0
TERRY BEGLEY										
DIRECTOR	2.00	Х						0.	0.	0
WILLIAM P. BROWN										
DIRECTOR	2.00	X						0.	0.	0
TERRY BURLESON								_	_	_
DIRECTOR	2.00	X						0.	0.	0
STEVEN D. BURTCH									_	
DIRECTOR	2.00	X				<u> </u>		0.	0.	0 .
JEFFREY BYRNE		l								
DIRECTOR	2.00	X						0.	0.	0
1b Sub-total								0.	0.	0
c Total from continuation sheets to Part	VII, Section A							2,006,153.	0.	314,776
d Total (add lines 1b and 1c)						<u> </u>		2,006,153.	0.	314,776
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 in reportable	4
compensation from the organization										14
									1	Yes No
3 Did the organization list any former office										
line 1a? If "Yes," complete Schedule J for	such individual									3 X

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No	
3		X	
4	X		

Х

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SIDLEY AUSTIN, LLP		
1501 K STREET NW, WASHINGTON, DC 20005	LEGAL SERVICES	542,891.
FINANCIAL DYNAMICS INTERNATIONAL LIMITED		
1101 K STREET, 9TH FL, WASHINGTON, DC 20005	CONSULTING SERVICES	487,741.
CROWELL MORING, 1001 PENNSYLVANIA AVE NW,		
WASHINGTON, DC 20004	LEGAL SERVICES	330,208.
AV TECHNICAL SERVICES		
1211 E HOUSTON ST, SAN ANTONIO, TX 78205	TECHNICAL SUPPORT	256,691.
PRISM PUBLIC AFFAIRS		
1399 NEW YORK AVE, WASHINGTON, DC 20005	PR SERVICES	250,194.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 in compensation from the organization		

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Part VII Section A. Officers, Directors, Tru		mple	oyee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)		
(A) Name and title	(B) Average hours			(C Posi	C) ition	ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
ALAN J. CABODI	0.00								•	•	
DIRECTOR	2.00	Х						0.	0.	0	
NICHOLAS N. CARTER		l									
DIRECTOR	2.00	Х						0.	0.	0	
PETER CELLA									0		
DIRECTOR	2.00	Х						0.	0.	0	
ALBERT CHAO	2 00	١,,							^	_	
DIRECTOR	2.00	X						0.	0.	0	
KENNETH F. CURRIE	2.00	x						0.	0.	0	
DIRECTOR H. DON DAVIS	2.00	^						0.	0.	0 .	
DIRECTOR	2.00	x						0.	0.	0 .	
F.R. DE CERQUIERA NETO	2.00	┢						0.	0.	U .	
DIRECTOR	2.00	x						0.	0.	0	
SYLVIAN DE LESCAZES	2.00	1						0.	0.	0 .	
DIRECTOR	2.00	x						0.	0.	0.	
FRED DOHMANN	2.00	1						0.	0.	0 .	
DIRECTOR	2.00	x						0.	0.	0 .	
STEVE DOUGLAS	1 2000	┢▔									
DIRECTOR	2.00	x						0.	0.	0	
NIGEL DUNN								-			
DIRECTOR	2.00	x						0.	0.	0	
MIKE DUSTERHOFF											
DIRECTOR	2.00	X						0.	0.	0 .	
MIKE EBERT											
DIRECTOR	2.00	X						0.	0.	0 .	
PAUL EISMAN											
DIRECTOR	2.00	Х						0.	0.	0	
JOEL ELSTEIN											
DIRECTOR	2.00	Х						0.	0.	0	
CLINT ENSIGN											
DIRECTOR	2.00	Х						0.	0.	0 .	
AAMIR FARID		1									
DIRECTOR	2.00	X						0.	0.	0 .	
PAUL FOSTER									_	_	
DIRECTOR	2.00	Х	<u> </u>					0.	0.	0 .	
JOHN FOTHERINGHAM	2 00	١,,							•	_	
DIRECTOR	2.00	X	<u> </u>				_	0.	0.	0 .	
RAJEEV GAUTAM	2 00	,,							^	_	
DIRECTOR	2.00	X						0.	0.	0.	

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (F) (B) (E) Position Reportable Name and title Average Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other week the organizations compensation ndividual trustee or director organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization Highest compensated nstitutional trustee and related Key employee organizations Former Officer ROBERT B. GENGELBACH DIRECTOR 2.00 | x0. 0. 0. JAS GILL 0. 0. 2.00 Х 0. DIRECTOR FREDEREC C. GREEN 2.00 x 0. 0. 0. DIRECTOR HARRY HALLORAN 2.00 X 0. DIRECTOR 0. 0. PAT HAVENER Х 2.00 0. 0. 0. DIRECTOR DAVID HUFFMAN DIRECTOR 2.00 | X 0. 0. 0. MCMILLAN HUMMEL DIRECTOR 2.00 | X 0. 0. 0. STEPHEN HUNKUS 2.00 x DIRECTOR 0. 0. 0. TERRY L. HURLBURT 2.00 | xDIRECTOR 0. 0. 0. TERRY JACKSON 2.00 X 0. 0. 0. DIRECTOR NAUSHAD JAMANI 2.00 Х 0. DIRECTOR 0. 0. HANK JEANS 0. Х DIRECTOR 2.00 0. 0. LUTHER W. JONES 2.00 X 0. 0. 0. DIRECTOR ROBERT E. KENT DIRECTOR 2.00 | x0. 0. 0. STEPHEN F. KIRK 2.00 | X 0. 0. 0. DIRECTOR DANIEL KNEPPER 2.00 X 0. DIRECTOR 0. 0. DAVID LAMP 2.00 x DIRECTOR 0. 0. 0. ZACHARY LEVINE DIRECTOR 2.00 | X 0. 0. 0. DONALD LINDLEY 2.00 Х 0. 0. 0. DIRECTOR GLENN LIOLIOS 2.00 | x0. 0. 0. DIRECTOR Total to Part VII, Section A, line 1c

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Part VII Section A. Officers, Directors, T	rustees. Kev F	mple	ovee	s. a	nd F	liah	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Posi) ition	ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JAMES S. LOVING	2 00	,,							•	0
DIRECTOR	2.00	Х						0.	0.	0
BRUCE MACKLIN	2 00	\ ,							0	0
DIRECTOR	2.00	Х						0.	0.	0
JOHN A. MATSON	2 00	٠,							0	0
DIRECTOR	2.00	Х						0.	0.	0
JOHN MCINTOSH	2.00	x						0.	0.	0
DIRECTOR RAGHU MENON	2.00	₽						0.	0.	U
DIRECTOR	2.00	x						0.	0.	0
RANDY M. NEWCOMER	2.00	<u> </u>						0.	0.	0
DIRECTOR	2.00	x						0.	0.	0
JOHN NICOLS	2.00	122						0.	0.	
DIRECTOR	2.00	x						0.	0.	0
TOM O'MALLEY	1 2000								•	
DIRECTOR	2.00	x						0.	0.	0
ROBERT PEASE		╁						•		
DIRECTOR	2.00	x						0.	0.	0
MICHAEL PESCH										
DIRECTOR	2.00	x						0.	0.	0
PURMUNDU RAI										
DIRECTOR	2.00	x						0.	0.	0
JEFF RAMSEY										
DIRECTOR	2.00	Х						0.	0.	0
RICHARD RENNARD										
DIRECTOR	2.00	X						0.	0.	0
DAN ROBINSON									_	
DIRECTOR	2.00	X						0.	0.	0
BRUCE RUBIN										
DIRECTOR	2.00	Х						0.	0.	0
LAURA RUIZ										_
DIRECTOR	2.00	Х	<u> </u>					0.	0.	0
C. DOUGLAS SHANNON	1 2 22	,,							_	^
DIRECTOR	2.00	X	<u> </u>	\vdash		_		0.	0.	0
BRIAN SMITH DIRECTOR	2.00	x						0.	0.	0
DARIUS SWEET	2.00	 ^	\vdash			_		0.	U •	U
DIRECTOR	2.00	x						0.	0.	0
MATTHEW SMORCH	2.00	╀		Н		\vdash	\vdash	"	0.	0
DIRECTOR	2.00	\ _v						0.	0.	0

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Form 990 (2010) ASSOCIA	ALTON								53-011	5970
Part VII Section A. Officers, Directors,	Trustees, Key Er	mplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours	(cl		Posi all t			ly)	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SCOTT TELESZ	2.00	x						0.	0.	0 .
DIRECTOR	2.00	^		Н				0.	0.	0 .
STAN UENG DIRECTOR	2.00	x						0.	0.	0
RONALD W. WILLIAMS	2.00			Н				0.	0.	0
DIRECTOR	2.00	Х						0.	0.	0
RUSS WILMON										
DIRECTOR	2.00	x						0.	0.	0
MARK ZYSKOWSKI										
DIRECTOR	2.00	Х						0.	0.	0 .
CHARLES DREVNA										
PRESIDENT	40.00			x				528,473.	0.	81,697
GREGORY SCOTT										
EXECUTIVE VICE PRESIDENT	40.00			Х				354,207.	0.	45,888
GERALD VAN DE VELDE										
CHIEF FINANCIAL OFFICER	40.00			Х				194,975.	0.	31,742
DAVID FRIEDMAN	40.00					l		405 000	•	20 501
DIR REG AFFAIRS	40.00					Х		195,033.	0.	32,501
JEFFREY HAZLE	40.00					х		101 000	0.	20 711
DIR REFINING TECH BRENDAN WILLIAMS	40.00			Н		^		181,980.	0.	28,711
DIR GOVT AFFAIRS	40.00					Х		177,685.	0.	32,313
JAMES COOPER	40.00							177,005.	0.	32,313
VP PETROCHEMICALS	40.00					Х		180,545.	0.	30,282
SUSAN YASHINSKIE				Н				20070101		30,202
VP MEMBER SERVICES	40.00					Х		193,255.	0.	31,642
Total to Part VII, Section A, line 1c								2,006,153.		314,776

Form 990 (2010)

ASSOCIATION

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Pa	rt VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
gran	b	Membership dues	1b					
s, c	С	Fundraising events	1c					
ar ar			1d					
in's,	е	Government grants (contribut	ions) 1e					
흔낆	f	All other contributions, gifts, gran	ts, and					
ള		similar amounts not included abo	ve 1f					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>ā</u> Ö	h	Total. Add lines 1a-1f						
				Business Code				
<u>ice</u>	2 a			900099	6150464.	5654605		6,150,464.
Program Service Revenue	b			900099	5651625.	5651625.		
n S	С		JES	900099	1807062.	1807062.		
Rev	d			511190	89,033.	89,033.		
o'L	е			900099	29,280.	29,280.		
<u>-</u>		All other program service reve		900099	29,250.	29,250.		
\dashv		Total. Add lines 2a-2f			13,756,714.			
	3	Investment income (including			110 211			110 211
		other similar amounts)			418,314.			418,314.
	4	Income from investment of tax						
	5	Royalties						
	6 -	Overe Bente	(i) Real	(ii) Personal				
		Gross Rents						
	۲. C	N						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, a	assets other than inventory	9,046,901.	(ii) Other				
	h	Less: cost or other basis	- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	~	and sales expenses	8,867,270.					
	С	Gain or (loss)	450604					
		Net gain or (loss)		•	179,631.			179,631.
_		Gross income from fundraising						,
ğ	-	including \$						
Other Revenue		contributions reported on line						
R		Part IV, line 18	-					
Ę	b	Less: direct expenses						
٥		Net income or (loss) from fund						
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sale						
ļ		Miscellaneous Revenu	e	Business Code				16 004
		OTHER		900099	16,884.			16,884.
	b							
	C	All II						
		All other revenue			16,884.			
	e 10	Total Add lines 11a-11d		💍	10,004.	7606250.	0 -	6 765 293

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).

	All other organizations must com	(A) Total expenses	(B) Program service	(C), and (I) (C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	'	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 006 000			
	trustees, and key employees	1,236,982.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 205 520			
7	Other salaries and wages	3,285,532.			
8	Pension plan contributions (include section 401(k)	044 540			
	and section 403(b) employer contributions)	244,549.			
9	Other employee benefits	498,762.			
10	Payroll taxes	255,422.			
11	Fees for services (non-employees):				
а	Management	П 000			
b	Legal	7,290.			
С	Accounting	52,159.			
d	Lobbying	764,269.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	1,025,217.			
12	Advertising and promotion	20,502.			
13	Office expenses	352,916.			
14	Information technology	61,695.			
15	Royalties	64.7.04.6			
16	Occupancy	617,316.			
17	Travel	234,333.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 460 250			
19	Conferences, conventions, and meetings	2,462,959.			
20	Interest				
21	Payments to affiliates	000 044			
22	Depreciation, depletion, and amortization	208,241.			
23	Insurance	78,174.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)	1 488 648			
а	LOW CARBON FUELS STANDA	1,477,645.			
b	E-15 PR COALITION	450,291.			
С	GENERAL OPERATING EXPEN	185,685.			
d	DUES AND SUBSCRIPTIONS	94,324.			
е	STATISTICS	54,175.			
f	All other expenses	27,807.			
25	Total functional expenses. Add lines 1 through 24f	13,696,245.			
26	Joint costs. Check here ▶ ☐ if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
				i	
	combined educational campaign and fundraising				

Part X | Balance Sheet (A) (B) Beginning of year End of year 297. 300. 1 1 Cash - non-interest-bearing 1,436,081. 2,086,946. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 46,215. 399,074. 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 202,640. 333,634. 9 9 10a Land, buildings, and equipment: cost or other 1,738,437. basis. Complete Part VI of Schedule D ______ 10a 610,421. 1,299,628. 1,128,016. b Less: accumulated depreciation 10b 10c 7,641,089. 8,793,056. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 167,050. 271,137. 15 Other assets. See Part IV, line 11 15 10,793,000. 13,012,163. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 2,369,875. 1,462,390. Accounts payable and accrued expenses 17 17 18 18 Grants payable 4,128,245. 2,462,690. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities. Complete Part X of Schedule D 1,202,127. 1,281,884. 25 25 6,034,692. 6,872,519. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,362,308. 5,864,519. 27 27 Unrestricted net assets Temporarily restricted net assets 396,000. 275,125. 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 4,758,308. 6,139,644. 33 Total net assets or fund balances 33 10,793,000. 13,012,163. 34 Total liabilities and net assets/fund balances

Form **990** (2010)

Form 990 (2010)

ASSOCIATION

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Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>			X
1 2 3 4 5 6	 Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 			,75	6,2 5,2 8,3 6,0	45. 98. 08. 38.
	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII					
	once in concedure of content of recoporate any queetion in the rate and				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	_			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
b	b Were the organization's financial statements audited by an independent accountant?				X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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) organ Name of organization NATIOI 	nizations: Complete Part III. NAL PETROCHEMICAL	c DEETMEDC	Empl	oyer identification number
	IATION	& KELINEKS	Empi	53-0115970
	organization is exempt und	der section 501(c) o	or is a section 527 o	
	anization's direct and indirect politic	cal campaign activities in	Part IV.	
Part I-B Complete if the	organization is exempt und	der section 501(c)(3	3).	
1 Enter the amount of any excise				
2 Enter the amount of any excise	tax incurred by organization manag	ers under section 4955	▶\$	
3 If the organization incurred a se-				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV. Part I-C Complete if the	organization is evenue une	dor coetion 501/o	event eastion E01/	01/21
·	<u> </u>		<u> </u>	, , ,
1 Enter the amount directly expen2 Enter the amount of the filing or				0.
•	gariization s funus contributed to of	•		0.
3 Total exempt function expenditu			······································	
			▶\$	
4 Did the filing organization file Fo				
contributions received that were	d employer identification number (Enization listed, enter the amount pair promptly and directly delivered to it. If additional space is needed, province.	id from the filing organiza a separate political orga	ation's funds. Also enter th nization, such as a separa	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
NPRA POLITICAL	WASHINGTON, DC			
ACTION COMMITTEE	20006	53-0115970	0.	79,114.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATION Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010				F04/ \/0\ : ::		1159/U Page 2
Part II-A Complete if the org	•		mpt under sectio	on 501(c)(3) and fi	ed Form 5768	
(election under sec	tion 501	(n)).				
A Check Lifthe filing organiza	•	•	• .			
B Check 🕨 📖 if the filing organiza	tion check	ed box A a	nd "limited control" pro	ovisions apply.	-	1
	ts on Lobb ditures" m		nditures ınts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence publ	ic opinion (grass roots lobbying)			
b Total lobbying expenditures to infl	uence a leç	jislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add I	ines 1a and	d 1b)				
d Other exempt purpose expenditur	es					
e Total exempt purpose expenditure	es (add line	s 1c and 1	d)			
f Lobbying nontaxable amount. Ent	er the amo	unt from th	e following table in bot	th columns.		
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (er	nter 25% of	f line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, e	nter -0				
i Subtract line 1f from line 1c. If zero	o or less, er	nter -0				
j If there is an amount other than ze	ero on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720	-	
reporting section 4911 tax for this	year?					Yes No
	zations tha	t made a s		Section 501(h) n do not have to com es 2a through 2f on pa		
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
(130% of life 2a, coldifin(e))						
c Total lobbying expenditures						
7 Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 ASSOCIATION

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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
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 			
d Mailings to members, legislators, or the public?e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
 b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 			

501(c)(6).

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

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

1	Dues, assessments and similar amounts from members	1	6,676,625.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	2,764,909.
b	Carryover from last year	2b	-755,330.
С	Total	2c	2,009,579.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	2,356,471.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4	-346,892.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

PART I-A, LINE 1:

TO PROVIDE INDIVIDUALS WITH THE OPPORTUNITY TO CONTRIBUTE TO THE

SUPPORT OF CANDIDATES FOR FEDERAL OFFICE WHO HAVE DEMONSTRATED CONCERN FOR THE INTERESTS OF THE PETROCHEMICAL AND REFINING INDUSTRIES THROUGH

THE NPRA POLITICAL ACTION COMMITTEE.

53-0115970 Page 4 Schedule C (Form 990 or 990-EZ) 2010 ASSOCIATION Part IV Supplemental Information (continued) PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION: NPRA POLITICAL ACTION COMMITTEE 1667 K STREET, N.W., SUITE 700 WASHINGTON, DC 20006 PART I-C, LINE 5: CONTRIBUTIONS RECEIVED BY NPRA AND TRANSFERRED TO NPRA PAC, A SEPARATE SEGREGATED FUND.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION

 $\begin{array}{c} \textbf{Employer identification number} \\ 53-0115970 \end{array}$

Pai	rt I	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Tota	number at end of year		
2		egate contributions to (during year)		
3		egate grants from (during year)		
4		egate value at end of year		
5		he organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
_		ne organization's property, subject to the organization's	_	
6		he organization inform all grantees, donors, and donor a		
•		naritable purposes and not for the benefit of the donor o		
		• •		
Pai		Conservation Easements. Complete if the org		
1		ose(s) of conservation easements held by the organizati	' '	
•		Preservation of land for public use (e.g., recreation or e	`	torically important land area
		Protection of natural habitat	Preservation of a certi	
		Preservation of open space	1 reservation of a certi	ned historic structure
2	Com	plete lines 2a through 2d if the organization held a qualit	iod concernation contribution in the form	of a consequation accoment on the last
2		plete liftes 2a tiffough 2d if the organization field a qualif of the tax year.	led conservation contribution in the form of	or a conservation easement on the last
	uay	of the tax year.		Held at the End of the Tax Year
_	Toto	number of concernation accoments		
a		number of conservation easements		
D		acreage restricted by conservation easementsber of conservation easements on a certified historic str		
ں ما		ber of conservation easements included in (c) acquired		
d		* * * *	*	
•		I in the National Register		2d
3		ber of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
4	year		nament is leasted	
4		ber of states where property subject to conservation ear		
5		the organization have a written policy regarding the per		Yes No
		tions, and enforcement of the conservation easements it		
6		and volunteer hours devoted to monitoring, inspecting,		
7		unt of expenses incurred in monitoring, inspecting, and		
8		s each conservation easement reported on line 2(d) above		
^		section 170(h)(4)(B)(ii)?		
9		rt XIV, describe how the organization reports conservati		
		de, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for
Dai		ervation easements. Organizations Maintaining Collections or	f Art Historical Treasures or Of	ther Similar Assets
ı aı		Complete if the organization answered "Yes" to Form		inei Olilliai Assets.
10	If the	e organization elected, as permitted under SFAS 116 (AS		pont and halance shoot works of art
Ia		rical treasures, or other similar assets held for public ext		,
				ice of public service, provide, in Part XIV,
L		ext of the footnote to its financial statements that descri		and halance about warks of art biotorical
b		e organization elected, as permitted under SFAS 116 (AS	•	
		ures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	one service, provide the following amounts
		ng to these items:		• •
		Revenues included in Form 990, Part VIII, line 1		. .
_				
2		organization received or held works of art, historical tre		gain, provide
		ollowing amounts required to be reported under SFAS 1		•
а		enues included in Form 990, Part VIII, line 1		
b	Asse	ts included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2010

ASSOCIATION

53-0115970 Page **2**

Pai	rt III Organizations Maintaining Co	llections of A	rt, Historica	Treasures, c	r Other	Similar As	ssets (con	inued)	
3	Using the organization's acquisition, accession	n, and other record	ds, check any of	the following that	t are a sigr	nificant use of	f its collection	n items	-
	(check all that apply):								
а	Public exhibition	d	l 🔲 Loan or	exchange progra	ms				
b	Scholarly research	е	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's coll-	ections and explai	in how they furth	er the organization	on's exemp	ot purpose in	Part XIV.		
5	During the year, did the organization solicit or	receive donations	of art, historical	treasures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be main	ntained as part of	the organization	's collection?			Yes		No
Pai	rt IV Escrow and Custodial Arrang	ements. Compl	ete if the organiz	ation answered "	Yes" to Fo	orm 990, Part	IV, line 9, or	,	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodian	n or other intermed	diary for contribu	utions or other as:	sets not in	cluded			i
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the fo	ollowing table:						
							Amour	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2 a	Did the organization include an amount on For	m 990, Part X, line	21?				└── Yes		No
	If "Yes," explain the arrangement in Part XIV.								
Pai	rt V Endowment Funds. Complete if t	•				-	. 1 -		
		(a) Current year	(b) Prior yea	r (c) Two year	s back (d)	Three years b	ack (e) Fou	r years b	ack_
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g									
2	Provide the estimated percentage of the year	end balance held a	as:						
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment %								
3а	Are there endowment funds not in the possess	sion of the organiz	ation that are he	eld and administe	red for the	organization			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		
b	If "Yes" to 3a(ii), are the related organizations I						3b		
4	Describe in Part XIV the intended uses of the o								
Pai	rt VI Land, Buildings, and Equipme								
	Description of investment	(a) Cost or o		Cost or other		umulated	(d) Boo	k value)
		basis (investr	Tient) ba	isis (other)	aepre	eciation			
1a	Land								
b	•		<u> </u>	125 215		1 005	<u> </u>	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	<u> </u>
	1			135,215.		34,985.		0,23	
	1 1			310,405.		9,832.		0,57	
	Other			292,817.	20)5,604.		7,21	
Total	Add lines 1a through 1e (Column (d) must equ	iai Form 990. Part	x column (R) li	ne 1()(c))			1 1.14	8.01	L D .

53-0115970 Page 3 **ASSOCIATION** Schedule D (Form 990) 2010

Part	VII Investments - Other Securities. Se	e Form 990, Part X, li	ne 12.		
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
(1) Fir	nancial derivatives				
	osely-held equity interests				
(3) Ot					
(A	· · · · · · · · · · · · · · · · · · ·				
(B					
(C					
(D					
(E)					
(F)					
(G					
(H					
(I)					
	Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part	VIII Investments - Program Related. S	ee Form 990, Part X,	line 13.		
	(a) Description of investment type	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Takal					
	Col (b) must equal Form 990, Part X, col (B) line 13.)	45			
Total.	IX Other Assets. See Form 990, Part X, line				(h) Rook valuo
Part	IX Other Assets. See Form 990, Part X, line	15. Description			(b) Book value
(1)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line (a)	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total.	(Column (b) must equal Form 990, Part X, col (B) line	Description		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total.	(Column (b) must equal Form 990, Part X, col (B) line (X) Other Liabilities. See Form 990, Part X,	Description	(b) Amount	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. Pari	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability	Description	(b) Amount		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (10) Total. Part 1. (1)	(Column (b) must equal Form 990, Part X, col (B) line (X) Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes	Description	. , ,	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (10) (10) (10) (10) (10) (10) (10) (10	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability	Description	271,137.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (Total. Part 1. (1) (2) (3)	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION	Description e 15.) line 25.	271,137. 475,642.	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. Part 1. (1) (2) (3) (4)	(Column (b) must equal Form 990, Part X, col (B) line (X) Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137.	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. Part 1. (1) (2) (3) (4) (5)	(Column (b) must equal Form 990, Part X, col (B) line (X) Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137. 475,642.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (10) (70 (10) (70 (10) (10) (10) (10) (10) (10) (10) (10	(Column (b) must equal Form 990, Part X, col (B) line (X) Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137. 475,642.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (10) (10) (10) (10) (10) (10) (10) (10	(Column (b) must equal Form 990, Part X, col (B) line (X) Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137. 475,642.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (6) (7) (8) (6) (7) (8)	(Column (b) must equal Form 990, Part X, col (B) line (X) Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137. 475,642.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (10) (10) (10) (10) (10) (10) (10) (10	(Column (b) must equal Form 990, Part X, col (B) line (X) Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137. 475,642.	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (6) (7) (6) (7) (8) (6) (7) (8) (9) (9)	(Column (b) must equal Form 990, Part X, col (B) line (X) Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137. 475,642.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	(Column (b) must equal Form 990, Part X, col (B) line (X) Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137. 475,642. 535,105.		

2. FIN 2 032053 12-20-10

Schedule D (Form 990) 2010 ASSOCIATION 53-0115970 Page **4**

	t VI Decemblistion of Change in Not Access from Form 200 to	Audita	d Einana	ial Cta		to Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to				temen	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		····	1		14,371,543.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		13,696,245.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		073,290.
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments Other (Pagerine in Part VIV)		I	7 8		706,038.
8 9	Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8			9		706,038.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		1,381,336.
	t XII Reconciliation of Revenue per Audited Financial Statemen				Retur	
1					1	14,960,221.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					, , , , ,
– a	Net unrealized gains on investments	2a	509	,563	3.	
b	Donated services and use of facilities	-		•	\dashv	
c	Recoveries of prior year grants				\dashv	
d	Other (Describe in Part XIV.)		79	,115	,	
e	Add lines 2a through 2d					588,678.
3	Subtract line 2e from line 1				. —	14,371,543.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b			\neg	
С	Add lines 4a and 4b				4c	0.
5						14,371,543.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme					urn
1	Total expenses and losses per audited financial statements				. 1	13,585,815.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses					
d	Other (Describe in Part XIV.)	2d	86	5,045	<u> </u>	
е	Add lines 2a through 2d				. 2e	86,045.
3	Subtract line 2e from line 1				. 3	13,499,770.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b	196	,475	<u> </u>	
	Add lines 4a and 4b				4c	196,475.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	13,696,245.
	rt XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines ${\bf 3}, {\bf 5},$ and ${\bf 9};$ Part III	, lines 1a	and 4; Parl	t IV, lines	3 1b and	2b; Part V, line 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl					
PAI	RT X, LINE 2: MANAGEMENT HAS CONCLUDED THAT	NPR	A AND	PAC	HAVE	1
PRO	OPERLY MAINTAINED THEIR EXEMPT STATUS AND T	HERE	ARE N	10 OI	ICERT	AIN TAX
	TITIONS 18 OF PESTADED 21 0010 117 0000					
PO:	SITIONS AS OF DECEMBER 31, 2010 AND 2009.					
T) 7, 1	OM VI IINE O OMIJED AD TIJOMNENMO.					
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:					
MITTE	O IMPERITZED CATMO /ICCORO\ OM TATROMARAMO					E00 E62
<u>МД,</u>	UNREALIZED GAINS (LOSSES) ON INVESTMENTS					509,563.
<u>A</u> DI	DITIONAL PENSION CHARGE (BENEFIT)					196,475.
י∩י	TAL TO SCHEDULE D, PART XI, LINE 8				_	706,038.
<u> - U</u>						700,000

53-0115970 Page 5 ASSOCIATION Schedule D (Form 990) 2010 Part XIV Supplemental Information (continued) PART XII, LINE 2D - OTHER ADJUSTMENTS: PAC REVENUE 79,115. PART XIII, LINE 2D - OTHER ADJUSTMENTS: PAC DISBURSEMENTS 86,045. PART XIII, LINE 4B - OTHER ADJUSTMENTS: 196,475. ADDITIONAL PENSION BENEFIT

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No. 1545-0047

Open to Public . Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

► Attach to Form 990. ► See separate instructions. NATIONAL PETROCHEMICAL & REFINERS **ASSOCIATION**

Employer identification number 53-0115970

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

Part 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.

 		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C)	(D)	(E)	(F)
		(i) Base	(ii) Bonus &	(iii) Other	Retirement and other deferred	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior
(A) Name		compensation	incentive compensation	reportable compensation	compensation		(, (, (,	Form 990 or
			Compensation	compendation				Form 990-EZ
	(i)	410,000.	110,000.	8,473.	68,900.	12,797.	610,170.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	325,000.	25,000.	4,207.	32,463.	13,425.	400,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	175,000.	16,000. 0.	3,975.	19,100.	12,642.	226,717.	0.
	(ii) (i)	182,417.	12,000.	616.	16,525.	15,976.	227,534.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	173,400.	8,000.	580.	15,419.	13,292.	210,691.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	162,500.	15,000.	185.	15,088.	17,225.	209,998.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	165,000.	12,000.	3,545.	17,700.	12,582.	210,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	175,000.	15,000.	3,255.	19,000.	12,642.	224,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i) (ii)							
	(i) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							

Part III Sup	plemental Information						
Complete this	part to provide the informa	ation, explanation, or descri	ptions required for F	Part I, lines 1a, 1b, 4c, 5a, 5b, 6	6a, 6b, 7, and 8.	Also complete this part for any addition	onal information.
PART I,	LINE 4B:						
CHARLES	DREVNA	CONTRIBUTION	TO DEFERRE	ED COMPENSATION	PLAN	\$36,438	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION

Employer identification number 53-0115970

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SCIENTIFIC INFORMATION AND STATISTICS RELATING TO THE PETROLEUM REFINING AND PETROCHEMICAL MANUFACTURING INDUSTRIES. -SERVING AS AN EFFECTIVE CHANNEL OF COMMUNICATION OF INDUSTRY INFORMATION AMONG MEMBERS, OTHER ASSOCIATIONS, THE GOVERNMENT, AND THE PUBLIC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND THE PUBLIC TO PROMOTE POLICIES THAT BALANCE ENERGY SUPPLY NEEDS WITH ENVIRONMENTAL GOALS, FACILITATE TECHNICAL ADVANCEMENT AND CONTINUED PROGRESS IN SAFETY, ENVIRONMENTAL PERFORMANCE AND SECURITY, IN PART THROUGH WORLD-CLASS MEETINGS AND CONFERENCES SEVERAL OF WHICH ARE THE FOREMOST INDUSTRY MEETINGS IN THE WORLD. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: REPUTATIONAL ENHANCEMENT, BUSINESS ENHANCEMENT, ASSOCIATION FORM 990, PART VI, SECTION A, LINE 6: NPRA HAS OVER 450 MEMBER COMPANIES. FORM 990, PART VI, SECTION A, LINE 7A: THE NPRA BOARD OF DIRECTORS IS COMPRISED OF REPRESENTATIVES FROM EACH OF ITS REGULAR MEMBERS. FORM 990, PART VI, SECTION A, LINE 7B: EACH PETROCHEMICAL AND REFINERS MEMBER COMPANY HAS ONE VOTE WHICH PERTAINS TO THE ISSUE BEING VOTED ON.

NPRA BOARD MEMBERS APPROVE APPOINTED MEMBERS OF THE EXECUTIVE COMMITTEE;

ANNUAL BUDGETS; ALTERATIONS/REVISIONS IN THE ASSOCIATION'S BYLAWS.

Employer identification number 53-0115970

FORM 990, PART VI, SECTION B, LINE 11: THE CHIEF FINANCIAL OFFICER (CFO)

AND ACCOUNTING MANAGER (AM) REVIEW THE UNAPPROVED FORM 990 AT A SCHEDULED

MEETING AND SUBMIT REVISIONS AND/OR QUESTIONS TO THE CONTRACTED AUDITING

FIRM (JOHNSON LAMBERT). THE FORM 990 FORM IS RETURNED TO THE CFO AND AM

WITH REVISIONS (IF ANY) AND SUBMITTED BACK TO THE AUDITING FIRM AS APPROVED

AND THE FINAL VERSION IS REVIEWED WITH THE PRESIDENT FOR HIS SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 12C: NPRA PROVIDES THE POLICY TO
ORGANIZATION PERSONNEL ANNUALLY AND MONITORS THE ADDITION OF NEW VENDORS
AND COMPANY RELATED TRAVEL.

FORM 990, PART VI, SECTION B, LINE 15: INDEPENDENT SALARY SURVEY OF KEY

POSITIONS WAS COMMISSIONED AND THE EXECUTIVE COMPENSATION IS VOTED ON BY

THE EXECUTIVE COMMITTEE REVIEW BOARD ON AN ANNUAL BASIS. PRESIDENT'S SALARY

AND BONUS WERE RECOMMENDED AND APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	509,563.
ADDITIONAL PENSION CHARGE (BENEFIT)	196,475.
TOTAL TO FORM 990, PART XI, LINE 5	706,038.

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)

OMB No. 1545-0047

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

Open to Public Inspection

ΑI	For the	e 2009 calendar year, or tax year beginning and end	ling		
B (Check if	Please C Name of organization		D Employer identifi	cation number
â	applicabl	use IRS NATIONAL PETROCHEMICAL & REFINERS			
	Addre chang	ss label or ASSOCIATION			
	Name chang	type		53-0	115970
	Initial return	<u> </u>	m/suite	E Telephone numbe	r
F	Termin				457-0480
F	Amen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		G Gross receipts \$	18,767,749.
F	Applic			H(a) Is this a group re	
	⊥tion pendi			for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
_	Tay ay	empt status: X 501(c) (6		` '	
		te: NWW.NPRA.ORG		H(c) Group exemptio	list. (see instructions)
		organization: X Corporation Trust Association Other	■ Voor (A State of legal domicile: DE
	art I	Summary	L Tear (n iorination. TOOT	7 State of legal doffliche. DI
' '		Briefly describe the organization's mission or most significant activities: PROMO	TTNC	тиг семера	T. WFT.FARF
Se	1	OF ITS MEMBERS BY GATHERING AND DISSEMINAT	TNC	TITE GENERA	7 MEDLYKE
Governance	1				
Æ		Check this box if the organization discontinued its operations or disposed		I	ssets.
Ĝ		Number of voting members of the governing body (Part VI, line 1a)			80
٥ŏ		Number of independent voting members of the governing body (Part VI, line 1b)			40
ţį		Total number of employees (Part V, line 2a)			0
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Total gross unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, line 34	·····		
		Operation of the state of the s		Prior Year	Current Year 2,105,300.
ne		Contributions and grants (Part VIII, line 1h)		10,600,772.	9,380,679.
Revenue		Program service revenue (Part VIII, line 2g)		7,665.	-761,038.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,005.	3,070.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,608,437.	10,728,011.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,000,437.	10,720,011.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
		Benefits paid to or for members (Part IX, column (A), line 4)		4,668,449.	5,030,482.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,000,445.	3,030,402.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			
Ä		Total fundraising expenses (Part IX, column (D), line 25)	_	6 420 042	6,464,617.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		6,430,043.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,098,492. -490,055.	
	19	Revenue less expenses. Subtract line 18 from line 12		· · · · · · · · · · · · · · · · · · ·	-767,088.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sse	20	Total assets (Part X, line 16)		9,472,643.	10,793,000.
et A	21	Total liabilities (Part X, line 26)		5,859,423.	6,034,692.
	22	Net assets or fund balances. Subtract line 21 from line 20		3,613,220.	4,758,308.
P	art II	Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	temente a	and to the hest of my knowled	ge and helief it is true, correct
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any ki	nowledge.	ind to the best of my knowled	ge and belief, it is true, correct,
				1	
Sig		Signature of officer		I Date	
Here		,		Date	
		CHARLES T. DREVNA, PRESIDENT Type or print name and title			
		I Data	I Cha	eck if Prepare	er's identifying number
Pai	d	r reparer s	self	s_ (see in:	structions)
Pre	parer's	Signature Firm's name (or TOUNGON TAMPERM C. CO. TTD.	em	ployed	
	Only	vours if UOHNSON LAMBERT & CO. LLF		EIN ▶	
	•	self-employed), address, and PALETCH NG 27600			10 710 6400
		ZIP + 4 RALEIGH, NC 27609		Phone no. ► 9	19-719-6400
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Exempt Organization Declaration and Signature for Form **8453-EO** OMB No. 1545-1879 **Electronic Filing** For calendar year 2009, or tax year beginning , 2009, and ending 2009 For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 Department of the Treasury See instructions. Internal Revenue Service Name of exempt organization NATIONAL PETROCHEMICAL & REFINERS **Employer identification number** ASSOCIATION 53-0115970 Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______1b b Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here ► 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b Part II **Declaration of Officer** I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. Sign Here Signature of officer

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements In Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	EDOID		11/15/10	Check if also paid preparer	Check if self- employed	ERO'S SSN OF PTIN PO1059941		
Use	Firm's name (or yours if self-employed),	JOHNSON LAMBERT &	CO. LLP		EIN	52-1446779		
Only	address, and ZIP code	700 SPRING FOREST	ROAD, STE	115	Pho	ne no.		
		RALEIGH, NC 27609			9	19-719-6400		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid	Preparer's signature	Date Check if self-employed	Preparer's SSN or PTIN
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code		EIN
•			Phone no.



Name: NATIONAL PETROCHEMICAL IRS Center: OGDEN e-Postmark: 11/15/2010 2:37:57

& REFINE

FEIN: 53-0115970 Refund: \$0.00 Notification:

Return His	Return History						
DCN	DATE	TYPE OF ACTIVITY	UPDATED BY				
	11/15/2010	Upload Started					
	11/15/2010	Released for Transmission - Validation in Progress	System				
	11/15/2010	Ready to transmit - Validation Complete					
	11/15/2010	Transmitted to FD					
	11/15/2010	Accepted by FD					

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	The a separate application for each return.		
	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		
	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of th iot complete Part II unless you have already been granted an automatic 3-month extension on a previously		
Pa	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and co I only		
All of	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a principle tax returns.		
noted (not a you r	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens d below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electro automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cannot submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic tirs.gov/efile and click on e-file for Charities & Nonprofits.	nically i	if (1) you want the additional lated Form 990-T. Instead.
Туре	• •	Emp	oloyer identification number
print		_	
File by	ASSOCIATION the Number street and room or suite no. If a P.O. box, and instructions	5	3-0115970
due da fillng ye return.	our 1667 K STREET N.W. NO. 700		
Instruc			
Chec	k type of return to be filed (file a separate application for each return):		-
X	Form 990 Form 990-T (corporation) Form 4	720	
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5		
	Form 990-EZ Form 990-T (trust other than above) Form 6	069	
	Form 990-PF	870	
	NPRA		
	e books are in the care of > 1667 K STREET, NW - WASHINGTON, DC 20006		
	lephone No. ► 202-457-0480 FAX No. ► 202-457-0486		
• If t	the organization does not have an office or place of business in the United States, check this box		▶ □
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	nis is fo	r the whole group, check this
box	. If it is for part of the group, check this box	l memb	pers the extension will cover.
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 16, 2010 , to file the exempt organization return for the organization named		The extension
	is for the organization's return for:		
	x calendar year 2009 or		
	tax year beginning, and ending		<u> </u>
2	If this tax year is for less than 12 months, check reason: Initial return		Change in accounting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
h	nonrefundable credits. See instructions.	3a	\$
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	.
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	30	\$
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	1/20	
	See instructions.	3c	\$ N/A
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8870	EO for payment instructions

Form	8868 (Rev. 4-2009)			Page 2	
Note	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo . Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	Form 88		. X	
Pai	rt II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies ne	eded).		
Type or print	Name of Exempt Organization NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION	Employer identification number			
File by extend due da filing th	ed Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS	use only		
return. instruc	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
Chec	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		n 5227 n 6069	Form 8870	
STOF	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly filed	Form 8868.		
Te if t if t box 4 5 6 7	I request an additional 3-month extension of time until NOVEMBER 15, 2010 . For calendar year 2009, or other tax year beginning , and ending . If this tax year is for less than 12 months, check reason: Initial return Final return State in detail why you need the extension . ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.	s is for the	ne whole grou	n is for	
b	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8a \$			
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	00		N/A	
	Signature and Verification	8c \$		H/A	
Jnder t is tru	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the le, correct, and complete, and that I am authorized to prepare this form.	best of m	y knowledge an	d belief,	
Signati	ure > Quan Con Title > CPA	Date >	7/14/2	010	
			Form 8868	(Rev. 4-2009)	

Form	990 (2009) ASSOCIATION		53-0115	970 Page 2
Pai	rt III Statement of Program Service Accomp	lishments		
1		HEDULE O FOR CONT		
	EDUCATE THE PUBLIC AND POLICY			
	REFINING AND PETROCHEMICAL IN			
	CONTRIBUTION TO IMPROVEMENTS			
	ADVOCACY VOICE FOR OUR MEMBER		·	EDIA
2	Did the organization undertake any significant program ser	vices during the year which were n	ot listed on	
			L	Yes X No
•	If "Yes," describe these new services on Schedule O.			Yes X No
3	Did the organization cease conducting, or make significant	changes in now it conducts, any p	brogram services?	Yes LALINO
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the	o organization's three largest progr	am conject by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations and section 4		• •	
	allocations to others, the total expenses, and revenue, if ar			
	anocations to ethoro, the total expenses, and revenue, if a	ly, for each program control report	55.	
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	SUPPLEMENTAL ADVOCACY FUND - 1		ITIONALS FUNDS FR	OM
	MEMBER COMPANIES TOWARD ADVOCA	ACY EFFORTS CONCE	NTRATING ON THE F	OLLOWING
	ISSUES; CLIMATE CHANGE ISSUES	; TAXATION; CHEMIC	CAL SECURITY AND	CHEMICAL
	RISK MANAGEMENT.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
710	LOW CARBON FUEL STANDARD CAMPA			PLEDGES
	FROM SPECIFIC MEMBER COMPANIE			
	TO EDUCATE AND INFORM TARGET			
	CARBON FUEL STANDARDS.			
4-) (D	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)			

) (Revenue \$

including grants of \$

(Expenses \$

4e Total program service expenses ►\$

Page 3

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A	1		X			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for						
	public office? If "Yes," complete Schedule C, Part I						
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and						
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to						
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х			
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide						
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?						
	If "Yes," complete Schedule D, Part V	10		х			
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X						
	as applicable	11	х				
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,						
	Part VI.						
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total						
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total						
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in						
	Part X, line 16? If "Yes," complete Schedule D, Part IX.						
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
•	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? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI, XII, and XIII.	12		X			
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			77			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		. v			
4-	located outside the United States? If "Yes," complete Schedule F, Part III	16		X			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		Х			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х			
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		- 22			
19		10		х			
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		X			
20	Did the diganization operate one of more hospitals: 11 100, complete concodic 11	20					

Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			₩.
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	07		х
28	Schedule L, Part III Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	27		22
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	١		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	25		х
26	If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		<u> </u>
36		36		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
O1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>		<u> </u>
	Note. All Form 990 filers are required to complete Schedule O.	38	х	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a 42			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	Tax Shelter Transaction?	5c		1
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
Ua	any contributions that were not tax deductible?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
-	provided to the payor?	7a		ĺ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		ĺ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			1
	benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
D				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza		
IJ	n 100, onto the amount of tax exempt interest received of accided during the year			

Form 990 (2009)

53-0115970

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Enter the number of voting members of the governing body be Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, or trust each or the year of a management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 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? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons? 6 X 7 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 5 Did the organization that suthority to act on behalf of the governing body? 8 Did the organization with authority to act on behalf of the governing body? 8 Did the organization with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If *Vise*, *Provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10b Ves No organization provided a copy of this Form 990 to all members of its governing body before filing the form?
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The organization have local chapters, branches, or affiliates? Does the organization have local chapters, branches, or affiliates? 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? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? The pescribe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization
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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? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12a X 12b X 12b X 12b X 12c X 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15b X 10b Other officers or key employees of the organization
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11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12a X 12a X 12a X 12a X 12a X 12b X 12b X 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15b X 16b Other officers or key employees of the organization
Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 15b X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 15b X
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in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15b X
Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official 15 X 15 Other officers or key employees of the organization
Does the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 15b X
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? The organization's CEO, Executive Director, or top management official Total CEO, Executive Director, or top management official Total CEO, Executive Director, or top management official Total CEO, Executive Director, or top management official Total CEO, Executive Director, or top management official Total CEO, Executive Director, or top management official Total CEO, Executive Director, or top management official
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 15b X
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 15a X 15b X
b Other officers or key employees of the organization 15b X
2 one one of the formation of the first of t
It "Yes" to line 15a, or 15b, describe the process in Schedule O. (See instructions.)
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
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? 16b
Section C. Disclosure
17 List the states with which a copy of this Form 990 is required to be filed ► NONE 18 Continue C104 years in a copy of this Form 990 is required to be filed ► NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for
public inspection. Indicate how you make these available. Check all that apply.
Own website Another's website X Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial
statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► GERALD VAN DE VELDE - 202-457-0480
1667 K STREET, NW, WASHINGTON, DC 20006

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not co	impensate an	y Cu	irren	t off	icer	, aire	ecto	r, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average		Position		Reportable	Reportable	Estimated			
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per	sto						from	from related	other
	week	r dire				pa:		the organization	organizations (W-2/1099-MISC)	compensation from the
		stee o	ustee			ensai		(W-2/1099-MISC)	(***2/1099****100)	organization
		al tru	onal tı		loyee	co mp		(** 2/ *********************************		and related
		Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
DILL KI BOOR		드	п	JO	ž	E E	8			
BILL KLESSE CHAIRMAN	5.00	x		х				0.	0.	0.
DENNIS SEITH	3.00	^						0.		
VICE PRESIDENT	5.00	x		Х				0.	0.	0.
GREG GARLAND	3.00	1						0.	0.	
VICE PRESIDENT	5.00	x		х				0.	0.	0.
JERRY WEICH										
VICE PRESIDENT	5.00	х		х				0.	0.	0.
JOSEPH LEE										
VICE PRESIDENT	5.00	х		Х				0.	0.	0.
JIM MAHONEY										
FORMER CHAIRMAN	5.00	Х		Х				0.	0.	0.
KEVIN BROWN										
FORMER CHAIRMAN	5.00	Х		Х				0.	0.	0.
LAWRENCE ZIEMBA										
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
MICHAEL BROWN								_	_	_
FORMER TREASURER	5.00	Х		Х				0.	0.	0.
PAUL ELSMAN		l								
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
RICHARD MARCOGLIESE	F 00								0	0
FORMER TREASURER	5.00	Х		Х				0.	0.	0.
RICHARD MEEKS	E 00	\ \ **		77				_	0	0
TREASURER VINCE KELLEY	5.00	Х		Х				0.	0.	0.
VICE RELLEY VICE PRESIDENT	5.00	x		х				0.	0.	0.
WILLIAM FINNERTY	3.00	^		Δ				0.	0.	<u>U•</u>
VICE CHAIRMAN	5.00	x		х				0.	0.	0.
STEVEN ABRAMS	3.00							•	•	
DIRECTOR	2.00	x						0.	0.	0.
BRIAN AMES										
DIRECTOR	2.00	х						0.	0.	0.
BILL ANDERSON										
DIRECTOR	2.00	Х						0.	0.	0.

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(A) Name and title	(B) Average hours per week	H	heck	Pos				(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours per	H						Reportable I	Donortoblo	
	week	or direct				app	ly)	compensation from	compensation from related	amount of other
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations
CHUCK ANDERSON									_	_
DIRECTOR	2.00	Х						0.	0.	(
RAYMON BARLOW DIRECTOR	2.00	х						0.	0.	(
JERRY BASCONI								_	_	
DIRECTOR	2.00	Х						0.	0.	(
TERRY BEGLEY DIRECTOR	2.00	х						0.	0.	(
TERRY BURLESON		l							•	
DIRECTOR	2.00	Х						0.	0.	(
STEVEN BURTCH DIRECTOR	2.00	х						0.	0.	(
JEFFREY BYRNE DIRECTOR	2.00	х						0.	0.	(
ALAN CABODI DIRECTOR	2.00	х						0.	0.	(
NICHOLAS CARTER DIRECTOR	2.00	x						0.	0.	(
PETER CELLA DIRECTOR	2.00							0.	0.	(
1b Total	-	_				┢		1,863,847.	0.	135,321
2 Total number of individuals (including bu	t not limited to th					e) wł	no re	eceived more than \$100	,000 in reportable	
compensation from the organization	•									Yes N
3 Did the organization list any former offic								-		
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the										3 2

the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

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

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to

are organization		
(A) Name and business address	(B) Description of services	(C) Compensation
GAYLORD TEXAN		
1501 GAYLORD TRAIL, GRAPEVINE, TX 76051	HOTEL SERVICES	480,503.
MARRIOTT HOTELS & RESORT		
PO BOX 402642, ATLANTA, GA 30384	HOTEL SERVICES	418,846.
FINANCIAL DYNAMICS		
PO BOX 630391, BALTIMORE, MD 21263	MEDIA CONSULTANT	345,000.
AV TECHNICAL SERVICES		
1211 EAST HOUSTON ST, SAN ANTONIO, TX 78205	TECHNICAL SUPPORT	226,489.
BEVERIDGE SEAY, 2000 P STREET NW, STE 700,	IDENTITY AND BRAND	
WASHINGTON, DC 20036	CONSULTANT	168,678.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 in compensation from the organization 11		

4

Х

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Pa	rt VII	I Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
t s	1 a	Federated campaigns	1a					
필		Membership dues						
Contributions, gifts, grants and other similar amounts								
			1d					
		Government grants (contributi						
Sizi		• ,	· -					
tributi other	Т	All other contributions, gifts, grant		2105300.				
		similar amounts not included abov		Z105300.				
ig p	g	Noncash contributions included in lines	1a-1f: \$		2105200			
OB	h	Total. Add lines 1a-1f		<u></u>	2105300.			
				Business Code				
ce	2 a	MEETINGS		900099	5299076.	5299076.		
Program Service Revenue	b		& ASSE	900099	3913614.	3913614.		
종립	С			511190	91,099.			
eve	d	SAFETY STATISTI	CS AND	900099	42,390.	42,390.		
9	е	STUDENT TEACHER	EDUCAT	900099	34,500.	34,500.		
ᇫ	f	All other program service reve	nue					
		Total. Add lines 2a-2f		•	9380679.			
	3	Investment income (including						
		other similar amounts)	•		290,773.			290,773.
	4	Income from investment of tax		_	-			
	5	Royalties		-				
	•	noyalilos	(i) Real	(ii) Personal				
	6 2	Gross Rents	(i) Hear	(ii) i cisoriai				
		Less: rental expenses						
		٠ /						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	6,987,927.					
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)	-1,051,811.					
	d	Net gain or (loss)		<u></u>	-1,051,811.			-1,051,811.
<u>o</u>	8 a	Gross income from fundraising	g events (not					
ž		including \$	of					
ě		contributions reported on line						
F.		Part IV, line 18	а					
Other Revenue	b	Less: direct expenses						
		Net income or (loss) from fund						
		Gross income from gaming ac	-					
		Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		` ,	•					
	io a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold b						
H	С	Net income or (loss) from sales						
		Miscellaneous Revenu	e	Business Code	2 070			2 070
		OTHER		900099	3,070.			3,070.
	b							
	С							
		All other revenue			2 2 7 7			
	е	Total. Add lines 11a-11d		🕨	3,070.			
	10	Total revenue See instructions			10 728 011	9380679	Λ.	-757968

Part IX Statement of Functional Expenses

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

	All other organizations must comp	lete column (A) but are	not required to comp		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	1,037,626.			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,904,382.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	396,000.			
9	Other employee benefits	460,468.			
10	Payroll taxes	232,006.			
11	Fees for services (non-employees):				
а	Management	1.5.1.			
b	Legal	16,170.			
С	Accounting	54,244.			
d	Lobbying	565,927.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	407 F10			
g	Other	497,512. 41,171.			
12	Advertising and promotion	313,268.			
13	Office expenses	73,897.			
14	Information technology	75,057.			
15	Royalties	662,552.			
16 17	Occupancy	176,821.			
18	Travel Payments of travel or entertainment expenses	17070211			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,614,648.			
20	Interest	, ,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	223,228.			
23	Insurance	80,765.			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	LOW CARBON FUELS STANDA	814,000.			
b	GENERAL OPERATING EXPEN	152,224.			
C	STATISTICS STATES	64,187.			
d	DUES AND SUBSCRIPTIONS	61,249.			
e	OTHER EXPENSES	52,754.			
f	All other expenses	,			
25	Total functional expenses. Add lines 1 through 24f	11,495,099.			
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Pa	rt X	Balance Sheet					· · · · · · · · · · · · · · · · · · ·
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			718.	1	297.
	2	Savings and temporary cash investments	1,597,469.	2	1,436,081.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			71,661.	4	46,215.
	5	Receivables from current and former officers, d	trustees, key				
		employees, and highest compensated employe					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	under section			
		4958(f)(1)) and persons described in section 49	58(c)(3)(E	3). Complete			
		Part II of Schedule L				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			330,290.	9	202,640.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,807,929.			
	b	Less: accumulated depreciation		508,301.	1,496,300.	10c	1,299,628.
	11	Investments - publicly traded securities	5,862,450.	11	7,641,089.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	113,755.	15	167,050.		
	16	Total assets. Add lines 1 through 15 (must equ			9,472,643.	16	10,793,000.
	17	Accounts payable and accrued expenses			2,400,733.	17	2,369,875.
	18	Grants payable	· · ·	18			
	19	Deferred revenue	2,304,215.	19	2,462,690.		
	20	Tax-exempt bond liabilities	· · · · · · · · · · · · · · · · · · ·	20			
s	21	Escrow or custodial account liability. Complete		21			
Liabilities	22	Payables to current and former officers, directo					
iq.		highest compensated employees, and disqualif					
Ë		of Schedule L			22		
	23	Secured mortgages and notes payable to unrel			23		
	24	Unsecured notes and loans payable to unrelate	· · · · · · · · · · · · · · · · · · ·		24		
	25	Other liabilities. Complete Part X of Schedule D		-	1,154,475.	25	1,202,127.
	26	Total liabilities. Add lines 17 through 25		T	5,859,423.	26	6,034,692.
	120	Organizations that follow SFAS 117, check h					0,00=,00=
Ø		lines 27 through 29, and lines 33 and 34.	J. C				
Net Assets or Fund Balances	27	Unrestricted net assets		3,613,220.	27	4,362,308.	
	28	Temporarily restricted net assets	.,,	28	396,000.		
	29			29	020,000		
Ĕ		Organizations that do not follow SFAS 117, c		re D and			
F		complete lines 30 through 34.					
ts c	30	Capital stock or trust principal, or current funds			30		
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
ţ	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances		-	3,613,220.	33	4,758,308.
	34	Total liabilities and net assets/fund balances			9,472,643.	34	10,793,000.
	1 0-1	Total habilities and fiet assets/fully baidfies .			-, , 0 - 0 •	, 57	, , , , , , , , , , , ,

Form **990** (2009)

Form 990 (2009) ASSOCIATION

Part XI Financial Statements and Reporting 53-0115970 Page **12**

га	Tt AT Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
За	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?	За		Х
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.	3b		

Form **990** (2009)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

Name of the organization

NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION

53-0115970

Organization type (check one):									
Filers of	:	Section:							
Form 99	0 or 990-EZ	X 501(c)(6) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization							
Form 990)-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
	Check if your organization is covered by the General Rule or a Special Rule . Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
General	General Rule								
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.								
Special	Rules								
	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
	aggregate contribu)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, tions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.							
	contributions for us If this box is checke purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. The ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., amplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year.							

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$95,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$543,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		s100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Employer identification number

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No. 7	Name, address, and ZIP + 4	Aggregate contributions	Person X
		\$ 19,800.	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$ 49,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12		\$ 29,600.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$29,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18		\$\$	Person X Payroll

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$65,800.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20		\$ 7,500.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22	Nume, address, and Zir + 4	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24		\$ 27,800.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$27,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26		\$25,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28		\$14,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30		9,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Schedule C (Form 990 or 990-EZ) 2009

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

ASSOCIA	TION	CABILLAN	Empi	53-0115970	71
Part I-A Complete if the org	ganization is exempt unde	er section 501(c) o	or is a section 527 o	rganization.	
1 Provide a description of the organic2 Political expenditures3 Volunteer hours			▶ \$	0	١.
Part I-B Complete if the org	ganization is exempt unde	er section 501(c)(3	3).		_
1 Enter the amount of any excise tax	incurred by the organization unde	er section 4955	▶\$		
2 Enter the amount of any excise tax	incurred by organization manage	rs under section 4955			_
3 If the organization incurred a section					
4a Was a correction made?				Yes N	0
b If "Yes," describe in Part IV. Part I-C Complete if the org	ganization is exempt unde	er section 501(c).	except section 5016	c)(3).	_
1 Enter the amount directly expende	·	• • • • • • • • • • • • • • • • • • • •		· · ·	_
2 Enter the amount of the filing organ			***************************************		_
exempt function activities		· ·	_	0	
3 Total exempt function expenditures					
line 17b			▶\$		
 Did the filing organization file Form Enter the names, addresses and error each organization listed, enter that were promptly and directly del (PAC). If additional space is needed 	mployer identification number (EIN the amount paid from the filing oro ivered to a separate political orgal	l) of all section 527 poli ganization's funds. Also nization, such as a sep	tical organizations to whic enter the amount of politi arate segregated fund or a	h payments were made. ical contributions received a political action committee	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received an promptly and directly delivered to a separate political organization. If none, enter -0	
NPRA POLITICAL ACTION COMMITTEE	WASHINGTON, DC 20006	53-0115970	0.	60,995	·

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

LHA

Schedule C (Form 990 or 990-EZ) 2009	ASSOCIATI	ON	F04(a)(0) and fil	53-0	115970 Page 2
Part II-A Complete if the org		empt under sectio	n 501(c)(3) and fil	ea Form 5/68	
(election under sec					
A Check if the filing organiza	ū	• .	. data a a a a b		
B Check ► ☐ if the filing organiza	tion checked box A	and "limited control" pro	ovisions apply.	(a) Filip a	(h) Affiliated average
Limi (The term "expend	(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to influ					
b Total lobbying expenditures to influence	uence a legislative b	ody (direct lobbying)			
c Total lobbying expenditures (add l					
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	es (add lines 1c and	1d)			
f Lobbying nontaxable amount. Enter	er the amount from	the following table in bot	h columns.		
If the amount on line 1e, column (a) o	or (b) is: The le	obbying nontaxable am	ount is:		
Not over \$500,000	20%	of the amount on line 1e	•		
Over \$500,000 but not over \$1,00	0,000 \$100,	000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,	000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,	000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	0,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	o or less, enter -0-				
j If there is an amount other than ze	ro on either line 1h	or line 1i, did the organiz	ation file Form 4720	-	
reporting section 4911 tax for this	year?			L	Yes No
,	ations that made a	veraging Period Under a section 501(h) election the instructions for line	n do not have to com		
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
			1		1

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

53-011<u>5970 Page 3</u>

Schedule C (Form 990 or 990-EZ) 2009 ASSOCIATION 53-011595

| 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	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g					
n :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
!	Other activities? If "Yes," describe in Part IV				
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 to 100	on 501(c)	(5), or se	ction	
	501(c)(6).	. ,	. ,,		
	· · · ·			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			Х	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	rt III-A, lir	ne 3 is a	nswered	
1	Dues, assessments and similar amounts from members		1	4,808	,914.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)			-	
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	1,679	,608.
	Carryover from last year			251	,992.
	Total				.,600.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			2,686	,930.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5	-755	330.
	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an	nd Part II-B,	line 1i. Also	, complete	this part
	ny additional information.				
PA.	RT I-A, LINE 1:				
то	PROVIDE INDIVIDUALS WITH THE OPPORTUNITY TO CONTRI	BUTE I	O THE		
SU:	PPORT OF CANDIDATES FOR FEDERAL OFFICE WHO HAVE DEM	ONSTRA	TED C	ONCERN	Ī
FO	R THE INTERESTS OF THE PETROCHEMICAL AND REFINING I	NDUSTR	IES T	HROUGH	[
TH	E NPRA POLITICAL ACTION COMMITTEE.				

53-0115970 Page 4 Schedule C (Form 990 or 990-EZ) 2009 ASSOCIATION Part IV Supplemental Information (continued) PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION: NPRA POLITICAL ACTION COMMITTEE 1667 K STREET, N.W., SUITE 700 WASHINGTON, DC 20006 PART I-C, LINE 5: CONTRIBUTIONS RECEIVED BY NPRA AND TRANSFERRED TO NPRA PAC, A SEPARATE SEGREGATED FUND.

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

NATIONAL PETROCHEMICAL & REFINERS Name of the organization

ASSOCIATION

Employer identification number 53-0115970

Pai			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		0)5
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		istorically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes
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	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		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, no		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of po	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i	tems.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, o	r research in furtherance of public servic	ce, 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 treatment		
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990. Part X		► \$

Schedule D (Form 990) 2009

ASSOCIATION

Pai	rt III Organizations Maintaining Co	llections of A	rt, Hist	orical Tr	easures, o	or Othe	r Simil	ar Asse	ts (contir	าued)
3	Using the organization's acquisition, accession	, and other record	ds, check	any of the	following tha	at are a si	gnificant	use of its	collection	items
	(check all that apply):									
а	a Public exhibition d Loan or exchange programs									
b	Scholarly research	e	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explai	in how th	ey further t	he organizati	ion's exe	mpt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit or re	eceive donations	of art, his	storical trea	sures, or oth	er similar	assets		_	
	to be sold to raise funds rather than to be main								Yes	<u> </u>
Pai	rt IV Escrow and Custodial Arrange		ete if org	anization a	nswered "Ye	s" to Forr	n 990, Pa	art IV, line	9, or	
	reported an amount on Form 990, Part	K, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for o	contribution	ns or other as	ssets not	included		_	
	on Form 990, Part X?							L	∐ Yes	└── No
b	If "Yes," explain the arrangement in Part XIV an	d complete the fo	ollowing t	able:						
									Amount	
С	Beginning balance						. 1c			
d	Additions during the year						. 1d			
е	Distributions during the year						. 1e			
f	Ending balance									
	Did the organization include an amount on Forr	n 990, Part X, line	21?					∟	⊻ Yes	└─ No
	If "Yes," explain the arrangement in Part XIV.									
Pai	rt V Endowment Funds. Complete if the	ne organization ar	swered	"Yes" to Fo	1					
		a) Current year	(b) Pi	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
1a										
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year e	nd balance held a	as:							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment									
3a	Are there endowment funds not in the possess	ion of the organiz	ation tha	t are held a	and administe	ered for th	ne organi	zation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organizations li	sted as required of	on Sched	lule R?					3b	
4	4 Describe in Part XIV the intended uses of the organization's endowment funds.									
Pai	rt VI Investments - Land, Buildings	, and Equipm	ent. Se	e Form 990), Part X, line					
	Description of investment	(a) Cost or o		. ,	t or other (other)		ccumulate preciation	I	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements			1,13	3,215.	1	71,5	68.		.,647.
	Equipment				4,915.		85,8			7,090.
	Other				9,799.	2	250,9			3,891.
	I. Add lines 1a through 1e. (Column (d) must equ		X, colum							7,628.

Schedule D (Form 990) 2009

53-0115970 Page 2

ASSOCTATION

53-0115970 Page 3

Part VII Investments - Other Securities.			75 0115570 Fage 0
(a) Description of security or category		(c) Method of va	aluation:
(including name of security)	(b) Book value	Cost or end-of-year i	market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	Soo Form 000 Part V line	.12	
		(c) Method of va	aluation:
(a) Description of investment type	(b) Book value	Cost or end-of-year	
		<u> </u>	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lin			1 (1) 5
(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15.)		>
Part X Other Liabilities. See Form 990, Part >	(, line 25.		
1. (a) Description of liability		(b) Amount	
Federal income taxes			
DEFERRED COMPENSATION		167,050.	
DEFERRED RENT		427,015.	
LANDLORD TENANT IMPROVEMENTS		608,062.	
	1		

.....▶ 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

1,202,127.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ...

Schedule D (Form 990) 2009 ASSOCIATION 53-0115970 Page 4

	rt VI Decemblistion of Change in Not Assets from Form 00	O to Audit	ad Einan	oial 6	,+o+o		1 0	i age i
	rt XI Reconciliation of Change in Net Assets from Form 99				state	men		011
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			10,728	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			11,495	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				,088.
4	Net unrealized gains (losses) on investments			4			2,126	,657.
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				,481.
9	Total adjustments (net). Add lines 4 through 8			9				,176.
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9		10				,088.
Pai	rt XII Reconciliation of Revenue per Audited Financial State	ements Wi	th Reve	nue p	er R	eturr	า	
1	Total revenue, gains, and other support per audited financial statements					1	12,915	,663.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	2a	2,12	6,6	57.			
b	Donated services and use of facilities							
c								
			6	0,9	95.			
	Other (Describe in Part XIV.) Add lines 2a through 2d					2e	2 187	,652.
_	•					3	10,728	
3	Subtract line 2e from line 1					3	10,720	, , , , , ,
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1						
а	, , , ,							
	Other (Describe in Part XIV.)	4b						0
С	Add lines 4a and 4b				1	4c	10 700	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	10,728	,011.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Sta				_			<u> </u>
1	Total expenses and losses per audited financial statements					1	11,771	,645.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
С	Other losses	2c						
	Other (Describe in Part XIV.)		27	6,5	46.			
е	Add lines 2a through 2d					2e		,546.
3	Subtract line 2e from line 1					3	11,495	,099.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (December in Part VIV)	4b						
	Add lines 4a and 4b					4c		0.
	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)				5	11,495	
	rt XIV Supplemental Information							7000
		Port III linos 1	a and 4: D	nd 1\/ 1	naa 11	- and	Oh: Dort V lin	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; F							e 4, Fait
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also RT X: MANAGEMENT HAS CONCLUDED THAT NPRA				ny add	iitiona	i information.	
LVI	XI A. MANAGEMENT HAS CONCLODED THAT NERA	AND FA	IC IIAV	15				
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PRO	OPERLY MAINTAINED THEIR EXEMPT STATUS AN	D THEKE	L AKE	NO	ONC	LKI.	AIN TAX	·
D0/	STETONG AG OF DEGENDED 21 2000							
PO:	SITIONS AS OF DECEMBER 31, 2009.							
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:							
ADDITIONAL PENSION CHARGE								
								_
		· · · · · · · · · · · · · · · · · · ·						
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:							

Schedule D (Form 990) 2009 ASSOCIATION	53-0115970 Page 5
Schedule D (Form 990) 2009 ASSOCIATION Part XIV Supplemental Information (continued)	
PAC REVENUE: 60995.	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
PAC DISBURSEMENTS: 62065.	
ADDITIONAL PENSION EXPENSE: 214481.	

SCHEDULE J (Form 990)

Compensation Information

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

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

Open to Public . Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions. NATIONAL PETROCHEMICAL & REFINERS **ASSOCIATION**

Employer identification number 53-0115970

OMB No. 1545-0047

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		
	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		
	The organization?	6a		
b	Any related organization?	6b		
7	If "Yes" to line 6a or 6b, describe in Part III.			
7	· · · - · · · · · · · · · · · · · · ·	-		
0	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
0	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	ı y	ı	ı

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

Schedule J (Form 990) 2009

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C)	(D)	(E)	(F) Compensation		
(A) Name		(i) Base compensation (ii) Bonus & incentive compensation		(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
	(i)	350,000.	100,000.	2,940.	27,162.	13,528.	493,630.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
~~~~~~	(i)	310,000.	20,000.	3,000.	0.	14,044.	347,044.	0.	
	ii)	0. 163,500.	0. 17,500.	0.	0.	0. 13,072.	0. 196,952.	0.	
	(i) (ii)	163,500.	17,500.	2,880.	0.	13,072.	196,952.	0.	
	i) (i)	173,500.	11,000.	660.	0.	15,713.	200,873.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	168,667.	8,000.	660.	0.	13,137.	190,464.	0.	
JEFFREY HAZLE	ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	165,000.	9,500.	660.	0.	12,591.	187,751.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	161,500.	14,000.	3,000.	0.	13,046.	191,546.	0.	
	ii)	160,000.	15,000.	2,880.	0.	13,028.	190,908.	0.	
	(i) (ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	-	-		-	-	-		
	ii)								
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Schedule J (Form 990) 2009

ASSOCIATION 53-0115970

Part III   Supplemental Inform	nation	
		rt I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
PART I, LINE 4B:		
CHARLES DREVNA	DEFERRED COMPENSATION	\$27,163

Page 3

### SCHEDULE J-2 (Form 990)

## **Continuation Sheet for Form 990**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

► See the Instructions for Form 990.

NATIONAL PETROCHEMICAL & REFINERS

ASSOCIATION

A	Part I Continuation of Officers, Directors, Trustees, Key Emp								ployees, and Highest Compensated Employees							
Check all that apply   Compensation from the organizations   Check all that apply   Compensation from the organizations   Compensation from the organizations   Check all that apply   Expense   E	(A)	(B)							(D)	(E)	(F)					
ALBERT CHAO   DIRECTOR   Company	Name and title	Average		Position					Reportable	Reportable	Estimated					
Neek   1		hours	(cl	heck	all t	that	арр	ly)	compensation	•						
ALBERT CHAO   DIRECTOR   Companies   Com		1 '														
ALBERT CHAO DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR		week	_				loyee				•					
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H. DON DAVIS   DIRECTOR   2.00   X	KENNETH CURRIE															
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F. R. DE CERQUEIRA NETO   DIRECTOR   2.00   X   0. 0. 0. 0. 0.	H. DON DAVIS															
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FRED DOHMANN   DIRECTOR   2.00   X   0. 0. 0. 0.	SYLVIAN DE LESCAZES															
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MIKE DUSTERHOFF   DIRECTOR   2.00   X		2.00	Х						0.	0.	0.					
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MIKE EBERT   DIRECTOR   2.00 x   0. 0. 0. 0.     JOEL ELSTEIN                 DIRECTOR   2.00 x   0. 0. 0.     DIRECTOR   2.00 x   0. 0. 0.     DIRECTOR   2.00 x   0. 0. 0.     JOHN FOTHERINGHAM   0. 0. 0. 0.     JOHN FOTHERINGHAM   0. 0. 0. 0.     DIRECTOR   2.00 x   0. 0. 0.     RAJEEV GAUTAM   0. 0. 0. 0.     DIRECTOR   2.00 x   0. 0. 0.     DIRECTOR   2.00 x   0. 0.     ROBERT GENGELBACH   0. 0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DIRECTOR   2.00 x   0. 0.     DAVID HUFFMAN   0. 0.     DAVID HUFFMAN   0. 0.   0.     DAVID HUFFMAN   0. 0.   0.     DAVID HUFFMAN   0.   0.   0.     DAVID HUFFMAN   0.   0.   0.     DAVID HUFFMAN   0.   0.   0.     DAVID HUFFMAN   0.   0.   0.     DAVID HUFFMAN   0.   0.   0.     DAVID HUFFMAN   0.   0.   0.   0.     DAVID HUFFMAN   0.   0.   0.     DAVID HUFFMAN   0.   0.   0.   0.   0.     DAVID HUFFMAN   0.   0.   0.   0.   0.     DAVID HUFFMAN   0.   0.   0.   0.   0.   0.     DAVID HUFFMAN   0.   0.   0.   0.   0.   0.   0.		2.00	Х						0.	0.	0.					
DIRECTOR   2.00 x   0. 0. 0.   0.	MIKE EBERT															
DOEL ELSTEIN   DIRECTOR   2.00   X   0. 0. 0. 0.	DIRECTOR	2.00	х						0.	0.	0.					
PAUL FOSTER   DIRECTOR   2.00   X	JOEL ELSTEIN															
PAUL FOSTER   DIRECTOR   2.00   X	DIRECTOR	2.00	Х						0.	0.	0.					
DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR   DIRECTOR	PAUL FOSTER															
DIRECTOR   2.00 X   0.	DIRECTOR	2.00	Х						0.	0.	0.					
RAJEEV GAUTAM       2.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	JOHN FOTHERINGHAM															
RAJEEV GAUTAM       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	DIRECTOR	2.00	х						0.	0.	0.					
ROBERT GENGELBACH   DIRECTOR   2.00 X   0. 0. 0.   0.	RAJEEV GAUTAM															
ROBERT GENGELBACH   DIRECTOR   2.00   X	DIRECTOR	2.00	Х						0.	0.	0.					
ROBERT GENOVESE   DIRECTOR   2.00 X   0. 0. 0.   0.   0.   0.   0.   0	ROBERT GENGELBACH															
DIRECTOR       2.00 X       0. 0. 0.         JAS GILL       0. 0. 0. 0.         DIRECTOR       2.00 X       0. 0. 0.         FREDEREC GREEN       0. 0. 0. 0.         DIRECTOR       2.00 X       0. 0. 0.         PAT HALLORAN       0. 0. 0. 0.         PAT HAVENER       0. 0. 0. 0.         DIRECTOR       2.00 X       0. 0. 0.         DAVID HUFFMAN       0. 0. 0.	DIRECTOR	2.00	Х						0.	0.	0.					
JAS GILL       0.0.0.0.0.         DIRECTOR       0.0.0.0.         DIRECTOR       0.0.0.0.         HARRY HALLORAN       0.0.0.0.         DIRECTOR       0.0.0.0.         PAT HAVENER       0.0.0.0.         DIRECTOR       0.0.0.0.         DAVID HUFFMAN       0.0.0.0.	ROBERT GENOVESE															
JAS GILL       0.0.0.0.0.         DIRECTOR       0.0.0.0.         DIRECTOR       0.0.0.0.         HARRY HALLORAN       0.0.0.0.         DIRECTOR       0.0.0.0.         PAT HAVENER       0.0.0.0.         DIRECTOR       0.0.0.0.         DAVID HUFFMAN       0.0.0.0.	DIRECTOR	2.00	Х						0.	0.	0.					
FREDEREC GREEN  DIRECTOR 2.00 X 0. 0. 0.  HARRY HALLORAN  DIRECTOR 2.00 X 0. 0. 0.  PAT HAVENER  DIRECTOR 2.00 X 0. 0. 0.  DAVID HUFFMAN	JAS GILL															
DIRECTOR       2.00 X       0. 0. 0.         HARRY HALLORAN       0. 0. 0. 0.         DIRECTOR       2.00 X       0. 0. 0.         PAT HAVENER       0. 0. 0. 0.         DIRECTOR       2.00 X       0. 0. 0.         DAVID HUFFMAN       0. 0. 0.	DIRECTOR	2.00	Х						0.	0.	0.					
HARRY HALLORAN	FREDEREC GREEN															
HARRY HALLORAN	DIRECTOR	2.00	Х						0.	0.	0.					
PAT HAVENER DIRECTOR 2.00 X 0. 0. 0.  DAVID HUFFMAN	HARRY HALLORAN															
PAT HAVENER DIRECTOR 2.00 X 0. 0. 0.  DAVID HUFFMAN	DIRECTOR	2.00	Х						0.	0.	0.					
DAVID HUFFMAN																
DAVID HUFFMAN	DIRECTOR	2.00	Х						0.	0.	0.					
DIRECTOR   2.00   X           0.   0.   0.	DAVID HUFFMAN															
	DIRECTOR	2.00	Х	L			L	L	0.	0.	0.					

### SCHEDULE J-2 (Form 990)

## **Continuation Sheet for Form 990**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

► See the Instructions for Form 990.

NATIONAL PETROCHEMICAL & REFINERS

ASSOCIATION

Part I Continuation of Officers, Directors, Trustees, Key Em								ployees, and Highest Compensated Employees							
(A)	(B)		(C)					(D)	(E)	(F)					
Name and title	Average		Position					Reportable	Reportable	Estimated					
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of					
	per							from	from related	other					
	week	_				loyee		the	organizations	compensation					
		irecto				emp		organization	(W-2/1099-MISC)	from the					
		e or d	tee			sated		(W-2/1099-MISC)		organization and related					
		fruste	al trus		yee	mpen				organizations					
		Individual trustee or director	Institutional trustee	<u>بر</u>	Key employee	Highest compensated employee	ь			5.ga <u>=</u> a5					
		Indiv	Instit	Officer	Key e	High	Former								
STEPHEN HUNKUS															
DIRECTOR	2.00	Х						0.	0.	0.					
TERRY HURLBURT															
DIRECTOR	2.00	Х						0.	0.	0.					
TERRY JACKSON															
DIRECTOR	2.00	Х						0.	0.	0.					
NAUSHAD JAMANI															
DIRECTOR	2.00	х						0.	0.	0.					
LUTHER JONES															
DIRECTOR	2.00	х						0.	0.	0.					
ROBERT KENT															
DIRECTOR	2.00	х						0.	0.	0.					
STEPHEN KIRK															
DIRECTOR	2.00	х						0.	0.	0.					
DANIEL KNEPPER															
DIRECTOR	2.00	х						0.	0.	0.					
DAVID LAMP															
DIRECTOR	2.00	х						0.	0.	0.					
JANICE LATZ															
DIRECTOR	2.00	х						0.	0.	0.					
ZACHARY LEVINE															
DIRECTOR	2.00	х						0.	0.	0.					
DONALD LINDLEY															
DIRECTOR	2.00	х						0.	0.	0.					
JACK LIPINSKI		<del> </del>						•							
DIRECTOR	2.00	x						0.	0.	0.					
JAMES LOVING															
DIRECTOR	2.00	х						0.	0.	0.					
BRUCE MACKLIN		_													
DIRECTOR	2.00	x						0.	0.	0.					
JOHN MATSON		<del> </del>						•							
DIRECTOR	2.00	x						0.	0.	0.					
MICHAEL MCGARRY		<del> </del>						•							
DIRECTOR	2.00	x						0.	0.	0.					
JOHN MCINTOSH								-							
DIRECTOR	2.00	x						0.	0.	0.					
RAGHU MENON		<del></del>													
DIRECTOR	2.00	x						0.	0.	0.					
RANDY NEWCOMER		<del></del>								<u>··</u>					
DIRECTOR	2.00	x						0.	0.	0.					
									0.	<u> </u>					

### SCHEDULE J-2 (Form 990)

**Continuation Sheet for Form 990** 

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

► See the Instructions for Form 990.

NATIONAL PETROCHEMICAL & REFINERS

ASSOCIATION

Part I Continuation of Officers, Di	oyees, and Highest Compensated Employees									
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
		lirecto				l emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		e or c	stee			satec		(88-2/1099-181130)		and related
		fruste	al trus		yee	mpen				organizations
		Individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	er			3
		Indiv	Instit	Officer	Key 6	High	Former			
JOHN NICOLS										
DIRECTOR	2.00	Х						0.	0.	0.
ROBERT PEASE										
DIRECTOR	2.00	Х						0.	0.	0.
MICHAEL PESCH										
DIRECTOR	2.00	Х						0.	0.	0.
JEFF RAMSEY										
DIRECTOR	2.00	Х						0.	0.	0.
STEVE RATHWEG										
DIRECTOR	2.00	Х						0.	0.	0.
RICHARD RENNARD										
DIRECTOR	2.00	х						0.	0.	0.
DAN ROBINSON										
DIRECTOR	2.00	х						0.	0.	0.
LAURA RUIZ										
DIRECTOR	2.00	х						0.	0.	0.
C. DOUGLAS SHANNON										
DIRECTOR	2.00	х						0.	0.	0.
CHARLES SHAVER										
DIRECTOR	2.00	х						0.	0.	0.
BRIAN SMITH										
DIRECTOR	2.00	х						0.	0.	0.
MATTHEW SMORCH										
DIRECTOR	2.00	х						0.	0.	0.
STAN UENG										
DIRECTOR	2.00	х						0.	0.	0.
RONALD WILLIAMS										
DIRECTOR	2.00	х						0.	0.	0.
MARK ZYSKOWSKI										
DIRECTOR	2.00	х						0.	0.	0.
CHARLES DREVNA										
PRESIDENT	40.00			Х				452,940.	0.	40,690.
GREGORY SCOTT								, , , ,		,
EXECUTIVE VICE PRESIDENT	40.00			х				333,000.	0.	14,044.
GERALD VAN DE VELDE								,		
CHIEF FINANCIAL OFFICER	40.00			х				183,880.	0.	13,072.
DAVID FRIEDMAN								12,220		-,
DIRECTOR	40.00					х		185,160.	0.	15,713.
JEFFREY HAZLE								12, 200		-,
DIRECTOR	40.00					х		177,327.	0.	13,137.
— <del></del>			<u> </u>					=: ,, == , ,		==,==:

# **SCHEDULE J-2**

(Form 990)

## **Continuation Sheet for Form 990**

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the Organization

NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION

Part I Continuation of Officers, Di	rectors, Tr	Γrustees, Key Emplo						ployees, and Highest Compensated Employees						
(A)	(B)				C)			(D)	(E)	(F)				
Name and title	Average hours per	Position (check all that apply)				ıly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other					
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
BILL HOLBROOK		_	-		-	_	Ι <u></u>							
DIRECTOR	40.00					Х		175,160.	0.	12,591.				
JAMES COOPER	40.00					.,								
VICE PRESIDENT SUSAN YASHINSKIE	40.00					Х		178,500.	0.	13,046.				
VICE CHAIRMAN	40.00					х		177,880.	0.	13,028.				

### **SCHEDULE 0**

(Form 990)

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

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION

Employer identification number 53-0115970

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCIENTIFIC INFORMATION AND STATISTICS RELATING TO THE PETROLEUM

REFINING AND PETROCHEMICAL MANUFACTURING INDUSTRIES.

-SERVING AS AN EFFECTIVE CHANNEL OF COMMUNICATION OF THE INDUSTRY

INFORMATION AMONG MEMBERS, OTHER ASSOCIATIONS, THE GOVERNMENT AND THE

PUBLIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND THE PUBLIC TO PROMOTE POLICIES THAT BALANCE ENERGY SUPPLY NEEDS

WITH ENVIRONMENTAL GOALS, FACILITATE TECHNICAL ADVANCEMENT AND

CONTINUED PROGRESS IN SAFETY, ENVIRONMENTAL PERFORMANCE AND SECURITY,

IN PART THROUGH WORLD-CLASS MEETINGS AND CONFERENCES SEVERAL OF WHICH

ARE THE FOREMOST INDUSTRY MEETINGS IN THE WORLD.

FORM 990, PART VI, SECTION A, LINE 6: NPRA HAS OVER 450 MEMBER COMPANIES.

FORM 990, PART VI, SECTION A, LINE 7A: THE NPRA BOARD OF DIRECTORS IS COMPRISED OF REPRESENTATIVES FROM EACH OF ITS REGULAR MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: EACH PETROCHEMICAL AND REFINERS

MEMBER COMPANY HAS ONE VOTE WHICH PERTAINS TO THE ISSUE BEING VOTED ON.

NPRA BOARD MEMBERS APPROVE APPOINTED MEMBERS OF THE EXECUTIVE COMMITTEE;

ANNUAL BUDGETS; ALTERATIONS/REVISIONS IN THE ASSOCIATION'S BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11: THE CHIEF FINANCIAL OFFICER (CFO)

AND ACCOUNTING MANAGER (AM) REVIEW THE UNAPPROVED FORM 990 AT A SCHEDULED

### **SCHEDULE O**

(Form 990)

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

Department of the Treasury

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL PETROCHEMICAL & REFINERS

Employer identification number 53-0115970

ASSOCIATION MEETING AND SUBMIT REVISIONS AND/OR QUESTIONS TO THE CONTRACTED AUDITING FIRM (JOHNSON LAMBERT). THE FORM 990 FORM IS RETURNED TO THE CFO AND AM WITH REVISIONS (IF ANY) AND SUBMITTED BACK TO THE AUDITING FIRM AS APPROVED AND THE FINAL VERSION IS REVIEWED WITH THE PRESIDENT FOR HIS SIGNATURE. FORM 990, PART VI, SECTION B, LINE 12C: NPRA PROVIDES THE POLICY TO ORGANIZATION PERSONNEL ANNUALLY AND MONITORS THE ADDITION OF NEW VENDORS AND COMPANY RELATED TRAVEL. FORM 990, PART VI, SECTION B, LINE 15: INDEPENDENT SALARY SURVEY OF KEY POSITIONS WAS COMMISSIONED AND THE EXECUTIVE COMPENSATION IS VOTED ON BY THE EXECUTIVE COMMITTEE REVIEW BOARD ON AN ANNUAL BASIS. PRESIDENT'S SALARY AND BONUS WERE RECOMMENDED AND APPROVED BY THE EXECUTIVE COMMITTEE. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

#### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

 2009
Open to Public Inspection

NATIONAL PETROCHEMICAL & REFINERS Employer identification number Name of the organization 53-0115970 ASSOCIATION Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) (f) Name, address, and EIN Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.) (a) (b) (c) (d) (e) (f) Name, address, and EIN Legal domicile (state or Exempt Code Public charity Direct controlling Primary activity of related organization section status (if section entity foreign country) 501(c)(3)) SEPARATE SEGREGATED FUND TO NPRA POLITICAL ACTION COMMITTEE - 53-0115970 1667 K STREET N.W., SUITE 700 SUPPORT CANDIDATES WASHINGTON DC 20006 FURTHERING NPRA'S PURPOSE DELAWARE 527(F)(3) N/A

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	I - E	l	portion- cations?	anana makina laasi	General o managing partner?	
				000000000000000000000000000000000000000			res	NO	1000)	res	INO
											_
										Н	_
										П	_

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	
-	-							
-								
	1							

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		_		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		Х
	Gift, grant, or capital contribution to other organization(s)			1b		Х
С	Gift, grant, or capital contribution from other organization(s)			1c		Х
d	Loans or loan guarantees to or for other organization(s)			1d		X
	Loans or loan guarantees by other organization(s)			1e		X
f	Sale of assets to other organization(s)		İ	1f		Х
g	Purchase of assets from other organization(s)			1g		Х
	Exchange of assets			1h		Х
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		Х
	, II , , , , , , , , , , , , , , , , ,					
i	Lease of facilities, equipment, or other assets from other organization(s)		ı	1i		Х
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k		Х
	Performance of services or membership or fundraising solicitations by other organization(s)			11	Х	
	Sharing of facilities, equipment, mailing lists, or other assets			1m		Х
	Sharing of paid employees		I	1n		Х
o	Reimbursement paid to other organization for expenses		Ī	10		X
	Reimbursement paid by other organization for expenses			1p		Х
q	Other transfer of cash or property to other organization(s)			1q		Х
	Other transfer of cash or property from other organization(s)			1r		Х
	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 tra					
	(a)	(b)		(c)		
	Name of other organization(s)	Transaction	Amo		nvolve	d
		type (a-r)				
1)						
2)						
3)						
4)						
5)						
6)						

Schedule R (Form 990) 2009

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

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

(a)	(b)	(c)		(d) (e)			f)	(g)	(h)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all p section organiz	oartners 501(c)(3) ations?	Share of end-of- year assets	Dispr tion allocat	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	eral or aging ner?
		country)	Yes			Yes	No	(Form 1065)	Yes	No
			_							-
										<u> </u>
			_							<del></del>

Schedule R (Form 990) 2009

# Form **990**

Department of the Treasury Internal Revenue Service

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

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

benefit trust or private foundation)

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

2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number AMERICAN FUEL AND PETROCHEMICAL Address change **MANUFACTURERS** X Name change 53-0115970 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-202-457-0480 700 1667 K STREET, N.W. X Amended return 29,276,364. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-WASHINGTON, DC 20036 H(a) Is this a group return pending F Name and address of principal officer: CHARLES T. for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes 527 (insert no.) 4947(a)(1) or If "No." attach a list. (see instructions) J Website: ► WWW.AFPM.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -Year of formation: 1961 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: -PROMOTING THE GENERAL WELFARE **Activities & Governance** OF ITS MEMBERS BY GATHERING AND DISSEMINATING HISTORICAL AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 85 <del>85</del> Number of independent voting members of the governing body (Part VI, line 1b) 43 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. Ō. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) Revenue 14,490,557. 13,756,714. Program service revenue (Part VIII, line 2g) 597,945. 590,207. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,884. 1,490.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,371,543. 15,082,254. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,521,247. 6,095,508. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 7,458,274. 8,174,998. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13,553,782. 13,696,245. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 675,298. 1,528,472. Revenue less expenses. Subtract line 18 from line 12 . Ssets or Balances **Beginning of Current Year End of Year** 13,012,163. 14,111,003. 20 Total assets (Part X, line 16) 6,872,519. 7,958,218. 21 Total liabilities (Part X. line 26) Net 6,139,644. 6,152,785. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign CHARLES T. DREVNA, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check Paid ▶ JOHNSON LAMBERT & CO. LLP 52-1446779 Preparer Firm's name Firm's EIN Firm's address 700 SPRING FOREST ROAD, STE 115 Use Only RALEIGH, NC 27609 Phone no. 919-719-6400 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2011)

MANUFACTURERS 53-0115970

Pai	t 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:  EDUCATE THE PUBLIC AND POLICYMAKERS ABOUT THE VITAL ROLE OF THE
	REFINING AND PETROCHEMICAL INDUSTRIES IN THE NATION'S ECONOMY AND OUR
	CONTRIBUTION TO IMPROVEMENTS IN THE QUALITY OF LIFE SERVE AS A STRONG
	ADVOCACY VOICE FOR OUR MEMBERS WITH GOVERNMENT OFFICIALS, THE MEDIA
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ )
	MEETINGS - AFPM OFFERS A WIDE VARIETY OF MEETINGS AND CONFERENCES
	THROUGHOUT THE YEAR TO FACILITATE TECHNICAL ADVANCEMENTS AND CONTINUED
	PROGRESS IN SAFETY, ENVIRONMENTAL PERFORMANCE AND SECURITY FOR THE
	REFINING AND PETROCHEMICAL INDUSTRIES.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	LOW CARBON FUEL STANDARD CAMPAIGN - AFPM REQUESTS CONTRIBUTION PLEDGES
	FROM SPECIFIC MEMBER COMPANIES TO INTRODUCE A PUBLIC RELATIONS CAMPAIGN
	TO EDUCATE AND INFORM TARGET AUDIENCES ABOUT THE ADVERSE IMPACTS OF LOW
	CARBON FUEL STANDARDS.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	SUPPLEMENTAL ADVOCACY FUND - AFPM REQUESTS ADDITIONALS FUNDS FROM
	MEMBER COMPANIES TOWARD ADVOCACY EFFORTS CONCENTRATING ON THE FOLLOWING
	ISSUES; CLIMATE CHANGE ISSUES; TAXATION; CHEMICAL SECURITY AND CHEMICAL
	RISK MANAGEMENT.
	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses

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# Form 990 (2011) MANUFACTURER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1		Х
2	If "Yes," complete Schedule A	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
-	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	x	
b	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Па		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ч	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	, , , , , , , , , , , , , , , , , , , ,			

Form 990 (2011) MANUFACTURERS

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
04-	Schedule J	23	Λ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		Х
b	Schedule K. If "No", go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception:  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			v
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		<del></del>
55	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2011) MANUFACTURERS

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	24			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible?			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions c	or gifts		77	
_	were not tax deductible?			6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).	ndooo.	royidad to the never	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?			7c		
ч	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		rt?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ı	ı			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l				
40	amounts due or received from them.)	11b	<u> </u>	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	Í	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the consideration and the constant for independent of the constant of the			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 85 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 85 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. **X** Upon request Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GERALD VAN DE VELDE - 202-457-0480 1667 K STREET, NW, WASHINGTON, DC 20006

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# 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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)  Name and Title	(B) Average hours per	(do box	not c	Pos heck ss pe	ition		one h an	(D)  Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (describe hours for related organizations in Schedule O)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JAMES MAHONEY	- 00	l		l					•	•
CHAIRMAN	5.00	Х		Х				0.	0.	0.
(2) WILLIAM R. KLEESE		l		l					•	•
PAST CHAIR	5.00	Х		Х				0.	0.	0.
(3) DAVID LAMP									0	0
VICE CHAIRMAN	5.00	Х		Х				0.	0.	0.
(4) RICHARD MEEKS									0	0
TREASURER	5.00	Х		Х				0.	0.	0.
(5) KEVIN BROWN		,,		,,					0	0
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
(6) RUSS CROCKETT									0	0
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
(7) LYNN ELSENHANS									0	0
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
(8) GREGORY GOFF		,,		,,					0	0
VICE PRESIDENT	5.00	Х		Х		<u> </u>	_	0.	0.	0.
(9) GARY HEMINGER	- 00	3,7		٠,,					0	0
VICE PRESIDENT	5.00	Х	_	Х		<u> </u>	_	0.	0.	0.
(10) JACK LIPINSKI	F 00	7.		٦,					0	0
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
(11) THOMAS O'MALLEY	5.00	7.		x				0.	0.	0
VICE PRESIDENT (12) DENNIS SEITH	3.00	Х		^				0.	0.	0.
	5.00	x		x				0.	0.	0.
VICE PRESIDENT (13) JERRY WASCOM	3.00	^		Λ				0.	0.	0.
	5.00	x		x				0.	0.	0.
VICE PRESIDENT (14) LAWRENCE ZIEMBA	3.00	^		Λ				0.	0.	0.
VICE PRESIDENT	5.00	x		X				0.	0.	0.
	3.00	^		Δ				0.	0.	0.
(15) SHAWN ABRAMS DIRECTOR	2.00	v						0.	0.	0.
(16) BRIAN AMES	2.00	╇	$\vdash$	$\vdash$	_	$\vdash$	$\vdash$		0.	<u>.</u>
DIRECTOR	2.00	x						0.	0.	0.
(17) BILL ANDERSON	2.00					$\vdash$		0.	0.	
DIRECTOR	2.00	x						0.	0.	0.
<u> </u>	1 2.00	122				<u> </u>		0.	0.	Farm <b>990</b> (0011)

Page 8

Part VII Section A. Officers, Directors, Tru	ustees, Key E	mplo	oyee	s, a	nd l	High	nest	Compensated Employ	ees (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos	ition	1 than	one	Reportable	Reportable	,	Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation			nount	
	week	<del>-</del>	Lei ai	uau	III ecit	Jirus	T	from	from related			other	
	(describe hours for	irecto						the organization	organization		l	pensa	
	related	e or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-MI	SC)	l	om th anizat	
	organizations	trustee or director	al trus		,ee	m per		(** 27 1000 1/1100)			_	d relat	
	in Schedule	Individual 1	Institutional trustee	- -	Key employee	est co oyee	E				orga	anizati	ions
	O)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) CHUCK ANDERSON													_
DIRECTOR	2.00	Х						0.		0.			0.
(19) RAYMON BARLOW													_
DIRECTOR	2.00	Х						0.		0.			0.
(20) JERRY BASCONI										_			_
DIRECTOR	2.00	Х						0.		0.			0.
(21) RICHARD BEDELL		l											•
DIRECTOR	2.00	Х						0.		0.			0.
(22) MICHAEL BERRY DIRECTOR	2.00	x						0.		0.			0.
(23) TERRY BURLESON	2.00	^						<u> </u>		<u> </u>			
DIRECTOR	2.00	x						0.		0.			0.
(24) JEFFRY BYRNE													
DIRECTOR	2.00	Х						0.		0.			0.
(25) ALAN CABODI													
DIRECTOR	2.00	X						0.		0.			0.
(26) NICHOLAS CARTER													
DIRECTOR	2.00	Х						0.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							2,196,861.		0.			32.
d Total (add lines 1b and 1c)						<u> </u>		2,196,861.		0.	33	6,9	32.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 of reportab	ıle			4.0
compensation from the organization													12
										1		Yes	No
3 Did the organization list any <b>former</b> officer,													v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15												Х	
											4	21	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•		reiai	ted organization or indiv	idual for services	٠	5		Х
Section B. Independent Contractors	ipiete Scriedui	<del>C                                    </del>	01 30	JUIT	pers	SOIT					_ 3		
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100.000 of cor	npens	ation	rom	
the organization. Report compensation for	-	-											
(A)								(B)			((		
Name and business	address							Description of s	services	С	ompe	nsatio	'n
CONSUMER ENERGY ALLIANCE	TTOTT CITY	<b>~</b> * * * * * * * * * * * * * * * * * * *		п 3 <i>7</i>	7.	700	00			1	0.4	E 0	00
2211 NORFOLK ST, STE 614 MARRIOTT BUSINESS SERVICE		, אנכ	<u>, :</u>	Γ.Υ		/ 0 :	ס כ	CONSOLLING			,04	J, U	00.
1965 MARRIOTT DR, LOUISV		<b>v</b>	37	777	7			CONVENTION S	ERVICES		56	1.6	33.
SIDLEY AUSTIN, LLP	,											-, -	

LEGAL SERVICES

LEGAL SERVICES

CONVENTION SERVICES

\$100,000 of compensation from the organization 
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

1501 K STREET NW, WASHINGTON, DC 20005

CROWELL MORING, 1001 PENNSYLVANIA AVE NW,

1211 E HOUSTON ST, SAN ANTONIO, TX 78205

Form **990** (2011)

409,447.

259,645.

245,902.

WASHINGTON, DC 20004

AV TECHNICAL SERVICES

Part VII Section A. Officers, Directors, True	ustees, Key Eı	mple	oyee	s, a	nd F	ligh	est	Compensated Employ		3970
(A) Name and title	(B) Average hours			(C Pos	<b>C)</b> ition	ı		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ALBERT CHAO	2 00	,,							0	0
DIRECTOR	2.00	Х						0.	0.	0 .
(28) KENNETH CURRIE	2 00	٠,							0	0
DIRECTOR	2.00	Х						0.	0.	0 .
(29) FRANCISCO DE CERQUEIRA NETO	2.00	<u>.</u>						0.	0.	0 .
DIRECTOR (30) FRED DOHMANN	2.00	Х						0.	0.	0 .
DIRECTOR	2.00	x						0.	0.	0.
(31) MIKE DUSTERHOFF	2.00	<u> </u>						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(32) MIKE EBERT	2.00	123						•	<u> </u>	
DIRECTOR	2.00	X						0.	0.	0.
(33) PAUL EISMAN		<del> </del>								
DIRECTOR	2.00	x						0.	0.	0.
(34) JOEL ELSTEIN										
DIRECTOR	2.00	x						0.	0.	0.
(35) CLINT ENSIGN										
DIRECTOR	2.00	X						0.	0.	0.
(36) AAMIR FARID										
DIRECTOR	2.00	Х						0.	0.	0 .
(37) PAUL FOSTER										
DIRECTOR	2.00	X						0.	0.	0
(38) RAJEEV GAUTAM		l								
DIRECTOR	2.00	Х						0.	0.	0
(39) FREDEREC GREEN									0	0
DIRECTOR	2.00	X						0.	0.	0 .
(40) HARRY HALLORAN	2 00	٠,							0	0
DIRECTOR (41) MCMILLAN HUMMEL	2.00	^						0.	0.	0 .
DIRECTOR	2.00	_v						0.	0.	0 .
(42) STEPHEN HUNKUS	2.00	₽						0.	0.	0 .
DIRECTOR	2.00	x						0.	0.	0.
(43) TERRY HURLBURT	2.00	1						0.	0.	0 (
DIRECTOR	2.00	$\mathbf{x}$						0.	0.	0 .
(44) TERRY JACKSON		<del> </del>								
DIRECTOR	2.00	x						0.	0.	0 .
(45) DARRELL JACOB										
DIRECTOR	2.00	X						0.	0.	0.
(46) NAUSHAD JAMANI										
DIRECTOR	2.00	lχ	1	l		l	1	0.	0.	0.

Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Pos	<b>C)</b> ition	ı		( <b>D)</b> Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) HANK JEANS		l							•	•
DIRECTOR	2.00	Х						0.	0.	0.
(48) LUTHER JONES		l								
DIRECTOR	2.00	Х						0.	0.	0 .
(49) ROBERT KENT										0
DIRECTOR	2.00	Х						0.	0.	0 .
(50) STEPHEN KIRK	2 00	\ _V							_	^
DIRECTOR	2.00	Х						0.	0.	0 .
(51) DANIEL KNEPPER	2.00	x						0.	0.	0.
DIRECTOR (52) JANICE LATZ	2.00	^						0.	0.	0 .
DIRECTOR	2.00	x						0.	0.	0 .
(53) ZACHARY LEVINE	2.00	₽						0.	0.	0 .
DIRECTOR	2.00	X						0.	0.	0.
(54) GLENN LIOLIOS	2.00							0.	0.	0 .
DIRECTOR	2.00	X						0.	0.	0.
(55) JAMES LOVING	2,00	<del> </del>							•	
DIRECTOR	2.00	x						0.	0.	0 .
(56) BRUCE MACKLIN		<del> </del>							•	
DIRECTOR	2.00	x						0.	0.	0 .
(57) JOHN MATSON										
DIRECTOR	2.00	X						0.	0.	0 .
(58) MICHAEL MCGARRY										
DIRECTOR	2.00	X						0.	0.	0 .
(59) JOHN MCINTOSH										
DIRECTOR	2.00	Х						0.	0.	0
(60) RAGHU MENON										
DIRECTOR	2.00	X						0.	0.	0
(61) JOHN NICOLS		l								
DIRECTOR	2.00	X						0.	0.	0.
(62) ROBERT PEASE									_	_
DIRECTOR	2.00	X				<u> </u>	_	0.	0.	0.
(63) MICHAEL PESCH	0.00									_
DIRECTOR	2.00	X	<u> </u>			_		0.	0.	0 .
(64) JOHN QUINN	2 00	\ _v						0.	0.	^
DIRECTOR	2.00	┝		$\vdash$		$\vdash$		0.	0.	0.
(65) PURNENDU RAI DIRECTOR	2.00	v						0.	0.	0.
(66) JEFF RAMSEY	2.00	┝				<u> </u>		0.	0.	0.
DIRECTOR	2.00	y						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	ıstees. Kev Eı	npla	ovee	s. a	nd F	liah	est	Compensated Employ		3970
(A)  Name and title	(B) Average hours			(C Pos	<b>C)</b> ition	ı		( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(67) RICHARD RENNARD	0.00								•	•
DIRECTOR	2.00	Х						0.	0.	0 .
(68) SCOTT RICHARDSON										0
DIRECTOR	2.00	Х						0.	0.	0
(69) LANE RIGGS										0
DIRECTOR	2.00	Х	<u> </u>				_	0.	0.	0
(70) DAN ROBINSON	2 00	٠,							_	^
DIRECTOR CALL PRINCE PURIN	2.00	Х						0.	0.	0
(71) BRUCE RUBIN	2.00	x						0.	0.	0
DIRECTOR (72) LAURA RUIZ	2.00	^						0.	0.	U .
DIRECTOR	2.00	x						0.	0.	0
(73) JAMES RUNYAN	2.00	₽						0.	0.	U .
DIRECTOR	2.00	X						0.	0.	0
(74) C. DOUGLAS SHANNON	2.00	<u> </u>						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0 .
(75) BRIAN SMITH	2.00	1						0.	0.	0 (
DIRECTOR	2.00	X						0.	0.	0
(76) MATTHEW SMORCH		<del> </del>						•		
DIRECTOR	2.00	x						0.	0.	0
(77) JAMES SPARKMAN										
DIRECTOR	2.00	x						0.	0.	0
(78) NICK SPENCER										
DIRECTOR	2.00	X						0.	0.	0
(79) DARIUS SWEET										
DIRECTOR	2.00	X						0.	0.	0
(80) TIM TAYLOR										
DIRECTOR	2.00	X						0.	0.	0
(81) STAN UENG								_	_	_
DIRECTOR	2.00	X						0.	0.	0 .
(82) RONALD WILLIAMS		_							_	-
DIRECTOR	2.00	X	<u> </u>				_	0.	0.	0.
(83) RUSS WILLMON										_
DIRECTOR	2.00	X	<u> </u>					0.	0.	0 .
(84) GARY YESAVAGE	2 00								_	^
DIRECTOR	2.00	<u> </u>	-					0.	0.	0 .
(85) MARK ZYSKOWSKI	2 00	Į.,						0.	0.	^
DIRECTOR (86) CHARLES DREVNA	2.00	┝	-	$\vdash$	$\vdash$		$\vdash$	0.	U •	0 .
(86) CHARLES DREVNA PRESIDENT	40.00			х				591,278.	0.	91,451

Form 990 (2011) MANUFACTO									33-011	3370
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl		Pos all t	ition		ly)	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	per week	eek   Junta trustee or director   Junta trustee or directo				Former	the organization	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(87) GREGORY SCOTT EXECUTIVE VICE PRESIDENT (TO AUG '11	40.00			Х				377,655.	0.	47,484.
(88) GERALD VAN DE VELDE CHIEF FINANCIAL OFFICER	40.00			Х				223,615.	0.	35,940.
(89) RICHARD MOSKOWITZ GENERAL COUNSEL (FROM DEC '11)	40.00			х				9,911.	0.	0.
(90) DAVID FRIEDMAN DIR REG AFFAIRS	40.00					х		211,682.	0.	34,497.
(91) JEFFREY HAZLE DIR REFINING TECH	40.00					х		189,855.	0.	29,065.
(92) BRENDAN WILLIAMS DIR GOVT AFFAIRS	40.00					x		198,431.	0.	33,749.
(93) JAMES COOPER	40.00					X			0.	
VP PETROCHEMICALS  (94) SUSAN YASHINSKIE								186,111.		31,225.
VP MEMBER SERVICES	40.00					X		208,323.	0.	33,521.
Total to Part VII, Section A, line 1c								2,196,861.		336,932.

Page 9 Form 990 (2011) MANUFAC
Part VIII Statement of Revenue **MANUFACTURERS** 53-0115970

ı a		ii   Statement of Never	iue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
t t	1 a	Federated campaigns	1a					
밀		Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events						
ar jit		Related organizations						
S, Eigh		Government grants (contribut						
Sign		All other contributions, gifts, gran	, <del></del>					
를 다	-	similar amounts not included above						
ÖĘ	a	Noncash contributions included in lines						
ag	h	Total. Add lines 1a-1f						
Ť		Totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / totall / tot		Business Code				
o	2 a	MEETINGS		900099	6578045.			6,578,045.
흥기	b	MEMBERGHER DHE		900099	6199400.	6199400.		, ,
Program Service Revenue	c	CUDDI EMEMBAT DU		900099	1556000.	1556000.		
E S		PUBLICATIONS		511190	125,752.	125,752.		
ğ	٠ ۵	SAFETY STATISTI	CS AND	900099	31,360.	31,360.		
٦	f	All other program service reve			0=7000	0=7000		
	g g				14,490,557.			
$\neg$	3	Investment income (including	dividends intere	est and	, ,			
	·	other similar amounts)			446,639.			446,639.
	4	Income from investment of tax			•			,
	5	Royalties						
		<b>,</b>	(i) Real	(ii) Personal				
	6 a	Gross rents	()	(,				
	b							
	С	Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	14,337,678.	(4) = 4.121				
	b	Less: cost or other basis						
		and sales expenses	14,194,110.					
	С	Gain or (loss)	4.40 = 60					
		Net gain or (loss)		<b></b>	143,568.			143,568.
ø		Gross income from fundraising						-
ğ	-	including \$	-					
e e		contributions reported on line						
Other Revenu		Part IV, line 18	,					
the	b	Less: direct expenses						
0		Net income or (loss) from fund		<b></b>				
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold						
		: Net income or (loss) from sale		<b></b>				
İ		Miscellaneous Revenu		Business Code				
İ	11 a	OTHER		900099	1,490.			1,490.
	b							
	С	;						
	d	All other revenue						
	е	Total. Add lines 11a-11d			1,490.			
	12	Total revenue. See instructions.		<b>•</b>	15,082,254.	7912512.	0.	7,169,742.

AMERICAN FUEL AND PETROCHEMICAL **MANUFACTURERS** 

Form 990 (2011)

### 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),

	orete columns (b), (c), and (b).				
	Check if Schedule O contains a respor	nse to any question in th	is Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,377,334.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,655,502.			
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	214,545.			
9	Other employee benefits	572,980.			
10	Payroll taxes	275,147.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	20,482.			
С	Accounting	62,124.			
d	Lobbying	373,627.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	1,115,074.			
12	Advertising and promotion	4,316.			
13	Office expenses	341,799.			
14	Information technology	50,397.			
15	Royalties				
16	Occupancy	554,471.			
17	Travel	253,562.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 501			
19	Conferences, conventions, and meetings	2,521,931.			
20	Interest				
21	Payments to affiliates	010 064			
22	Depreciation, depletion, and amortization	219,364.			
23	Insurance	77,412.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	LOW CARBON FUELS STANDA	1,572,932.			
b	GENERAL OPERATING EXPEN	118,092.			
С	DUES AND SUBSCRIPTIONS	82,783.			
d	STATISTICS	53,654.			
е	All other expenses	36,254.			
25	Total functional expenses. Add lines 1 through 24e	13,553,782.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	300.	1	300.
	2	Savings and temporary cash investments		2	1,964,182.
	3	Pledges and grants receivable, net	•	3	, , , , , ,
	4	Accounts receivable, net		4	480,745.
	5	Receivables from current and former officers, directors, trustees, key			
	"	employees, and highest compensated employees. Complete Part II			
				5	
	6	of Schedule L  Receivables from other disqualified persons (as defined under section			
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ţ	,			7	
Assets	7	Notes and loans receivable, net		8	
⋖	8	Inventories for sale or use	1 333 631	9	427,623.
	9	Prepaid expenses and deferred charges	. 333,034.	9	427,025.
	lua	Land, buildings, and equipment: cost or other			
	Ι.	basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 2,075,017  10b 829,786	1,128,016.	10c	1 245 231
	1		2 - 2 2 2 - 2	110	1,245,231. 9,696,068.
	11	Investments - publicly traded securities		_	3,030,000.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	. 271 127	14	296,854.
	15	Other assets. See Part IV, line 11		15	14,111,003.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4 4 4 4 4 4 4 4 4	16	
	17	Accounts payable and accrued expenses	· -	17	2,656,860.
	18	Grants payable		18	4,086,206.
	19	Deferred revenue	•	19	4,000,200.
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ij	22	Payables to current and former officers, directors, trustees, key employees,			
<u>ia</u>		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	1 201 004		1 015 150
		Schedule D	1,281,884.	25	1,215,152.
	26	Total liabilities. Add lines 17 through 25	6,872,519.	26	7,958,218.
		Organizations that follow SFAS 117, check here   X  and complete			
Ses		lines 27 through 29, and lines 33 and 34.	F 064 F10		E 004 E00
<u>a</u> n	27	Unrestricted net assets	5,864,519.	27	5,894,592.
Ва	28	Temporarily restricted net assets	275,125.	28	258,193.
nd	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here   and			
Š		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	6 150 505
~	33	Total net assets or fund balances	1 12 212 162	33	6,152,785.
	34	Total liabilities and net assets/fund balances	13,012,163.	34	14,111,003.

14,111,003. Form **990** (2011)

AMERICAN FUEL AND PETROCHEMICAL MANUFACTURERS

Form 990 (2011)
Part XI Rec

53-0115970 Page **12** 

Pa	Heconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>	<u></u>	X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,08			
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,55 1,52			
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,13	9,6	44.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<1,51	5,3	31.	
6						
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b			

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From income Tax onder Section 30 I(c) and Section 327

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 35c (Proxy Tax), then

Section 501(c)(4), (5), or (6) organ		CHEMICAL.	Empl	over identification number
		OIIDIII OIID		=
		ler section 501(c) o	or is a section 527 o	
2 Political expenditures	·		▶\$	0.
Part I-B Complete if the	organization is exempt und	ler section 501(c)(3	3).	
2 Enter the amount of any excise t	ax incurred by organization manag	ers under section 4955	▶\$	
				Yes No
	rachization is exampt une	lor postion 501(s)	execut eastion FO1/	0/(2)
•	<u> </u>		<u> </u>	, , ,
•	•	•		0.
			· · · · · ·	
			▶\$	
4 Did the filing organization file Fo	rm 1120-POL for this year?			Yes No
made payments. For each organ contributions received that were	ization listed, enter the amount pai promptly and directly delivered to	d from the filing organiza a separate political orga	ation's funds. Also enter th nization, such as a separa	e amount of political
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures				
			_	100 101
ACTION COMMITTEE	20006	53-0115970	0.	102,121.

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-E7) 2011 MANUFACTURERS

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Part II-A Complete if the org	ganizatio	on is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768	7113370 Page 2
(election under sec		• • • • • • • • • • • • • • • • • • • •		5		
				n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and sha		, ,	expenditures). nd "limited control" pro	wisions apply		
Limi	its on Lobl	oying Expe			(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to infl	luence pub	lic opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to infl	-					
c Total lobbying expenditures (add I						
d Other exempt purpose expenditur						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ent						
If the amount on line 1e, column (a) of			bying nontaxable am			
Not over \$500,000	( , -		the amount on line 1e			
Over \$500,000 but not over \$1,00	0.000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17			00 plus 5% of the exce			
Over \$17,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1,000,0	•			
		Ψ.,σσσ,				
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze	•					•
reporting section 4911 tax for this			· ·		[	Yes No
	,		eraging Period Under			
(Some organiz	zations tha			n do not have to comp	olete all of the five	
co	olumns be	low. See th	e instructions for line	es 2a through 2f on pa	ıge 4.)	
	Lobk	ying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
	1		1	1		1

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

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## Schedule C (Form 990 or 990-EZ) 2011 MANUFACTURERS 53-011595 | 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)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(k	)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	5044	(=\		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1	7,599	7,400.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	1,831	L,649.
	Carryover from last year				5,892.
	Total			1,484	757.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			2,777	7,826.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4	<129	3069.
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information		•		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C,	art II-A; and	Part II-B, lir	ne 1. Also, o	complete
	part for any additional information.  RT I-A, LINE 1:				
то	PROVIDE INDIVIDUALS WITH THE OPPORTUNITY TO CONTRI	BUTE T	O THE		
SUI	PPORT OF CANDIDATES FOR FEDERAL OFFICE WHO HAVE DEM	ONSTRA	TED C	ONCERI	1
FOI	R THE INTERESTS OF THE PETROCHEMICAL AND REFINING I	NDUSTR	IES T	HROUGI	ł

THE NPRA POLITICAL ACTION COMMITTEE.

53-0115970 Page 4 Schedule C (Form 990 or 990-EZ) 2011 MANUFACTURERS Part IV | Supplemental Information (continued) PART I-C CONTINUATION: NPRA POLITICAL ACTION COMMITTEE 1667 K STREET, N.W., SUITE 700 WASHINGTON, DC 20006 EIN: 53-0115970 COL (D) AMOUNT: 0. COL (E) AMOUNT: 102121. PART I-C, LINE 5: CONTRIBUTIONS RECEIVED BY AFPM AND TRANSFERRED TO NPRA PAC, A SEPARATE SEGREGATED FUND.

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization AMERICAN FUEL AND PETROCHEMICAL MANUFACTURERS

 $\begin{array}{c} \textbf{Employer identification number} \\ 53-0115970 \end{array}$ 

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	·		
Pai	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			l I
С	Number of conservation easements on a certified historic str		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year >		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	the year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pai	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

# AMERICAN FUEL AND PETROCHEMICAL MANUFACTURERS

Schedule D (Form 990) 2011

53-0115970 Page 2

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	or Othe	r Simila	ar Asse	ts (cont	inued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at are a siç	gnificant	use of its	collectio	n items	S
	(check all that apply):										
а	Public exhibition	d	ı <u> </u>	oan or exc	hange progra	ams					
b	Scholarly research	е	, 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	ion's exen	npt purpo	ose in Par	t XIV.		
5	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 ma	aintained as part of t	the orgar	nization's co	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for d	contribution	s or other as	sets not i	ncluded		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Pai	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10	).				
		(a) Current year	<b>(b)</b> Pi	rior year	(c) Two yea	rs back (	<b>d)</b> Three y	ears back	<b>(e)</b> Fou	r years l	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
С	Temporarily restricted endowment	<del></del>									
	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posse		ation tha	t are held a	nd administe	ered for th	e organiz	zation			
	by:	· ·					Ū			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	lule R?					3b		
4	Describe in Part XIV the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	nent. See Form 990	), Part X,	line 10.							
	Description of property	(a) Cost or o	ther	(b) Cost	or other	<b>(c)</b> Ac	cumulate	ed	(d) Boo	k value	)
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements			1,13	5,215.	3	98,4	20.	73	6,79	95.
	Equipment				3,653.	1	66,8	86.	14	6,76	57.
	Other				6,149.		64,4			1,66	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	nn (B), line 1	0(c).)			<b></b>	1,24	5,23	31.

Schedule D (Form 990) 2011

53-0115970 Page **3** 

Part	VII Investments - Other Securities. Se	e Form 990, Part X, I	ine 12.		
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
(1) Fin	ancial derivatives				
(2) Clo	sely-held equity interests				
(3) Oth	er				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
(I)					
$\overline{}$	Col (b) must equal Form 990, Part X, col (B) line 12.)				
	VIII Investments - Program Related. Se	ee Form 990. Part X.	line 13.		
				(c) Method of valua	tion:
	(a) Description of investment type	(b) Book value	Cos	st or end-of-year mar	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
T-1-1 //					
	Col (b) must equal Form 990, Part X, col (B) line 13.)	15			
Part	IX Other Assets. See Form 990, Part X, line				(h) Book value
Part	IX Other Assets. See Form 990, Part X, line	15. Description			(b) Book value
Part (1)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line (a)  Column (b) must equal Form 990, Part X, col (B) line	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line  (a)  Column (b) must equal Form 990, Part X, col (B) line  X Other Liabilities. See Form 990, Part X,	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1.	Column (b) must equal Form 990, Part X, col (B) line  X Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description	(b) Book value	<b></b>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part  1. (1)	Column (b) must equal Form 990, Part X, col (B) line  X Other Liabilities. See Form 990, Part X,  (a) Description of liability  Federal income taxes	Description	. , ,	<b></b>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2)	Column (b) must equal Form 990, Part X, col (B) line  X Other Liabilities. See Form 990, Part X, (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION	Description	296,854.	<b>&gt;</b>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part  1. (1) (2) (3)	Column (b) must equal Form 990, Part X, col (B) line  X Other Liabilities. See Form 990, Part X,  (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  DEFERRED RENT	Description  e 15.) line 25.	296,854. 456,149.	<b></b>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. ( Part  1. (1) (2) (3) (4)	Column (b) must equal Form 990, Part X, col (B) line  X Other Liabilities. See Form 990, Part X, (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION	Description  e 15.) line 25.	296,854.	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Part  1. (1) (2) (3) (4) (5)	Column (b) must equal Form 990, Part X, col (B) line  X Other Liabilities. See Form 990, Part X,  (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  DEFERRED RENT	Description  e 15.) line 25.	296,854. 456,149.	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5) (6)	Column (b) must equal Form 990, Part X, col (B) line  X Other Liabilities. See Form 990, Part X,  (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  DEFERRED RENT	Description  e 15.) line 25.	296,854. 456,149.	<b>&gt;</b>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part  1. (1) (2) (3) (4) (5) (6) (7)	Column (b) must equal Form 990, Part X, col (B) line  X Other Liabilities. See Form 990, Part X,  (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  DEFERRED RENT	Description  e 15.) line 25.	296,854. 456,149.	<b>&gt;</b>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part  1. (1) (2) (3) (4) (5) (6) (7) (8)	Column (b) must equal Form 990, Part X, col (B) line  X Other Liabilities. See Form 990, Part X,  (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  DEFERRED RENT	Description  e 15.) line 25.	296,854. 456,149.	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. ( Part  1. (1) (2) (3) (4) (5) (6) (7) (8) (9)	Column (b) must equal Form 990, Part X, col (B) line  X Other Liabilities. See Form 990, Part X,  (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  DEFERRED RENT	Description  e 15.) line 25.	296,854. 456,149.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part  1. (1) (2) (3) (4) (5) (6) (7) (8)	Column (b) must equal Form 990, Part X, col (B) line  X Other Liabilities. See Form 990, Part X,  (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  DEFERRED RENT	Description  e 15.) line 25.	296,854. 456,149.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Part  1. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11)	Column (b) must equal Form 990, Part X, col (B) line  X Other Liabilities. See Form 990, Part X,  (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  DEFERRED RENT	Description  e 15.) line 25.	296,854. 456,149. 462,149.		

53-0115970 Page 4 **MANUFACTURERS** Schedule D (Form 990) 2011

Pa	rt XI	Reconciliation of Change in Net Assets from Form 990 to	o Audite	ed Finan	cial S	tateme		
1	Total	revenue (Form 990, Part VIII, column (A), line 12)			1			82,254.
2		expenses (Form 990, Part IX, column (A), line 25)			2		13,5	553,782.
3		ss or (deficit) for the year. Subtract line 2 from line 1			3			28,472.
4		nrealized gains (losses) on investments			4			300,641.>
5		ted services and use of facilities			5			
6		tment expenses			6			
7		period adjustments			7			
8		(Describe in Part XIV.)			8		<1,2	214,690.
9		adjustments (net). Add lines 4 through 8			9			515,331.
10		ss or (deficit) for the year per audited financial statements. Combine lines 3 a			10			13,141.
		Reconciliation of Revenue per Audited Financial Statement				er Retu		-
1		revenue, gains, and other support per audited financial statements						883,734.
2		ints included on line 1 but not on Form 990, Part VIII, line 12:						
а		nrealized gains on investments	2a	<30	0,64	1.		
b		ted services and use of facilities						
c		veries of prior year grants						
d		(Describe in Part XIV.)		10	2,12	21.		
e		ines 2a through 2d				20	<1	.98,520.>
3		act line 2e from line 1						82,254.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:				<u> </u>	,	02,2011
а		tment expenses not included on Form 990, Part VIII, line 7b	4a					
b		(Describe in Part XIV.)						
C						4		0.
5		nes <b>4a</b> and <b>4b</b> revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form</i> 990, <i>Part I, line 12.</i> )				5		82,254.
		Reconciliation of Expenses per Audited Financial Statem			nses			02,2314
1		expenses and losses per audited financial statements				1		341,017.
2		ints included on line 1 but not on Form 990, Part IX, line 25:				····  '		711,017
a		ted services and use of facilities	2a					
b		year adjustments						
6			1 - 1					
d		(Describe in Part XIV.)		7	2,54	5.		
e		ines 2a through 2d				20		72 545.
3		•				2	14.7	72,545.
		act line <b>2e</b> from line <b>1</b> Ints included on Form 990, Part IX, line 25, but not on line <b>1</b> :					, ++,,	00,172.
4		tment expenses not included on Form 990, Part VIII, line 7b	امدا					
a		(5)	4.	<1,21	4 60	00		
		(Describe in Part XIV.)					_1 _1 2	214,690.
		ines 4a and 4b						$\frac{114,000.5}{553,782.}$
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information				5	)   13,3	755,702.
			00 Cara d	l 4- D-	t. IV / II:-		l Ol Dt \	/ line 4: Deat
		nis part to provide the descriptions required for Part II, lines 3, 5, and 9; Part						
		rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com 【, LINE 2: MANAGEMENT HAS CONCLUDED THA						ion.
LVI	\	1, DINE 2. MANAGEMENT HAS CONCLODED THA	71 1/1	VY YIA	, FAC	, IIV A	, m	
DD/	סשסו	LY MAINTAINED THEIR EXEMPT STATUS AND	типро	7 ADE	NO I	INCEE	יי זאד איי	יא ע
FIX	) F Li I	HI MAINIAINED INEIK EXEMPT STATOS AND	THEKI	מאא כ	IVO C	исы	(IVIII I	
DΩ	דיידי	ONS AS OF DECEMBER 31, 2011 AND 2010.						
FU	) T T T	ONS AS OF DECEMBER 31, ZUIT AND ZUIU.						
ד ג כד	от v	T I THE O OMITED ADTICOMENTS.						
rAl	7.T. X	I, LINE 8 - OTHER ADJUSTMENTS:						
ים ג	\T m +	ONAL DENGTON OUADOR (DENGETO)					1 1	11 600
AUI	λΤ.I.T	ONAL PENSION CHARGE (BENEFIT)					-I,Z	214,690.

53-0115970 Page 5 **MANUFACTURERS** Schedule D (Form 990) 2011 Part XIV Supplemental Information (continued) PAC REVENUE 102,121. PART XIII, LINE 2D - OTHER ADJUSTMENTS: PAC DISBURSEMENTS 72,545. PART XIII, LINE 4B - OTHER ADJUSTMENTS: ADDITIONAL PENSION BENEFIT -1,214,690.

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

## **Compensation Information**

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions. AMERICAN FUEL AND PETROCHEMICAL

. Inspection

**MANUFACTURERS** Part I Questions Regarding Compensation Employer identification number 53-0115970

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	Device the constitution of the first COO Dest/III Continue A line 4 with second the the filter			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4a	х	
a	Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b	X	<del>                                     </del>
D	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The storage of lines 4a o, list the persons and provide the applicable amounts for each term in that the			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	1

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

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	(i)	470,000.	110,000.	11,278.	76,850.	14,601.	682,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	209,375.	40,000.	128,280.	33,642.	13,842.	425,139.	0.
2 GREGORY SCOTT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	200,000.	20,000.	3,615.	22,000.	13,940.	259,555.	0.
3 GERALD VAN DE VELDE	(ii)	198,000.	13,000.	0. 682.	17,935.	0. 16,562.	0. 246,179.	0.
4 DAVID FRIEDMAN	(i) (ii)	190,000.	13,000.	002.	17,933.	10,302.	240,179.	0.
4 DAVID TRIBDIMIN	(i)	180,000.	8,000.	1,855.	15,980.	13,085.	218,920.	0.
5 JEFFREY HAZLE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	180,000.	17,500.	931.	16,788.	16,961.	232,180.	0.
6 BRENDAN WILLIAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	170,000.	12,500.	3,611.	18,250.	12,975.	217,336.	0.
7 JAMES COOPER	(ii)	0.	0.	0.	0.	0.	0.	0.
GUGAN VAGUTNGVIT	(i)	185,000.	20,000.	3,323.	20,500.	13,021.	241,844.	0.
8 SUSAN YASHINSKIE	(ii)	0.	0.	0.	0.	0.	0.	0.
0	(i) (ii)							
9	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
14	(i) (ii)							
17	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2011

**MANUFACTURERS** 

53-0115970 Page 3 Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINES 4A-B: CONTRIBUTION TO DEFERRED COMPENSATION PLAN \$44,388 CHARLES DREVNA GREGORY SCOTT SEVERANCE \$125,625

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

AMERICAN FUEL AND PETROCHEMICAL MANUFACTURERS

Employer identification number 53-0115970

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SCIENTIFIC INFORMATION AND STATISTICS RELATING TO THE PETROLEUM REFINING AND PETROCHEMICAL MANUFACTURING INDUSTRIES. -SERVING AS AN EFFECTIVE CHANNEL OF COMMUNICATION OF INDUSTRY INFORMATION AMONG MEMBERS, OTHER ASSOCIATIONS, THE GOVERNMENT, AND THE PUBLIC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND THE PUBLIC TO PROMOTE POLICIES THAT BALANCE ENERGY SUPPLY NEEDS WITH ENVIRONMENTAL GOALS, FACILITATE TECHNICAL ADVANCEMENT AND CONTINUED PROGRESS IN SAFETY, ENVIRONMENTAL PERFORMANCE AND SECURITY, IN PART THROUGH WORLD-CLASS MEETINGS AND CONFERENCES SEVERAL OF WHICH ARE THE FOREMOST INDUSTRY MEETINGS IN THE WORLD. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: REPUTATIONAL ENHANCEMENT, BUSINESS ENHANCEMENT, ASSOCIATION FORM 990, PART VI, SECTION A, LINE 6: AFPM HAS OVER 450 MEMBER COMPANIES. FORM 990, PART VI, SECTION A, LINE 7A: THE AFPM BOARD OF DIRECTORS IS COMPRISED OF REPRESENTATIVES FROM EACH OF ITS REGULAR MEMBERS. FORM 990, PART VI, SECTION A, LINE 7B: EACH PETROCHEMICAL AND REFINERS

MEMBER COMPANY HAS ONE VOTE WHICH PERTAINS TO THE ISSUE BEING VOTED ON.

AFPM BOARD MEMBERS APPROVE APPOINTED MEMBERS OF THE EXECUTIVE COMMITTEE;

ANNUAL BUDGETS; ALTERATIONS/REVISIONS IN THE ASSOCIATION'S BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11: THE CHIEF FINANCIAL OFFICER (CFO)

AND ACCOUNTING MANAGER (AM) REVIEW THE UNAPPROVED FORM 990 AT A SCHEDULED

MEETING AND SUBMIT REVISIONS AND/OR QUESTIONS TO THE CONTRACTED AUDITING

FIRM (JOHNSON LAMBERT). THE FORM 990 FORM IS RETURNED TO THE CFO AND AM

WITH REVISIONS (IF ANY) AND SUBMITTED BACK TO THE AUDITING FIRM AS APPROVED

AND THE FINAL VERSION IS REVIEWED WITH THE PRESIDENT FOR HIS SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 12C: AFPM PROVIDES THE POLICY TO

ORGANIZATION PERSONNEL ANNUALLY AND MONITORS THE ADDITION OF NEW VENDORS

AND COMPANY RELATED TRAVEL.

FORM 990, PART VI, SECTION B, LINE 15: INDEPENDENT SALARY SURVEY OF KEY

POSITIONS WAS COMMISSIONED AND THE EXECUTIVE COMPENSATION IS VOTED ON BY

THE EXECUTIVE COMMITTEE REVIEW BOARD ON AN ANNUAL BASIS. PRESIDENT'S SALARY

AND BONUS WERE RECOMMENDED AND APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990 AMENDED RETURN

FORM 990 WAS AMENDED TO RESTATE THE COMPENSATION OF ONE OF THE

ORGANIZATION'S OFFICERS WHICH WAS ERRONEOUSLY PRESENTED IN THE

ORIGINALLY FILED RETURN.

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

NET UNREALIZED LOSSES ON INVESTMENTS:

-300,641.

Schedule O (Form 990 or 990-EZ) (2011)  Name of the organization AMERICAN FUEL AND PETROCHEMICAL	Page 2  Employer identification number		
MANUFACTURERS	53-0115970		
ADDITIONAL PENSION CHARGE (BENEFIT)	-1,214,690.		
TOTAL TO FORM 990, PART XI, LINE 5	-1,515,331.		

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)

OMB No. 1545-0047

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

Open to Public Inspection

ΑI	For the	e 2009 calendar year, or tax year beginning and end	ling				
<b>B</b> (	Check if	Please C Name of organization		D Employer identifi	cation number		
â	applicabl	use IRS NATIONAL PETROCHEMICAL & REFINERS					
	Address label or ASSOCIATION						
	Name change type. Doing Business As			53-0	115970		
	Initial return		m/suite	E Telephone numbe	r		
F	Termin				457-0480		
F	Amen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	G Gross receipts \$	18,767,749.		
F	Applic		H(a) Is this a group re				
	⊥tion pendi			for affiliates?	Yes X No		
					H(b) Are all affiliates included? Yes No		
_	T-11 -11	empt status: X 501(c) ( 6		` '			
		te: NWW.NPRA.ORG		H(c) Group exemptio	list. (see instructions)		
		organization: X Corporation Trust Association Other	■ Voor		A State of legal domicile: DE		
	art I	Summary	L I Gai	n iorination. TOOT	7 State of legal doffliche. DI		
		Briefly describe the organization's mission or most significant activities: PROMO	TTNC	тиг семера	T. WFT.FARF		
Se	1	OF ITS MEMBERS BY GATHERING AND DISSEMINAT	TNC	TITE GENERA	7 MEDLYKE		
nan	1						
Æ		Check this box if the organization discontinued its operations or disposed		I	ssets.		
& Governance		Number of voting members of the governing body (Part VI, line 1a)			80		
		Number of independent voting members of the governing body (Part VI, line 1b)			40		
ţį		Total number of employees (Part V, line 2a)			0		
Activities &		Total number of volunteers (estimate if necessary)			0.		
Ā		Total gross unrelated business revenue from Part VIII, column (C), line 12			0.		
	D	Net unrelated business taxable income from Form 990-T, line 34	······				
		Contributions and avants (Dart VIII line 1 b)		Prior Year	Current Year 2,105,300.		
ine		Contributions and grants (Part VIII, line 1h)		10,600,772.	9,380,679.		
Revenue		Program service revenue (Part VIII, line 2g)	····	7,665.	-761,038.		
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,005.	3,070.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,608,437.	10,728,011.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,000,437.	10,720,011.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)					
		Benefits paid to or for members (Part IX, column (A), line 4)		4,668,449.	5,030,482.		
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,000,445.	3,030,402.		
en		Professional fundraising fees (Part IX, column (A), line 11e)					
Ä		Total fundraising expenses (Part IX, column (D), line 25)	_	6 420 042	6,464,617.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		6,430,043.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	····	11,098,492. -490,055.			
	19	Revenue less expenses. Subtract line 18 from line 12		· · · · · · · · · · · · · · · · · · ·	-767,088.		
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year		
Sse	20	Total assets (Part X, line 16)		9,472,643.	10,793,000.		
et A	21	Total liabilities (Part X, line 26)		5,859,423.	6,034,692.		
	22	Net assets or fund balances. Subtract line 21 from line 20		3,613,220.	4,758,308.		
P	art II	Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atemente o	and to the hest of my knowled	ge and helief it is true, correct		
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any ki	nowledge.	and to the best of my knowled	ge and belief, it is true, correct,		
				1			
Sig		Signature of officer		I Date			
Her	e	,		Date			
		CHARLES T. DREVNA, PRESIDENT Type or print name and title					
		I Data	l Ch	eck if Prepare	er's identifying number		
Pai	d	r reparer s	self	s_ (see in:	structions)		
Pre	parer's	Signature  Firm's name (or TOUNGON TAMPEDE S. CO. TTD.	em	ployed			
	Only	vours if UOHNSON LAMBERT & CO. LLP		EIN ▶			
	•	self-employed), address, and PALETCH NG 27600			10 710 6400		
		ZIP + 4 RALEIGH, NC 27609		Phone no. ► 9	19-719-6400		
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

#### **Exempt Organization Declaration and Signature for** Form **8453-EO** OMB No. 1545-1879 **Electronic Filing** For calendar year 2009, or tax year beginning , 2009, and ending 2009 For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 Department of the Treasury See instructions. Internal Revenue Service Name of exempt organization NATIONAL PETROCHEMICAL & REFINERS **Employer identification number** ASSOCIATION 53-0115970 Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______1b b Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here ► 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) ....... 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b Part II **Declaration of Officer** I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. Sign Here Signature of officer

### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements In Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	ERO's signature	von lag	11/15/10	Check if also paid preparer	Check if self- employed	PO1059941
Use	Firm's name (or yours if self-employed),	JOHNSON LAMBERT &	CO. LLP		EIN	52-1446779
Only	address, and ZIP code	700 SPRING FOREST	ROAD, STE	115	Phor	ne no.
		RALEIGH, NC 27609			9	19-719-6400

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid	Preparer's signature	Date Check if self-employed	Preparer's SSN or PTIN
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code		EIN
•			Phone no.



Name: NATIONAL PETROCHEMICAL IRS Center: OGDEN e-Postmark: 11/15/2010 2:37:57

& REFINE

FEIN: 53-0115970 Refund: \$0.00 Notification:

Return History				
DCN	DATE	TYPE OF ACTIVITY	UPDATED BY	
	11/15/2010	Upload Started		
	11/15/2010	Released for Transmission - Validation in Progress	System	
	11/15/2010	Ready to transmit - Validation Complete		
	11/15/2010	Transmitted to FD		
	11/15/2010	Accepted by FD		

## Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

	The a separate application for each return.			
	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box			
	you are filing for an <b>Additional (Not Automatic) 3-Month Extension, complete only Part II</b> (on page 2 of thi <b>not complete Part II unless</b> you have already been granted an automatic 3-month extension on a previously			
Pa	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and co I only			
All of	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a e income tax returns.			
note (not a you r	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens d below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or composite or composite or composite to the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic string over the fully completed and signed page 2 (Part II) of Form 8868.	nically onsolic	if (1) you want the additional lated Form 990-T. Instead.	
Туре	, ,	Emp	oloyer identification number	
print		1 _		
File by		5	3-0115970	
due da fillng y return.	our 1667 K STREET N.W. NO. 700			
Instruc				
Chec	k type of return to be filed (file a separate application for each return):			
▼ Form 990       Form 990-T (corporation)       Form 4720         Form 990-BL       Form 990-T (sec. 401(a) or 408(a) trust)       Form 5227         Form 990-EZ       Form 990-T (trust other than above)       Form 6069         Form 990-PF       Form 1041-A       Form 8870				
• Th	NPRA ne books are in the care of ▶ 1667 K STREET, NW - WASHINGTON, DC 20006			
	elephone No. 202-457-0480  FAX No. 202-457-0486			
	the organization does not have an office or place of business in the United States, check this box		<b>▶</b> □	
• If 1	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is is fo	r the whole group, check this	
box	. If it is for part of the group, check this box	memb	ers the extension will cover.	
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 16, 2010 , to file the exempt organization return for the organization named a is for the organization's return for:    X   calendar year   2009   or   tax year beginning , and ending		The extension	
	, and ording		<b>-</b> '	
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period	
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	Change in accounting period	
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$	
3a b	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.			
3a b	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$	

Form	8868 (Rev. 4-2009)			Page 2	
Note	you are filing for an <b>Additional (Not Automatic) 3-Month Extension, complete only Part II</b> and check this bo . Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed you are filing for an <b>Automatic 3-Month Extension, complete only Part I</b> (on page 1).	Form 88		. <b>X</b>	
Pai	rt II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies ne	eded).		
Type	Name of Exempt Organization NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION	Employer identification number 53-0115970			
File by extend due da filing th	ed Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS	use only		
return. instruc	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
Chec	k type of return to be filed (File a separate application for each return):  Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A  Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		n 5227 n 6069	Form 8870	
STOF	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly filed	Form 8868.		
Te if t if t box 4 5 6 7	I request an additional 3-month extension of time until NOVEMBER 15, 2010 .  For calendar year 2009, or other tax year beginning , and ending .  If this tax year is for less than 12 months, check reason: Initial return Final return State in detail why you need the extension .  ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.	s is for the	ne whole grou	n is for	
b	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8a \$			
	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	00		N/A	
	Signature and Verification	8c   \$		H/A	
Jnder t is tru	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the le, correct, and complete, and that I am authorized to prepare this form.	best of m	y knowledge an	d belief,	
Signati	ure > Quan Con Title > CPA	Date >	7/14/2	010	
			Form <b>8868</b>	(Rev. 4-2009)	

Form	990 (2009) ASSOCIATION		53-0115	970 Page <b>2</b>
Pai	rt III Statement of Program Service Accomp	lishments		
1		HEDULE O FOR CONT		
	EDUCATE THE PUBLIC AND POLICY			
	REFINING AND PETROCHEMICAL IN			
	CONTRIBUTION TO IMPROVEMENTS			
	ADVOCACY VOICE FOR OUR MEMBER		·	EDIA
2	Did the organization undertake any significant program ser	vices during the year which were n	ot listed on	<b></b>
			L	Yes X No
•	If "Yes," describe these new services on Schedule O.			Yes X No
3	Did the organization cease conducting, or make significant	changes in now it conducts, any p	brogram services?	Yes LALINO
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the	o organization's three largest progr	am conject by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations and section 4		• •	
	allocations to others, the total expenses, and revenue, if ar			
	anocations to ethoro, the total expenses, and revenue, if a	ly, for each program control report	55.	
4a	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
	SUPPLEMENTAL ADVOCACY FUND - 1		ITIONALS FUNDS FR	OM
	MEMBER COMPANIES TOWARD ADVOCA	ACY EFFORTS CONCE	NTRATING ON THE F	OLLOWING
	ISSUES; CLIMATE CHANGE ISSUES	; TAXATION; CHEMIC	CAL SECURITY AND	CHEMICAL
	RISK MANAGEMENT.			
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
710	LOW CARBON FUEL STANDARD CAMPA			PLEDGES
	FROM SPECIFIC MEMBER COMPANIE			
	TO EDUCATE AND INFORM TARGET			
	CARBON FUEL STANDARDS.			
4-			) (D	
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services. (Describe in Schedule O.)			

) (Revenue \$

including grants of \$

(Expenses \$

4e Total program service expenses ►\$

Page 3

			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?							
	If "Yes," complete Schedule A	1		X				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		х					
	public office? If "Yes," complete Schedule C, Part I							
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4						
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and							
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X					
6	6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to							
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,							
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х				
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide							
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?							
	If "Yes," complete Schedule D, Part V	10		х				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X							
	as applicable	11	х					
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,							
	Part VI.							
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.							
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.							
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in							
	Part X, line 16? If "Yes," complete Schedule D, Part IX.							
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.							
•	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? If "Yes," complete Schedule D, Part X.							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete							
	Schedule D, Parts XI, XII, and XIII.	12		X				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X				
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			77				
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X				
15	15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization							
or entity located outside the United States? If "Yes," complete Schedule F, Part II								
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals								
located outside the United States? If "Yes," complete Schedule F, Part III								
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,								
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х				
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		- 22				
19		10		х				
20	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		X				
20	Did the diganization operate one of more hospitals: 11 100, complete concodic 11	20						

Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			х
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Cohodula I Port III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?  If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_ <u></u>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	

# | Part V | Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a 42			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	Tax Shelter Transaction?	5c		1
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
Ua	any contributions that were not tax deductible?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		<del></del>
	were not tax deductible?	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
-	provided to the payor?	7a		ĺ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		ĺ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			1
	benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<b>—</b>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against			
D				
122	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza		
IJ	n 100, onto the amount of tax exempt interest received of accided during the year			

Form 990 (2009)

53-0115970

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Enter the number of voting members of the governing body  be Enter the number of voting members that are independent  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, or trust each or the year of a management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  3 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?  4 Did the organization become aware during the year of a material diversion of the organization's assets?  5 Did the organization have members or stockholders?  7a Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons?  6 X  7 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  5 Did the organization that suthority to act on behalf of the governing body?  8 Did the organization with authority to act on behalf of the governing body?  8 Did the organization with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If *Vise*, *Provide the names and addresses in Schedule O  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Does the organization have local chapters, branches, or affiliates?  10b Ves No organization provided a copy of this Form 990 to all members of its governing body before filing the form?
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Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  11
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Does the organization have a written conflict of interest policy? If "No," go to line 13  12a X  12a X  12a X  12a X  12a X  12a X  12b X  12b X  12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15b X  16b Other officers or key employees of the organization
Does the organization have a written conflict of interest policy? If "No," go to line 13  b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  12c X  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  15b X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  12c X  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  15b X
to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  12c X  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  15b X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  12c X  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 The organization's CEO, Executive Director, or top management official  15a X  15b X
in Schedule O how this is done  12c X  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15a X  15b X
Does the organization have a written whistleblower policy?  13 X  14 Does the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 The organization's CEO, Executive Director, or top management official  15 X  15 Other officers or key employees of the organization
Does the organization have a written document retention and destruction policy?  14 X  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  15b X
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?  The organization's CEO, Executive Director, or top management official  Total CEO, Executive Director, or top management official  Total CEO, Executive Director, or top management official  Total CEO, Executive Director, or top management official  Total CEO, Executive Director, or top management official  Total CEO, Executive Director, or top management official  Total CEO, Executive Director, or top management official
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  15b X
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization  15a X  15b X
b Other officers or key employees of the organization 15b X
2 one one of the formation of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of t
It "Yes" to line 15a, or 15b, describe the process in Schedule O. (See instructions.)
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
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? 16b
Section C. Disclosure
List the states with which a copy of this Form 990 is required to be filed NONE  NONE  NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for
public inspection. Indicate how you make these available. Check all that apply.
Own website Another's website X Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial
statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► GERALD VAN DE VELDE - 202-457-0480
1667 K STREET, NW, WASHINGTON, DC 20006

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not co	impensate an	y Cu	irren	t off	icer	, aire	ecto	r, or trustee.		
(A)	(B)		(C) Position (check all that apply)		(D)	(E)	(F)			
Name and Title	Average						Reportable	Reportable	Estimated	
	hours	(cl			check all that apply)			app	ly)	compensation
	per	sto						from	from related	other
	week	r dire				pa:		the organization	organizations (W-2/1099-MISC)	compensation from the
		stee o	ustee			ensai		(W-2/1099-MISC)	(***2/1099****100)	organization
		al tru	onal tı		loyee	co mp		(** 2/ *********************************		and related
		Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
DILL KI BOOR		드	п	0ŧ	ž	E E	8			
BILL KLESSE CHAIRMAN	5.00	x		х				0.	0.	0.
DENNIS SEITH	3.00	^						0.		
VICE PRESIDENT	5.00	x		Х				0.	0.	0.
GREG GARLAND	3.00							0.	0.	
VICE PRESIDENT	5.00	x		х				0.	0.	0.
JERRY WEICH										
VICE PRESIDENT	5.00	х		х				0.	0.	0.
JOSEPH LEE										
VICE PRESIDENT	5.00	х		Х				0.	0.	0.
JIM MAHONEY										
FORMER CHAIRMAN	5.00	Х		Х				0.	0.	0.
KEVIN BROWN										
FORMER CHAIRMAN	5.00	Х		Х				0.	0.	0.
LAWRENCE ZIEMBA										
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
MICHAEL BROWN								_	_	_
FORMER TREASURER	5.00	Х		Х				0.	0.	0.
PAUL ELSMAN		l								
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
RICHARD MARCOGLIESE	F 00								0	0
FORMER TREASURER	5.00	Х		Х				0.	0.	0.
RICHARD MEEKS	E 00	٠,		77				_	0	0
TREASURER VINCE KELLEY	5.00	Х		Х				0.	0.	0.
VICE RELLEY VICE PRESIDENT	5.00	x		х				0.	0.	0.
WILLIAM FINNERTY	3.00	^		Δ				0.	0.	<u>U•</u>
VICE CHAIRMAN	5.00	x		х				0.	0.	0.
STEVEN ABRAMS	3.00							•	•	
DIRECTOR	2.00	x						0.	0.	0.
BRIAN AMES										
DIRECTOR	2.00	х						0.	0.	0.
BILL ANDERSON										
DIRECTOR	2.00	Х						0.	0.	0.

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(A) Name and title	(B) Average hours per week	H	heck	Pos				<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and title	hours per	H						Reportable I	Donortoblo	
	week	or direct				app	ly)	compensation from	compensation from related	amount of other
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations
CHUCK ANDERSON									_	_
DIRECTOR	2.00	Х						0.	0.	(
RAYMON BARLOW DIRECTOR	2.00	х						0.	0.	(
JERRY BASCONI								_	_	
DIRECTOR	2.00	Х						0.	0.	(
TERRY BEGLEY DIRECTOR	2.00	х						0.	0.	(
TERRY BURLESON									•	
DIRECTOR	2.00	Х						0.	0.	(
STEVEN BURTCH DIRECTOR	2.00	х						0.	0.	(
JEFFREY BYRNE DIRECTOR	2.00	х						0.	0.	(
ALAN CABODI DIRECTOR	2.00	х						0.	0.	(
NICHOLAS CARTER DIRECTOR	2.00	x						0.	0.	(
PETER CELLA DIRECTOR	2.00							0.	0.	(
1b Total	<b>-</b>	_				┢		1,863,847.	0.	135,321
2 Total number of individuals (including bu	t not limited to th					e) wł	no re	eceived more than \$100	,000 in reportable	
compensation from the organization	•									Yes N
3 Did the organization list any former offic								-		
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the										3 2

the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

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

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to

are organization		
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
GAYLORD TEXAN		
1501 GAYLORD TRAIL, GRAPEVINE, TX 76051	HOTEL SERVICES	480,503.
MARRIOTT HOTELS & RESORT		
PO BOX 402642, ATLANTA, GA 30384	HOTEL SERVICES	418,846.
FINANCIAL DYNAMICS		
PO BOX 630391, BALTIMORE, MD 21263	MEDIA CONSULTANT	345,000.
AV TECHNICAL SERVICES		
1211 EAST HOUSTON ST, SAN ANTONIO, TX 78205	TECHNICAL SUPPORT	226,489.
BEVERIDGE SEAY, 2000 P STREET NW, STE 700,	IDENTITY AND BRAND	
WASHINGTON, DC 20036	CONSULTANT	168,678.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 in compensation from the organization   11		

4

Х

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Pa	rt VII	I   Statement of Rever	nue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
t t	1 a	Federated campaigns	1a					
필		Membership dues						
g,								
Contributions, gifts, grants and other similar amounts			1d					
9,8		Government grants (contributi						
Sizi		• ,	· -					
털털	Т	All other contributions, gifts, grant		2105300.				
달히		similar amounts not included abov		Z105300.				
ig p	g	Noncash contributions included in lines	1a-1f: \$		2105200			
OB	h	Total. Add lines 1a-1f		<u></u>	2105300.			
				Business Code				
ce	2 a	MEETINGS		900099	5299076.	5299076.		
Program Service Revenue	b		& ASSE	900099	3913614.	3913614.		
종립	С			511190	91,099.			
eve	d	SAFETY STATISTI	CS AND	900099	42,390.	42,390.		
9	е	STUDENT TEACHER	EDUCAT	900099	34,500.	34,500.		
ᇫ	f	All other program service reve	nue					
		Total. Add lines 2a-2f		<b></b>	9380679.			
	3	Investment income (including						
		other similar amounts)	•		290,773.			290,773.
	4	Income from investment of tax		_	-			
	5	Royalties		-				
	•	noyalilos	(i) Real	(ii) Personal				
	6 2	Gross Rents	(i) Hear	(ii) i craoriai				
		Less: rental expenses						
		٠ /						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	6,987,927.					
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)	-1,051,811.					
	d	Net gain or (loss)		<u></u>	-1,051,811.			-1,051,811.
<u>o</u>	8 a	Gross income from fundraising	g events (not					
ž		including \$	of					
Other Revenue		contributions reported on line						
F.		Part IV, line 18	а					
훜	b	Less: direct expenses						
0		Net income or (loss) from fund		<b></b>				
		Gross income from gaming ac	-					
		Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		` ,	•					
	io a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
H	С	Net income or (loss) from sales						
		Miscellaneous Revenu	e	Business Code	2 070			2 070
		OTHER		900099	3,070.			3,070.
	b							
	С							
		All other revenue			2 2 7 7			
	е	Total. Add lines 11a-11d		🕨	3,070.			
	10	Total revenue See instructions			10 728 011	9380679	Λ.	-757968

### Part IX Statement of Functional Expenses

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

	All other organizations must comp	lete column (A) but are	not required to comp		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	1,037,626.			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,904,382.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	396,000.			
9	Other employee benefits	460,468.			
10	Payroll taxes	232,006.			
11	Fees for services (non-employees):				
а	Management	1.5.1.			
b	Legal	16,170.			
С	Accounting	54,244.			
d	Lobbying	565,927.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	407 F10			
g	Other	497,512. 41,171.			
12	Advertising and promotion	313,268.			
13	Office expenses	73,897.			
14	Information technology	75,057.			
15	Royalties	662,552.			
16 17	Occupancy	176,821.			
18	Travel Payments of travel or entertainment expenses	17070211			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,614,648.			
20	Interest	, ,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	223,228.			
23	Insurance	80,765.			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	LOW CARBON FUELS STANDA	814,000.			
b	GENERAL OPERATING EXPEN	152,224.			
C	STATISTICS STATES	64,187.			
d	DUES AND SUBSCRIPTIONS	61,249.			
e	OTHER EXPENSES	52,754.			
f	All other expenses	,			
25	Total functional expenses. Add lines 1 through 24f	11,495,099.			
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Pa	rt X	Balance Sheet					· · · · · · · · · · · · · · · · · · ·
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			718.	1	297.
	2	Savings and temporary cash investments		1,597,469.	2	1,436,081.	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	71,661.	4	46,215.		
	5	Receivables from current and former officers, d					
		employees, and highest compensated employe					
		of Schedule L		5			
	6	Receivables from other disqualified persons (as	under section				
		4958(f)(1)) and persons described in section 49					
		Part II of Schedule L				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			330,290.	9	202,640.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,807,929.			
	b	Less: accumulated depreciation		508,301.	1,496,300.	10c	1,299,628.
	11	Investments - publicly traded securities			5,862,450.	11	7,641,089.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	113,755.	15	167,050.		
	16	Total assets. Add lines 1 through 15 (must equ	9,472,643.	16	10,793,000.		
	17	Accounts payable and accrued expenses	2,400,733.	17	2,369,875.		
	18	Grants payable	· · ·	18			
	19	Deferred revenue		2,304,215.	19	2,462,690.	
	20	Tax-exempt bond liabilities			· · · · · · · · · · · · · · · · · · ·	20	
s	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, directo					
iq.		highest compensated employees, and disqualif					
Ë		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities. Complete Part X of Schedule D		-	1,154,475.	25	1,202,127.
	26	Total liabilities. Add lines 17 through 25	T	5,859,423.	26	6,034,692.	
	120	Organizations that follow SFAS 117, check h					0,00=,00=
Ø		lines 27 through 29, and lines 33 and 34.	J. C				
၁င	27	Unrestricted net assets	3,613,220.	27	4,362,308.		
aa	28	Temporarily restricted net assets	.,,	28	396,000.		
Ä	29			29	020,000		
Ĕ		Organizations that do not follow SFAS 117, c		re D and			
F		complete lines 30 through 34.					
ts c	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances		-	3,613,220.	33	4,758,308.
	34	Total liabilities and net assets/fund balances			9,472,643.	34	10,793,000.
	1 0-1	Total habilities and fiet assets/fully baidfies .			-, , 0 - 0 •	, 57	, , , , , , , , , , , ,

Form **990** (2009)

Form 990 (2009) ASSOCIATION

Part XI Financial Statements and Reporting 53-0115970 Page **12** 

га	Tt AT Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
За	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?	За		Х
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.	3b		

Form **990** (2009)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

► Attach to Form 990, 990-EZ, or 990-PF.

Schedule of Contributors

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATION

NATIONAL PETROCHEMICAL & REFINERS

Employer identification number

53-0115970

Organization type (check one): Filers of Section: X 501(c)( 6) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$95,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$543,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		s100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Employer identification number

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No. 7	Name, address, and ZIP + 4	Aggregate contributions	Person X
		\$ 19,800.	Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$ 49,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12		\$ 29,600.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$29,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18		\$\$	Person X Payroll

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$65,800.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20		\$ 7,500.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21		\$\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22	Nume, address, and Zir + 4	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24		\$ 27,800.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$27,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26		\$25,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28		\$14,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30		9,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

#### **SCHEDULE C**

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

Schedule C (Form 990 or 990-EZ) 2009

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

ASSOCIA	TION	CABILLAN	Empi	53-0115970	<b>71</b>
Part I-A Complete if the org	ganization is exempt unde	er section 501(c) o	or is a section 527 o	rganization.	
<ul><li>1 Provide a description of the organic</li><li>2 Political expenditures</li><li>3 Volunteer hours</li></ul>			<b>▶</b> \$	0	١.
Part I-B Complete if the org	ganization is exempt unde	er section 501(c)(3	3).		_
1 Enter the amount of any excise tax	incurred by the organization unde	er section 4955	▶\$		
2 Enter the amount of any excise tax	incurred by organization manage	rs under section 4955		Yes N	_
	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4a Was a correction made?				
				Yes N	0
b If "Yes," describe in Part IV.  Part I-C Complete if the org	ganization is exempt unde	er section 501(c).	except section 5016	c)(3).	_
1 Enter the amount directly expende	·	• • • • • • • • • • • • • • • • • • • •		· · ·	_
2 Enter the amount of the filing organ			***************************************		_
exempt function activities		· ·	_	0	
3 Total exempt function expenditures					
line 17b			▶\$		
<ul> <li>Did the filing organization file Form</li> <li>Enter the names, addresses and error each organization listed, enter that were promptly and directly del (PAC). If additional space is needed</li> </ul>	mployer identification number (EIN the amount paid from the filing oro ivered to a separate political orgal	l) of all section 527 poli ganization's funds. Also nization, such as a sep	tical organizations to whic enter the amount of politi arate segregated fund or a	h payments were made. ical contributions received a political action committee	
(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received an promptly and directly delivered to a separate political organization.  If none, enter -0	
NPRA POLITICAL ACTION COMMITTEE	WASHINGTON, DC 20006	53-0115970	0.	60,995	·

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

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Schedule C (Form 990 or 990-EZ) 2009	ASSOCIATI	ON	F04(a)(0) and fil	53-0	115970 Page 2	
Part II-A Complete if the org		empt under sectio	n 501(c)(3) and fil	ea Form 5/68		
(election under sec						
A Check if the filing organiza	ū	• .	. data a a a a b			
B Check ► ☐ if the filing organiza	tion checked box A	and "limited control" pro	ovisions apply.	(a) Filip a	(h) Affiliated average	
	ts on Lobbying Exր ditures" means am	oenditures ounts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influ	Total lobbying expenditures to influence public opinion (grass roots lobbying)					
<b>b</b> Total lobbying expenditures to influence	uence a legislative b	ody (direct lobbying)				
c Total lobbying expenditures (add l						
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	es (add lines 1c and	1d)				
f Lobbying nontaxable amount. Enter	er the amount from	the following table in bot	h columns.			
If the amount on line 1e, column (a) o	or (b) is: The le	obbying nontaxable am	ount is:			
Not over \$500,000	20%	of the amount on line 1e	•			
Over \$500,000 but not over \$1,00	0,000 \$100,	000 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	500,000 \$175,	000 plus 10% of the exc	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17	,000,000 \$225,	000 plus 5% of the exce	ess over \$1,500,000.			
Over \$17,000,000	\$1,00	0,000.				
g Grassroots nontaxable amount (er	nter 25% of line 1f)					
h Subtract line 1g from line 1a. If zer	o or less, enter -0-					
i Subtract line 1f from line 1c. If zero	o or less, enter -0-					
j If there is an amount other than ze	ro on either line 1h	or line 1i, did the organiz	ation file Form 4720	-		
reporting section 4911 tax for this	year?			L	Yes No	
,	ations that made a	veraging Period Under a section 501(h) election the instructions for line	n do not have to com			
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) Total	
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
			1		I	

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

53-011<u>5970 Page 3</u>

Schedule C (Form 990 or 990-EZ) 2009 ASSOCIATION 53-011595

| 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	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g					
n :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
!	Other activities? If "Yes," describe in Part IV				
	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A   Complete if the organization is exempt under section 501(c)(4), section 501 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100	on 501(c)	(5), or se	ction	
	501(c)(6).	. ,	. ,,		
	· · · ·			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			Х	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	rt III-A, lir	ne 3 is a	nswered	
1	Dues, assessments and similar amounts from members		1	4,808	,914.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)			-	
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	1,679	,608.
	Carryover from last year			251	,992.
	Total				.,600.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			2,686	,930.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5	-755	330.
	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an	nd Part II-B,	line 1i. Also	, complete	this part
	ny additional information.				
PA.	RT I-A, LINE 1:				
то	PROVIDE INDIVIDUALS WITH THE OPPORTUNITY TO CONTRI	BUTE I	O THE		
SU:	PPORT OF CANDIDATES FOR FEDERAL OFFICE WHO HAVE DEM	ONSTRA	TED C	ONCERN	Ī
FO	R THE INTERESTS OF THE PETROCHEMICAL AND REFINING I	NDUSTR	IES T	HROUGH	[
TH	E NPRA POLITICAL ACTION COMMITTEE.				

53-0115970 Page 4 Schedule C (Form 990 or 990-EZ) 2009 ASSOCIATION Part IV Supplemental Information (continued) PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION: NPRA POLITICAL ACTION COMMITTEE 1667 K STREET, N.W., SUITE 700 WASHINGTON, DC 20006 PART I-C, LINE 5: CONTRIBUTIONS RECEIVED BY NPRA AND TRANSFERRED TO NPRA PAC, A SEPARATE SEGREGATED FUND.

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

NATIONAL PETROCHEMICAL & REFINERS Name of the organization

ASSOCIATION

**Employer identification number** 53-0115970

Pai			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		0)5
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		istorically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes
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	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		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, no		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of po	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i	tems.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, o	r research in furtherance of public servic	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treatment		
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990. Part X		► \$

Schedule D (Form 990) 2009

**ASSOCIATION** 

Pai	rt III Organizations Maintaining Co	llections of A	rt, Hist	orical Tr	easures, o	or Othe	r Simil	ar Asse	ts (contir	าued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition	c	ı 🖳 ı	oan or exc	hange progra	ams				
b	Scholarly research	e	, 🗀	Other						
С	Preservation for future generations									
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 re	eceive donations	of art, his	storical trea	sures, or oth	er similar	assets		_	
	to be sold to raise funds rather than to be main								Yes	<u> </u>
Pai	rt IV Escrow and Custodial Arrange		ete if org	anization a	nswered "Ye	s" to Forr	n 990, Pa	art IV, line	9, or	
	reported an amount on Form 990, Part	K, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for o	contribution	ns or other as	ssets not	included		_	
	on Form 990, Part X?							L	<b>∐</b> Yes	└── No
b	If "Yes," explain the arrangement in Part XIV an	d complete the fo	ollowing t	able:						
									Amount	
С	Beginning balance						. 1c			
d	Additions during the year						. 1d			
е	Distributions during the year						. 1e			
f	Ending balance									
	Did the organization include an amount on Forr	n 990, Part X, line	21?					∟	<b>⊻</b> Yes	└─ No
	If "Yes," explain the arrangement in Part XIV.									
Pai	rt V Endowment Funds. Complete if the	ne organization ar	swered	"Yes" to Fo	1					
		a) Current year	<b>(b)</b> Pi	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
1a										
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year e	nd balance held a	as:							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment									
3a	Are there endowment funds not in the possess	ion of the organiz	ation tha	t are held a	and administe	ered for th	ne organi	zation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organizations li	sted as required of	on Sched	lule R?					3b	
4	Describe in Part XIV the intended uses of the o									
Pai	rt VI Investments - Land, Buildings	, and Equipm	ent. Se	e Form 990	), Part X, line					
	Description of investment	(a) Cost or o		. ,	t or other (other)		ccumulate preciation	I	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements			1,13	3,215.	1	71,5	68.		.,647.
	Equipment				4,915.		85,8			7,090.
	Other				9,799.	2	250,9			3,891.
	I. Add lines 1a through 1e. (Column (d) must equ		X, colum					<b></b>		7,628.

Schedule D (Form 990) 2009

53-0115970 Page 2

ASSOCTATION

53-0115970 Page 3

Part VII Investments - Other Securities. S		12.	75 0113770 Fage 0
(a) Description of security or category		(c) Method of va	aluation:
(including name of security)	(b) Book value	Cost or end-of-year	market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	Soo Form 000 Part V line	213	
		(c) Method of va	aluation:
(a) Description of investment type	(b) Book value	Cost or end-of-year	
		-	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, lin	e 15. Description		(b) Book value
(a	i) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)		<u> </u>
Part X Other Liabilities. See Form 990, Part X	K, line 25.		
1. (a) Description of liability		(b) Amount	
Federal income taxes DEFERRED COMPENSATION		167 050	
DEFERRED COMPENSATION DEFERRED RENT		167,050. 427,015.	
LANDLORD TENANT IMPROVEMENTS		608,062.	
THE VOYEN TENANT THE VOYEN BUILD		000,002.	

.....▶ 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

1,202,127.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ...

Schedule D (Form 990) 2009 ASSOCIATION 53-0115970 Page 4

	t VI Decemblistion of Change in Not Assets from Form 000	) to Audit	ad Einan	oial S	,		<del>-</del> -	raye •
	t XI Reconciliation of Change in Net Assets from Form 990				tate	men		011
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			10,728	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			11,495	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				,088.
4	Net unrealized gains (losses) on investments			4			2,126	,657.
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7			01.4	401
8	Other (Describe in Part XIV.)			8				,481.
9	Total adjustments (net). Add lines 4 through 8			9				,176.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3			10				,088.
Pai	t XII Reconciliation of Revenue per Audited Financial State	ments Wi	th Reve	nue p	er Re	eturr		
1	Total revenue, gains, and other support per audited financial statements					1	12,915	,663.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	0 10					
а	Net unrealized gains on investments		2,12	6,6	57.			
b	Donated services and use of facilities							
С	Recoveries of prior year grants							
d	Other (Describe in Part XIV.)	2d	6	0,9	95.			
е	Add lines 2a through 2d					2e		,652.
3	Subtract line 2e from line 1				L	3	10,728	<u>,011.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b							
b	Other (Describe in Part XIV.)	4b						
С	Add lines 4a and 4b					4c		0.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	10,728	,011.
Pa	t XIII Reconciliation of Expenses per Audited Financial State					Retu		
1	Total expenses and losses per audited financial statements				L	1	11,771	<u>,645.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
	Other losses							
d	Other (Describe in Part XIV.)	2d	27	6,5	46.			
е	Add lines 2a through 2d					2e		,546.
3	Subtract line 2e from line 1				L	3	11,495	<u>,099.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b						
	Add lines 4a and 4b				[	4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIV Supplemental Information					5	11,495	,099.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	art III lines 1:	a and 4· Pa	art IV li	nes 1h	and t	2h: Part V lin	 e 4· Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co							o 1,1 a.c
	RT X: MANAGEMENT HAS CONCLUDED THAT NPRA				iy uuu	itiona	i ii ii oi i i i i i i i i i i i i i i	
PRO	PERLY MAINTAINED THEIR EXEMPT STATUS AND	D THERE	EARE	NO 1	JNCI	ERT.	AIN TAX	<u> </u>
POS	SITIONS AS OF DECEMBER 31, 2009.							
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:							
ADI	DITIONAL PENSION CHARGE							
	· · · · · · · · · · · · · · · · · · ·							
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:							

Schedule D (Form 990) 2009 ASSOCIATION	53-0115970 Page 5
Schedule D (Form 990) 2009 ASSOCIATION  Part XIV Supplemental Information (continued)	
PAC REVENUE: 60995.	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
PAC DISBURSEMENTS: 62065.	
ADDITIONAL PENSION EXPENSE: 214481.	

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

# **Compensation Information**

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

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

Open to Public . Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions. NATIONAL PETROCHEMICAL & REFINERS **ASSOCIATION** 

Employer identification number 53-0115970

OMB No. 1545-0047

Pa	art I Questions Regarding Compensation			
	·		Yes	No
<b>1</b> a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		
	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		
	The organization?	6a		
b	Any related organization?	6b		
7	If "Yes" to line 6a or 6b, describe in Part III.			
7	· · ·   - · · · · · · · · · · · · · · ·	-		
0	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
0	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	ı y	ı	ı

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

Schedule J (Form 990) 2009

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C)	(D)	(E)	(F) Compensation		
(A) Name		(i) Base compensation	``		Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
	(i)	350,000.	100,000.	2,940.	27,162.	13,528.	493,630.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
~~~~~~	(i)	310,000.	20,000.	3,000.	0.	14,044.	347,044.	0.	
	ii)	0. 163,500.	0. 17,500.	0.	0.	0. 13,072.	0. 196,952.	0.	
	(i) ii)	163,500.	17,500.	2,880.	0.	13,072.	196,952.	0.	
	i) (i)	173,500.	11,000.	660.	0.	15,713.	200,873.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	168,667.	8,000.	660.	0.	13,137.	190,464.	0.	
JEFFREY HAZLE	ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	165,000.	9,500.	660.	0.	12,591.	187,751.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	161,500.	14,000.	3,000.	0.	13,046.	191,546.	0.	
	ii)	160,000.	15,000.	2,880.	0.	13,028.	190,908.	0.	
	(i) (ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	-	-		-	-	-		
	ii)								
•	(i)								
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	(i)								
	ii)								
	(i)								
	ii)								

Schedule J (Form 990) 2009

ASSOCIATION 53-0115970

Part III Supplemental Inform	nation	
		rt I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
PART I, LINE 4B:		
CHARLES DREVNA	DEFERRED COMPENSATION	\$27,163

Page 3

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

► See the Instructions for Form 990.

NATIONAL PETROCHEMICAL & REFINERS

ASSOCIATION

A	Part I Continuation of Officers, D		ust	tees	s, K	еу	Em	plo	oyees, and Highes	t Compensated I	
Check all that apply Compensation from the organizations Check all that apply Compensation from the organizations Compensation from the organizations Check all that apply Expense E	(A)	(B)			(()			(D)	(E)	(F)
ALBERT CHAO DIRECTOR Company	Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Neek 1		hours	• 1		•						
ALBERT CHAO DIRECTOR Companies Com		1 '									
ALBERT CHAO DIRECTOR		week	_				loyee				•
ALBERT CHAO DIRECTOR			lirecto				l em p			(W-2/1099-MISC)	
ALBERT CHAO DIRECTOR			e or c	stee			satec		(44-2/1099-141130)		
ALBERT CHAO DIRECTOR			truste	al trus		yee	mper				
ALBERT CHAO DIRECTOR			idual	ution	ь	old ma	est co	er			3
DIRECTOR			Indiv	Instit	Offic	Key 6	High	Form			
RENNETH CURRIE DIRECTOR 2.00 X											
DIRECTOR		2.00	Х						0.	0.	0.
H. DON DAVIS DIRECTOR 2.00 X	KENNETH CURRIE										
DIRECTOR	DIRECTOR	2.00	Х						0.	0.	0.
F. R. DE CERQUEIRA NETO DIRECTOR 2.00 X 0. 0. 0. 0. 0.	H. DON DAVIS										
DIRECTOR 2.00 x 0. 0. 0. 0.	DIRECTOR	2.00	Х						0.	0.	0.
SYLVIAN DE LESCAZES DIRECTOR 2.00 X 0. 0. 0. 0.	F. R. DE CERQUEIRA NETO										
SYLVIAN DE LESCAZES DIRECTOR 2.00 X 0. 0. 0. 0.	DIRECTOR	2.00	Х						0.	0.	0.
FRED DOHMANN DIRECTOR 2.00 X 0. 0. 0. 0.	SYLVIAN DE LESCAZES										
FRED DOHMANN DIRECTOR 2.00 X 0. 0. 0. 0.	DIRECTOR	2.00	х						0.	0.	0.
STEVE DOUGLAS DIRECTOR 2.00 X 0. 0. 0. 0.	FRED DOHMANN										
STEVE DOUGLAS DIRECTOR 2.00 X 0. 0. 0. 0.	DIRECTOR	2.00	Х						0.	0.	0.
DIRECTOR											
MIKE DUSTERHOFF DIRECTOR 2.00 X		2.00	Х						0.	0.	0.
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MIKE EBERT DIRECTOR 2.00 x 0. 0. 0. 0. JOEL ELSTEIN DIRECTOR 2.00 x 0. 0. 0. DIRECTOR 2.00 x 0. 0. 0. DIRECTOR 2.00 x 0. 0. 0. JOHN FOTHERINGHAM 0. 0. 0. 0. JOHN FOTHERINGHAM 0. 0. 0. 0. DIRECTOR 2.00 x 0. 0. 0. RAJEEV GAUTAM 0. 0. 0. 0. DIRECTOR 2.00 x 0. 0. 0. DIRECTOR 2.00 x 0. 0. ROBERT GENGELBACH 0. 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DIRECTOR 2.00 x 0. 0. DAVID HUFFMAN 0. 0. 0. DAVID HUFFMAN 0. 0. 0. DAVID HUFFMAN 0. 0. 0. DAVID HUFFMAN 0. 0. 0. DAVID HUFFMAN 0. 0. 0. DAVID HUFFMAN 0. 0. 0. DAVID HUFFMAN 0. 0. 0. DAVID HUFFMAN 0. 0. 0. DAVID HUFFMAN 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. 0. 0. DAVID HUFFMAN 0. 0. 0. 0. 0. 0. 0		2.00	Х						0.	0.	0.
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	DIRECTOR	2.00	Х	L			L	L	0.	0.	0.

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

► See the Instructions for Form 990.

NATIONAL PETROCHEMICAL & REFINERS

ASSOCIATION

Part I Continuation of Officers, Di		ust	ees	s, K	еу	Em	plo	oyees, and Highes	t Compensated I	
(A)	(B)			(()			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
		irecto				emp		organization	(W-2/1099-MISC)	from the
		e or d	tee			sated		(W-2/1099-MISC)		organization and related
		fruste	al trus		yee	mpen				organizations
		Individual trustee or director	Institutional trustee	<u>بر</u>	Key employee	Highest compensated employee	ь			5.ga <u>=</u> a5
		Indiv	Instit	Officer	Key e	High	Former			
STEPHEN HUNKUS										
DIRECTOR	2.00	Х						0.	0.	0.
TERRY HURLBURT										
DIRECTOR	2.00	Х						0.	0.	0.
TERRY JACKSON										
DIRECTOR	2.00	Х						0.	0.	0.
NAUSHAD JAMANI										
DIRECTOR	2.00	х						0.	0.	0.
LUTHER JONES										
DIRECTOR	2.00	х						0.	0.	0.
ROBERT KENT										
DIRECTOR	2.00	х						0.	0.	0.
STEPHEN KIRK										
DIRECTOR	2.00	х						0.	0.	0.
DANIEL KNEPPER										
DIRECTOR	2.00	х						0.	0.	0.
DAVID LAMP										
DIRECTOR	2.00	х						0.	0.	0.
JANICE LATZ										
DIRECTOR	2.00	х						0.	0.	0.
ZACHARY LEVINE										
DIRECTOR	2.00	х						0.	0.	0.
DONALD LINDLEY										
DIRECTOR	2.00	х						0.	0.	0.
JACK LIPINSKI		 						•		
DIRECTOR	2.00	x						0.	0.	0.
JAMES LOVING										
DIRECTOR	2.00	х						0.	0.	0.
BRUCE MACKLIN		_								
DIRECTOR	2.00	x						0.	0.	0.
JOHN MATSON		 						•		
DIRECTOR	2.00	x						0.	0.	0.
MICHAEL MCGARRY		 						•		
DIRECTOR	2.00	x						0.	0.	0.
JOHN MCINTOSH								-		
DIRECTOR	2.00	x						0.	0.	0.
RAGHU MENON										
DIRECTOR	2.00	x						0.	0.	0.
RANDY NEWCOMER										<u>··</u>
DIRECTOR	2.00	x						0.	0.	0.
									0.	<u> </u>

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

► See the Instructions for Form 990.

NATIONAL PETROCHEMICAL & REFINERS

ASSOCIATION

Part I Continuation of Officers, Di		ust	ees	s, K	еу	Em	nplo	oyees, and Highes	t Compensated I	
(A)	(B)			((-			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
		lirecto				l emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		e or c	stee			satec		(88-2/1099-181130)		and related
		fruste	al trus		yee	mpen				organizations
		Individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	er			3
		Indiv	Instit	Officer	Key 6	High	Former			
JOHN NICOLS										
DIRECTOR	2.00	Х						0.	0.	0.
ROBERT PEASE										
DIRECTOR	2.00	Х						0.	0.	0.
MICHAEL PESCH										
DIRECTOR	2.00	Х						0.	0.	0.
JEFF RAMSEY										
DIRECTOR	2.00	Х						0.	0.	0.
STEVE RATHWEG										
DIRECTOR	2.00	х						0.	0.	0.
RICHARD RENNARD										
DIRECTOR	2.00	х						0.	0.	0.
DAN ROBINSON										
DIRECTOR	2.00	х						0.	0.	0.
LAURA RUIZ										
DIRECTOR	2.00	х						0.	0.	0.
C. DOUGLAS SHANNON										
DIRECTOR	2.00	х						0.	0.	0.
CHARLES SHAVER										
DIRECTOR	2.00	х						0.	0.	0.
BRIAN SMITH										
DIRECTOR	2.00	Х						0.	0.	0.
MATTHEW SMORCH										
DIRECTOR	2.00	Х						0.	0.	0.
STAN UENG										
DIRECTOR	2.00	х						0.	0.	0.
RONALD WILLIAMS										
DIRECTOR	2.00	х						0.	0.	0.
MARK ZYSKOWSKI										
DIRECTOR	2.00	х						0.	0.	0.
CHARLES DREVNA										
PRESIDENT	40.00			Х				452,940.	0.	40,690.
GREGORY SCOTT								, , , ,		,
EXECUTIVE VICE PRESIDENT	40.00			х				333,000.	0.	14,044.
GERALD VAN DE VELDE								,		
CHIEF FINANCIAL OFFICER	40.00			х				183,880.	0.	13,072.
DAVID FRIEDMAN								12,220		-,
DIRECTOR	40.00					х		185,160.	0.	15,713.
JEFFREY HAZLE								12, 200		- ,
DIRECTOR	40.00					х		177,327.	0.	13,137.
— 			<u> </u>					=: ,, == , ,		==,==:

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the Organization

NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee										Employees
(A)	(B)	(B)						(D)	(E)	(F)
Name and title	Average hours per	(cl		Pos all t		app	ıly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
BILL HOLBROOK		_	-		-	_	Ι <u></u>			
DIRECTOR	40.00					Х		175,160.	0.	12,591.
JAMES COOPER	40.00					.,				
VICE PRESIDENT SUSAN YASHINSKIE	40.00					Х		178,500.	0.	13,046.
VICE CHAIRMAN	40.00					х		177,880.	0.	13,028.

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION

Employer identification number 53-0115970

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCIENTIFIC INFORMATION AND STATISTICS RELATING TO THE PETROLEUM

REFINING AND PETROCHEMICAL MANUFACTURING INDUSTRIES.

-SERVING AS AN EFFECTIVE CHANNEL OF COMMUNICATION OF THE INDUSTRY

INFORMATION AMONG MEMBERS, OTHER ASSOCIATIONS, THE GOVERNMENT AND THE

PUBLIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND THE PUBLIC TO PROMOTE POLICIES THAT BALANCE ENERGY SUPPLY NEEDS

WITH ENVIRONMENTAL GOALS, FACILITATE TECHNICAL ADVANCEMENT AND

CONTINUED PROGRESS IN SAFETY, ENVIRONMENTAL PERFORMANCE AND SECURITY,

IN PART THROUGH WORLD-CLASS MEETINGS AND CONFERENCES SEVERAL OF WHICH

ARE THE FOREMOST INDUSTRY MEETINGS IN THE WORLD.

FORM 990, PART VI, SECTION A, LINE 6: NPRA HAS OVER 450 MEMBER COMPANIES.

FORM 990, PART VI, SECTION A, LINE 7A: THE NPRA BOARD OF DIRECTORS IS COMPRISED OF REPRESENTATIVES FROM EACH OF ITS REGULAR MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: EACH PETROCHEMICAL AND REFINERS

MEMBER COMPANY HAS ONE VOTE WHICH PERTAINS TO THE ISSUE BEING VOTED ON.

NPRA BOARD MEMBERS APPROVE APPOINTED MEMBERS OF THE EXECUTIVE COMMITTEE;

ANNUAL BUDGETS; ALTERATIONS/REVISIONS IN THE ASSOCIATION'S BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11: THE CHIEF FINANCIAL OFFICER (CFO)

AND ACCOUNTING MANAGER (AM) REVIEW THE UNAPPROVED FORM 990 AT A SCHEDULED

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

Department of the Treasury

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL PETROCHEMICAL & REFINERS

Employer identification number 53-0115970

ASSOCIATION MEETING AND SUBMIT REVISIONS AND/OR QUESTIONS TO THE CONTRACTED AUDITING FIRM (JOHNSON LAMBERT). THE FORM 990 FORM IS RETURNED TO THE CFO AND AM WITH REVISIONS (IF ANY) AND SUBMITTED BACK TO THE AUDITING FIRM AS APPROVED AND THE FINAL VERSION IS REVIEWED WITH THE PRESIDENT FOR HIS SIGNATURE. FORM 990, PART VI, SECTION B, LINE 12C: NPRA PROVIDES THE POLICY TO ORGANIZATION PERSONNEL ANNUALLY AND MONITORS THE ADDITION OF NEW VENDORS AND COMPANY RELATED TRAVEL. FORM 990, PART VI, SECTION B, LINE 15: INDEPENDENT SALARY SURVEY OF KEY POSITIONS WAS COMMISSIONED AND THE EXECUTIVE COMPENSATION IS VOTED ON BY THE EXECUTIVE COMMITTEE REVIEW BOARD ON AN ANNUAL BASIS. PRESIDENT'S SALARY AND BONUS WERE RECOMMENDED AND APPROVED BY THE EXECUTIVE COMMITTEE. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

 2009
Open to Public Inspection

NATIONAL PETROCHEMICAL & REFINERS Employer identification number Name of the organization 53-0115970 ASSOCIATION Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) (f) Name, address, and EIN Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.) (a) (b) (c) (d) (e) (f) Name, address, and EIN Legal domicile (state or Exempt Code Public charity Direct controlling Primary activity of related organization section status (if section entity foreign country) 501(c)(3)) SEPARATE SEGREGATED FUND TO NPRA POLITICAL ACTION COMMITTEE - 53-0115970 1667 K STREET N.W., SUITE 700 SUPPORT CANDIDATES WASHINGTON DC 20006 FURTHERING NPRA'S PURPOSE DELAWARE 527(F)(3) N/A

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		
Name, address, and EIN of related organization	Primary activity			(state or foreign entity		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	I - £		portion- cations?	anana makina laasi	Gener mana partr	aging ner?
				000000000000000000000000000000000000000			res	NO	1000)	res	INO		
											_		
										Н	_		
										П	_		

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
-							
-							

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		_		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		X
b	Gift, grant, or capital contribution to other organization(s)		L	1b		Х
С	Gift, grant, or capital contribution from other organization(s)			1c		X
d	Loans or loan guarantees to or for other organization(s)			1d		Х
е	Loans or loan guarantees by other organization(s)			1e		Х
f	Sale of assets to other organization(s)			1f		Х
g	Purchase of assets from other organization(s)			1g		Х
	Exchange of assets			1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)		[1j		Х
k	Performance of services or membership or fundraising solicitations for other organization(s)		[1k		Х
	Performance of services or membership or fundraising solicitations by other organization(s)			11	Х	
	Sharing of facilities, equipment, mailing lists, or other assets			1m		Х
	Sharing of paid employees			1n		Х
o	Reimbursement paid to other organization for expenses		Г	10		Х
	Reimbursement paid by other organization for expenses			1p		Х
q	Other transfer of cash or property to other organization(s)		[1q		Х
r	Other transfer of cash or property from other organization(s)			1r		Х
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 tra					
	(a)	(b)		(c)		
	Name of other organization(s)	Transaction	Amo	unt in	volve	d
		type (a-r)				
1)						
2)						
3)						
4)						
5)						
6)						

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

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

(a)	(b)	(c)	(0		(e)	(1	f)	(g)		h)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all p section organiz	oartners 501(c)(3) ations?	Share of end-of- year assets	Dispr tion allocat	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	eral or aging ner?
		country)	Yes			Yes	No	(Form 1065)	Yes	No
			_							-
										<u> </u>
			_							

Schedule R (Form 990) 2009

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

2010
Open to Public Inspection

A I	or the	2010 calendar year, or tax year beginning	and er	nding		
B	Check if applicable	C Name of organization NATIONAL PETROCHEMICAL	& REFINERS		D Employer identifi	cation number
	Address	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	Name change	Doing Business As			53-0	115970
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address) Ro	oom/suite		
Ē	Termin- ated Amende	1667 K STREET, N.W.		00	202-	457-0480
Ļ	return ☐Applica	City or town, state or country, and ZIP + 4			G Gross receipts \$	23,238,813.
	tion pending	WASHINGTON, DC 20030			H(a) Is this a group re	eturn
	portant	F Name and address of principal officer: CHAI SAME AS C ABOVE	RLES T. DREVNA		for affiliates? H(b) Are all affiliates inc	Yes X No
T	Гах-ехе	mpt status: 501(c)(3) X 501(c) (6)	(insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
		e: ► WWW.NPRA.ORG			H(c) Group exemption	n number 🕨
K	orm of o	organization: X Corporation Trust Ass	ociation Other >	L Year o	of formation: 1961	√ State of legal domicile: DE
Pá		Summary				
	1 E	Briefly describe the organization's mission or most DF ITS MEMBERS BY GATHERIN	significant activities: -PROMO	OTING	THE GENERA	L WELFARE
nan	-					
Governance		Check this box if the organization discon	· · · · · · · · · · · · · · · · · · ·		1	91
Ĝ		Number of voting members of the governing body (91
∞ ′0		Number of independent voting members of the gov				36
Activities &		otal number of individuals employed in calendar y				0
ξį		otal number of volunteers (estimate if necessary)				0.
Ac		otal unrelated business revenue from Part VIII, col				0.
	D I	Net unrelated business taxable income from Form S	990-1, line 34	·····		
		Contributions and grants (Dort VIII line 1b)			Prior Year 2,105,300.	Current Year 0 .
Revenue	1	Contributions and grants (Part VIII, line 1h)			9,380,679.	
Ver	1	Program service revenue (Part VIII, line 2g)			-761,038.	
æ		nvestment income (Part VIII, column (A), lines 3, 4,			3,070.	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			10,728,011.	
_		otal revenue - add lines 8 through 11 (must equal			0.	
	1	Grants and similar amounts paid (Part IX, column (A			0.	
"	1	Benefits paid to or for members (Part IX, column (A) Balaries, other compensation, employee benefits (F			5,030,482.	
ses	1				0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), li	_	ö.	<u></u>	0.
$\overline{\mathbf{x}}$		otal fundraising expenses (Part IX, column (D), line Other expenses (Part IX, column (A), lines 11a-11d,	, ,		6,464,617.	8,174,998.
		otal expenses. Add lines 13-17 (must equal Part I)				13,696,245.
	1	Revenue less expenses. Subtract line 18 from line			-767,088 .	
es	13	nevenue less expenses. Subtract line 16 nom line	12	Red	ginning of Current Year	End of Year
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)			10,793,000.	13,012,163.
Ass Bal	21 1			—	6,034,692.	6,872,519.
Met	22 1	Net assets or fund balances. Subtract line 21 from	line 20		4,758,308.	6,139,644.
Pá	art II	Signature Block				0,100,0110
		ties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules a	and stateme	ents, and to the best of m	v knowledge and belief, it is
		, and complete. Declaration of preparer (other than office				,,
	<u>, </u>		,	<u> </u>		
Sig	n	Signature of officer			Date	
Her		CHARLES T. DREVNA, PRES	SIDENT			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature	D	ate Check	PTIN
Paid		21 1 1	, , , , , , , , , , , , , , , , , , , 		if self-employ	ed
	- +	Firm's name JOHNSON LAMBERT	CO. LLP		Firm's EIN	1
	` ⊢	Firm's address 700 SPRING FORES			5 Em	
_	1	RALEIGH, NC 27609			Phone no. 9	19-719-6400
May	v the IR	S discuss this return with the preparer shown abo			1 12112 1121 2	X Yes No

Other program services. (Describe in Schedule O.)

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

Total program service expenses

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5	Х	
6	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5	21	
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			¯
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ _{3,7}
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20a		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	Lua		
~	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		_	_	_

53-0115970

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

Note. All Form 990 filers are required to complete Schedule O

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Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

ASSOCIATION 53-0115970 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			٠,,
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	
6	Does the organization have members or stockholders?	6	Λ	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		37
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	Х	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	40h	Х	
_	to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	21	
C		12c	Х	
13	In Schedule O how this is done Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	tor		
	public inspection. Indicate how you make these available. Check all that apply.			
10	Own website Another's website X Upon request	nd fi	neiel	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.	nu iina	nciai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨		
20	GERALD VAN DE VELDE – 202-457-0480	LIOII.		
	1667 K STREET, NW, WASHINGTON, DC 20006			

ASSOCIATION 53-0115970

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per week (describe	director	heck	all		hat apply		compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations in Schedule O)	ustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
WILLIAM R. KLEESE									_	_
CHAIRMAN	5.00	X		Х				0.	0.	0.
BILL FINNERTY									_	
VICE CHAIRMAN	5.00	X		Х				0.	0.	0.
JAMES MAHONEY		l								•
PAST CHAIRMAN	5.00	Х		Х				0.	0.	0.
RICHARD MEEKS	F 00									0
TREASURER	5.00	Х		Х				0.	0.	0.
KEVIN W. BROWN	F 00	,,		٦,					_	0
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
LYNN ELENHANS	E 00	<u>.</u>		х				0.	0.	0
VICE PRESIDENT GREG GARLAND	5.00	Х		_				0.	0.	0.
VICE PRESIDENT	5.00	x		х				0.	0.	0.
GARY HEMINGER	3.00	₽		_				0.	0.	0.
VICE PRESIDENT	5.00	X		Х				0.	0.	0.
MIKE JENNINGS	3,00								•	
VICE PRESIDENT	5.00	x		х				0.	0.	0.
VINCE J. KELLEY		 						•		
VICE PRESIDENT	5.00	x		х				0.	0.	0.
JACK LIPINSKI										
VICE PRESIDENT	5.00	x		х				0.	0.	0.
DENNIS SEITH										
VICE PRESIDENT	5.00	X		Х				0.	0.	0.
CHARLES SHAVER										
VICE PRESIDENT	5.00	X		Х				0.	0.	0.
JERRY WASCOM										
VICE PRESIDENT	5.00	X		Х				0.	0.	0.
JERRY C. WELCH										
VICE PRESIDENT	5.00	X		Х				0.	0.	0.
LAWRENCE ZIEMBA										
VICE PRESIDENT	5.00	X		Х				0.	0.	0.
SHAWN ABRAMS									_	_
DIRECTOR	2.00	X	1	l	l	1	1	0.	0.	0.

Part VII Section A. Officers, Directors, T (A)	(B)		_ ,		C)	5'		(D)	(E)	(F)
Name and title	Average			-	itior	1		Reportable	Reportable	Estimated
name and title	hours per	(c	heck				ıly)	compensation	compensation	amount of
	week	H				Γ	<u>, , , , , , , , , , , , , , , , , , , </u>	from	from related	other
	(describe	director						the	organizations	compensation
	hours for	e or di	tee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	trustee or	nstitutional trustee		ee Ge	mpen		(W-2/1099-MISC)		organization
	in Schedule	dualt	utiona	<u>.</u>	mplo)	st co	ъ			and related organizations
	O)	Individual	Institu	Officer	Key employee	Highest compensated employee	Бm			organizations
BRIAN J. AMES										
DIRECTOR	2.00	x						0.	0.	0
BILL A. ANDERSON										
DIRECTOR	2.00	X						0.	0.	0 .
CHUCK ANDERSON										
DIRECTOR	2.00	X						0.	0.	0
RAYMON C. BARLOW										
DIRECTOR	2.00	Х						0.	0.	0
TERRY BEGLEY										
DIRECTOR	2.00	Х						0.	0.	0
WILLIAM P. BROWN										
DIRECTOR	2.00	X						0.	0.	0
TERRY BURLESON								_	_	_
DIRECTOR	2.00	X						0.	0.	0
STEVEN D. BURTCH									_	
DIRECTOR	2.00	X				<u> </u>		0.	0.	0 .
JEFFREY BYRNE		l								
DIRECTOR	2.00	X						0.	0.	0 .
1b Sub-total								0.	0.	0
c Total from continuation sheets to Part	VII, Section A							2,006,153.	0.	314,776
d Total (add lines 1b and 1c)						<u> </u>		2,006,153.	0.	314,776
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 in reportable	4
compensation from the organization										14
									1	Yes No
3 Did the organization list any former office										
line 1a? If "Yes," complete Schedule J for	such individual									3 X

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No	
3		X	
4	X		

Х

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SIDLEY AUSTIN, LLP		
1501 K STREET NW, WASHINGTON, DC 20005	LEGAL SERVICES	542,891.
FINANCIAL DYNAMICS INTERNATIONAL LIMITED		
1101 K STREET, 9TH FL, WASHINGTON, DC 20005	CONSULTING SERVICES	487,741.
CROWELL MORING, 1001 PENNSYLVANIA AVE NW,		
WASHINGTON, DC 20004	LEGAL SERVICES	330,208.
AV TECHNICAL SERVICES		
1211 E HOUSTON ST, SAN ANTONIO, TX 78205	TECHNICAL SUPPORT	256,691.
PRISM PUBLIC AFFAIRS		
1399 NEW YORK AVE, WASHINGTON, DC 20005	PR SERVICES	250,194.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 in compensation from the organization		

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Part VII Section A. Officers, Directors, Tru		mple	oyee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A) Name and title	(B) Average hours			(C Posi	C) ition	ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ALAN J. CABODI	0.00								•	•
DIRECTOR	2.00	Х						0.	0.	0
NICHOLAS N. CARTER		l								
DIRECTOR	2.00	Х						0.	0.	0
PETER CELLA									0	
DIRECTOR	2.00	Х						0.	0.	0
ALBERT CHAO	2 00	١,,							^	_
DIRECTOR	2.00	X						0.	0.	0
KENNETH F. CURRIE	2.00	x						0.	0.	0
DIRECTOR H. DON DAVIS	2.00	^						0.	0.	0 .
DIRECTOR	2.00	x						0.	0.	0 .
F.R. DE CERQUIERA NETO	2.00	┢						0.	0.	U .
DIRECTOR	2.00	x						0.	0.	0
SYLVIAN DE LESCAZES	2.00	1						0.	0.	0 .
DIRECTOR	2.00	x						0.	0.	0.
FRED DOHMANN	2.00	1						0.	0.	0 .
DIRECTOR	2.00	x						0.	0.	0 .
STEVE DOUGLAS	1 2000	┢▔								
DIRECTOR	2.00	x						0.	0.	0
NIGEL DUNN								-		
DIRECTOR	2.00	x						0.	0.	0
MIKE DUSTERHOFF										
DIRECTOR	2.00	X						0.	0.	0 .
MIKE EBERT										
DIRECTOR	2.00	X						0.	0.	0 .
PAUL EISMAN										
DIRECTOR	2.00	Х						0.	0.	0
JOEL ELSTEIN										
DIRECTOR	2.00	Х						0.	0.	0
CLINT ENSIGN										
DIRECTOR	2.00	Х						0.	0.	0 .
AAMIR FARID		1								
DIRECTOR	2.00	X						0.	0.	0 .
PAUL FOSTER									_	_
DIRECTOR	2.00	X	<u> </u>					0.	0.	0 .
JOHN FOTHERINGHAM	2 00	١,,							•	_
DIRECTOR	2.00	X	<u> </u>				_	0.	0.	0 .
RAJEEV GAUTAM	2 00	,,							^	_
DIRECTOR	2.00	X						0.	0.	0.

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (F) (B) (E) Position Reportable Name and title Average Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other week the organizations compensation ndividual trustee or director organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization Highest compensated nstitutional trustee and related Key employee organizations Former Officer ROBERT B. GENGELBACH DIRECTOR 2.00 | x0. 0. 0. JAS GILL 0. 0. 2.00 Х 0. DIRECTOR FREDEREC C. GREEN 2.00 x 0. 0. 0. DIRECTOR HARRY HALLORAN 2.00 X 0. DIRECTOR 0. 0. PAT HAVENER Х 2.00 0. 0. 0. DIRECTOR DAVID HUFFMAN DIRECTOR 2.00 | X 0. 0. 0. MCMILLAN HUMMEL DIRECTOR 2.00 | X 0. 0. 0. STEPHEN HUNKUS 2.00 x DIRECTOR 0. 0. 0. TERRY L. HURLBURT 2.00 | xDIRECTOR 0. 0. 0. TERRY JACKSON 2.00 X 0. 0. 0. DIRECTOR NAUSHAD JAMANI 2.00 Х 0. DIRECTOR 0. 0. HANK JEANS 0. Х DIRECTOR 2.00 0. 0. LUTHER W. JONES 2.00 X 0. 0. 0. DIRECTOR ROBERT E. KENT DIRECTOR 2.00 | x0. 0. 0. STEPHEN F. KIRK 2.00 | X 0. 0. 0. DIRECTOR DANIEL KNEPPER 2.00 X 0. DIRECTOR 0. 0. DAVID LAMP 2.00 x DIRECTOR 0. 0. 0. ZACHARY LEVINE DIRECTOR 2.00 | X 0. 0. 0. DONALD LINDLEY 2.00 Х 0. 0. 0. DIRECTOR GLENN LIOLIOS 2.00 | x0. 0. 0. DIRECTOR Total to Part VII, Section A, line 1c

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Part VII Section A. Officers, Directors, T	rustees. Kev F	mple	ovee	s. a	nd F	liah	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Posi) ition	ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JAMES S. LOVING	2 00	,,							•	0
DIRECTOR	2.00	Х						0.	0.	0
BRUCE MACKLIN	2 00	\ ,							0	0
DIRECTOR	2.00	Х	<u> </u>					0.	0.	0
JOHN A. MATSON	2 00	٠,							0	0
DIRECTOR	2.00	Х						0.	0.	0
JOHN MCINTOSH	2.00	x						0.	0.	0
DIRECTOR RAGHU MENON	2.00	₽						0.	0.	U
DIRECTOR	2.00	x						0.	0.	0
RANDY M. NEWCOMER	2.00	<u> </u>						0.	0.	0
DIRECTOR	2.00	x						0.	0.	0
JOHN NICOLS	2.00	122						0.	0.	
DIRECTOR	2.00	x						0.	0.	0
TOM O'MALLEY	1 2000								•	
DIRECTOR	2.00	x						0.	0.	0
ROBERT PEASE		╁						•		
DIRECTOR	2.00	x						0.	0.	0
MICHAEL PESCH										
DIRECTOR	2.00	x						0.	0.	0
PURMUNDU RAI										
DIRECTOR	2.00	x						0.	0.	0
JEFF RAMSEY										
DIRECTOR	2.00	Х						0.	0.	0
RICHARD RENNARD										
DIRECTOR	2.00	X						0.	0.	0
DAN ROBINSON									_	
DIRECTOR	2.00	X						0.	0.	0
BRUCE RUBIN										
DIRECTOR	2.00	Х						0.	0.	0
LAURA RUIZ										_
DIRECTOR	2.00	Х	<u> </u>					0.	0.	0
C. DOUGLAS SHANNON	1 2 22	,,							_	^
DIRECTOR	2.00	X	<u> </u>	\vdash		_		0.	0.	0
BRIAN SMITH DIRECTOR	2.00	x						0.	0.	0
DARIUS SWEET	2.00	 ^	\vdash			_		0.	U •	U
DIRECTOR	2.00	x						0.	0.	0
MATTHEW SMORCH	2.00	╀		Н		\vdash	\vdash	"	0.	0
DIRECTOR	2.00	\ _V						0.	0.	0

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (D) (F) (B) (C) (E) Position Reportable Name and title Average Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other week the organizations compensation Individual trustee or director organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization Highest compensated Institutional trustee and related Key employee organizations Officer of the oth SCOTT TELESZ 0. 2.00 | x0. 0. DIRECTOR STAN UENG 2.00 Х DIRECTOR 0. 0. 0. RONALD W. WILLIAMS 2.00 X 0. 0. 0. DIRECTOR RUSS WILMON 2.00 X 0. 0. 0. DIRECTOR MARK ZYSKOWSKI 2.00 | X 0. DIRECTOR 0. 0. CHARLES DREVNA 40.00 Х 528,473. 0. 81,697. PRESIDENT GREGORY SCOTT EXECUTIVE VICE PRESIDENT 40.00 Х 354,207. 0. 45,888. GERALD VAN DE VELDE Х 0. CHIEF FINANCIAL OFFICER 40.00 194,975. 31,742. DAVID FRIEDMAN 40.00 X 195,033. 0. 32,501. DIR REG AFFAIRS JEFFREY HAZLE X 0. 28,711. 40.00 181,980. DIR REFINING TECH BRENDAN WILLIAMS 40.00 X 177,685. 0. 32,313. DIR GOVT AFFAIRS JAMES COOPER 40.00 X 180,545. 0. 30,282. VP PETROCHEMICALS SUSAN YASHINSKIE 40.00 193,255. 0. 31,642. VP MEMBER SERVICES X 2,006,153. 314,776. Total to Part VII, Section A, line 1c

NATIONAL PETROCHEMICAL & REFINERS

Form 990 (2010)

ASSOCIATION

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Pa	rt VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
gran	b	Membership dues	1b					
s, c	С	Fundraising events	1c					
ar ar			1d					
in's,	е	Government grants (contribut	ions) 1e					
흔낆	f	All other contributions, gifts, gran	ts, and					
ള		similar amounts not included abo	ve 1f					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>ā</u> Ö	h	Total. Add lines 1a-1f						
				Business Code				
<u>ice</u>	2 a			900099	6150464.	5654605		6,150,464.
er o	b			900099	5651625.	5651625.		
n S	С		JES	900099	1807062.	1807062.		
Rev	d			511190	89,033.	89,033.		
Program Service Revenue	е			900099	29,280.	29,280.		
<u>-</u>		All other program service reve		900099	29,250.	29,250.		
\dashv		Total. Add lines 2a-2f			13,756,714.			
	3	Investment income (including			110 211			110 211
		other similar amounts)			418,314.			418,314.
	4	Income from investment of tax						
	5	Royalties						
	6 -	Overe Bente	(i) Real	(ii) Personal				
		Gross Rents						
	۲. C	N						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, a	assets other than inventory	9,046,901.	(ii) Other				
	h	Less: cost or other basis	- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	~	and sales expenses	8,867,270.					
	С	Gain or (loss)	450604					
		Net gain or (loss)		•	179,631.			179,631.
_		Gross income from fundraising						,
ğ	-	including \$						
Other Revenue		contributions reported on line						
R		Part IV, line 18	-					
the l	b	Less: direct expenses						
٥		Net income or (loss) from fund						
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sale						
ļ		Miscellaneous Revenu	e	Business Code				16 004
		OTHER		900099	16,884.			16,884.
	b							
	C	All II						
		All other revenue			16,884.			
	e 10	Total Add lines 11a-11d		💆	10,004.	7606250.	0 -	6 765 293

Part IX | Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		сдрогоод	gonoral oxpolices	одрогосо
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,236,982.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,285,532.			
8	Pension plan contributions (include section 401(k)	-			
	and section 403(b) employer contributions)	244,549.			
9	Other employee benefits	498,762.			
10	Payroll taxes	255,422.			
11	Fees for services (non-employees):	-			
а	Management				
b	Legal	7,290.			
С	Accounting	52,159.			
d	Lobbying	764,269.			
е	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees				
g	Other	1,025,217.			
12	Advertising and promotion	20,502.			
13	Office expenses	352,916.			
14	Information technology	61,695.			
15	Royalties				
16	Occupancy	617,316.			
17	Travel	234,333.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,462,959.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	208,241.			
23	Insurance	78,174.			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)				
а	LOW CARBON FUELS STANDA	1,477,645.			
b	E-15 PR COALITION	450,291.			
С	GENERAL OPERATING EXPEN	185,685.			
d	DUES AND SUBSCRIPTIONS	94,324.			
е	STATISTICS	54,175.			
f	All other expenses	27,807.			
25	Total functional expenses. Add lines 1 through 24f	13,696,245.			
26	Joint costs. Check here ▶ ☐ if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
	solicitation				Farm 990 (0010

Part X | Balance Sheet (A) (B) Beginning of year End of year 297. <u>300.</u> 1 1 Cash - non-interest-bearing 1,436,081. 2,086,946. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 46,215. 399,074. 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 202,640. 333,634. 9 9 10a Land, buildings, and equipment: cost or other 1,738,437. basis. Complete Part VI of Schedule D ______ 10a 610,421. 1,299,628. 1,128,016. b Less: accumulated depreciation 10b 10c 7,641,089. 8,793,056. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 167,050. 271,137. 15 Other assets. See Part IV, line 11 15 10,793,000. 13,012,163. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 2,369,875. 1,462,390. Accounts payable and accrued expenses 17 17 18 18 Grants payable 4,128,245. 2,462,690. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities. Complete Part X of Schedule D 1,202,127. 1,281,884. 25 25 6,034,692. 6,872,519. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,362,308. 5,864,519. 27 27 Unrestricted net assets Temporarily restricted net assets 396,000. 275,125. 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 4,758,308. 6,139,644. 33 Total net assets or fund balances 33 10,793,000. 13,012,163. 34 Total liabilities and net assets/fund balances

Form **990** (2010)

NATIONAL PETROCHEMICAL & REFINERS

Form 990 (2010)

ASSOCIATION

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Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>			X
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) rt XII Financial Statements and Reporting	1 2 3 4 5 6	13	,75	6,2 5,2 8,3 6,0	45. 98. 08. 38.
	Check if Schedule O contains a response to any question in this Part XII					
	once in concedure of content of recoporate any queetion in the rate and				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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) organ Name of organization NATIOI 	nizations: Complete Part III. NAL PETROCHEMICAL	c DEETMEDC	Empl	oyer identification number
	IATION	& KELINEKS	Empi	53-0115970
	organization is exempt und	der section 501(c) o	or is a section 527 o	
	anization's direct and indirect politic	cal campaign activities in	Part IV.	
Part I-B Complete if the	organization is exempt und	der section 501(c)(3	3).	
1 Enter the amount of any excise				
2 Enter the amount of any excise	tax incurred by organization manag	ers under section 4955	▶\$	
3 If the organization incurred a se-				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV. Part I-C Complete if the	organization is evenue une	dor coetion 501/o	event eastion E01/	01/21
·	<u> </u>		<u> </u>	, , ,
1 Enter the amount directly expen2 Enter the amount of the filing or				0.
•	gariization s funus contributed to of	•		0.
3 Total exempt function expenditu			······································	
			▶\$	
4 Did the filing organization file Fo				
contributions received that were	d employer identification number (Enization listed, enter the amount pair promptly and directly delivered to a life additional space is needed, proverse.	id from the filing organiza a separate political orga	ation's funds. Also enter th nization, such as a separa	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
NPRA POLITICAL	WASHINGTON, DC			
ACTION COMMITTEE	20006	53-0115970	0.	79,114.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATION Schedule C (Form 990 or 990-EZ) 2010

NATIONAL PETROCHEMICAL & REFINERS

Schedule C (Form 990 or 990-EZ) 2010				F04/ \/0\ : ::		1159/U Page 2
Part II-A Complete if the org	•		mpt under sectio	on 501(c)(3) and fil	ed Form 5768	
(election under sec	tion 501	(n)).				
A Check Lifthe filing organiza	•	•	• .			
B Check 🕨 📖 if the filing organiza	tion check	ed box A a	nd "limited control" pro	ovisions apply.	-	1
	ts on Lobb ditures" m		nditures ınts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence publ	ic opinion (grass roots lobbying)			
b Total lobbying expenditures to infl	uence a leç	jislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add I	ines 1a and	d 1b)				
d Other exempt purpose expenditur	es					
e Total exempt purpose expenditure	es (add line	s 1c and 1	d)(k			
f Lobbying nontaxable amount. Ent	er the amo	unt from th	e following table in bot	th columns.		
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (er	nter 25% of	f line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, e	nter -0				
i Subtract line 1f from line 1c. If zero	o or less, er	nter -0				
j If there is an amount other than ze	ero on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720	-	
reporting section 4911 tax for this	year?					Yes No
	zations tha	t made a s		Section 501(h) n do not have to com es 2a through 2f on pa		
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
(130% of life 2a, columnite))						
c Total lobbying expenditures						
7 Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 ASSOCIATION

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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
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 			
d Mailings to members, legislators, or the public?e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
 b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 			

501(c)(6).

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

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

1	Dues, assessments and similar amounts from members	1	6,676,625.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	2,764,909.
b	Carryover from last year	2b	-755,330.
С	Total	2c	2,009,579.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	2,356,471.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4	-346,892.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

PART I-A, LINE 1:

TO PROVIDE INDIVIDUALS WITH THE OPPORTUNITY TO CONTRIBUTE TO THE

SUPPORT OF CANDIDATES FOR FEDERAL OFFICE WHO HAVE DEMONSTRATED CONCERN FOR THE INTERESTS OF THE PETROCHEMICAL AND REFINING INDUSTRIES THROUGH

THE NPRA POLITICAL ACTION COMMITTEE.

NATIONAL PETROCHEMICAL & REFINERS

53-0115970 Page 4 Schedule C (Form 990 or 990-EZ) 2010 ASSOCIATION Part IV Supplemental Information (continued) PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION: NPRA POLITICAL ACTION COMMITTEE 1667 K STREET, N.W., SUITE 700 WASHINGTON, DC 20006 PART I-C, LINE 5: CONTRIBUTIONS RECEIVED BY NPRA AND TRANSFERRED TO NPRA PAC, A SEPARATE SEGREGATED FUND.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION

 $\begin{array}{c} \textbf{Employer identification number} \\ 53-0115970 \end{array}$

Pai	rt I	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate contributions to (during year)		
3		egate grants from (during year)		
4		egate value at end of year		
5		ne organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
_		e organization's property, subject to the organization's	-	
6		ne organization inform all grantees, donors, and donor a		
•		paritable purposes and not for the benefit of the donor of		
		• •		
Pai		Conservation Easements. Complete if the org		
1		ose(s) of conservation easements held by the organizati		
•		Preservation of land for public use (e.g., recreation or e	`	corically important land area
	一	Protection of natural habitat	Preservation of a certif	
	H	Preservation of open space	1 reservation of a certification	ned Historic structure
2	Comi	plete lines 2a through 2d if the organization held a qualif	iod concernation contribution in the form	of a consequation assembnt on the last
2		f the tax year.	led conservation contribution in the form of	or a conservation easement on the last
	uay c	Title tax year.		Held at the End of the Tax Year
_	Total	number of conservation assembnts		
a		number of conservation easements		
D		acreage restricted by conservation easements per of conservation easements on a certified historic str		
ں ما		per of conservation easements included in (c) acquired		
d		* * * *	•	
2		in the National Register		2d
3		per of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
4	year		coment is leasted	
4		per of states where property subject to conservation ear		
5		the organization have a written policy regarding the per		Yes No
		ions, and enforcement of the conservation easements it		
6		and volunteer hours devoted to monitoring, inspecting,		
7		ant of expenses incurred in monitoring, inspecting, and		
8		each conservation easement reported on line 2(d) above		
^		ection 170(h)(4)(B)(ii)?		
9		t XIV, describe how the organization reports conservati		
		de, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for
Dai		ervation easements. Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Similar Assats
ı aı	· · · · ·	Complete if the organization answered "Yes" to Form		iller Ollillar Assets.
10	If the	organization elected, as permitted under SFAS 116 (AS		pont and halance sheet works of art
Ia		ical treasures, or other similar assets held for public ext		,
				ice of public service, provide, in Part XIV,
L		ext of the footnote to its financial statements that descri		and halance about warks of art historical
b		organization elected, as permitted under SFAS 116 (AS	• • • • • • • • • • • • • • • • • • • •	
		ures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	one service, provide the following amounts
		ng to these items:		• •
		evenues included in Form 990, Part VIII, line 1		L
_				
2		organization received or held works of art, historical tre		gain, provide
		Illowing amounts required to be reported under SFAS 1		▶ ♠
a		nues included in Form 990, Part VIII, line 1		
b	Asse	s included in Form 990, Part X		▶ \$

NATIONAL PETROCHEMICAL & REFINERS

Schedule D (Form 990) 2010

ASSOCIATION

53-0115970 Page **2**

Pai	rt III Organizations Maintaining Co	llections of A	rt, Historica	Treasures, c	r Other	Similar As	ssets (con	inued)	
3	Using the organization's acquisition, accession	n, and other record	ds, check any of	the following that	t are a sigr	nificant use of	f its collection	n items	-
	(check all that apply):								
а	Public exhibition	d	l 🔲 Loan or	exchange progra	ms				
b	Scholarly research	е	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's coll-	ections and explai	in how they furth	er the organization	on's exemp	ot purpose in	Part XIV.		
5	During the year, did the organization solicit or	receive donations	of art, historical	treasures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be main	ntained as part of	the organization	's collection?			Yes		No
Pai	rt IV Escrow and Custodial Arrang	ements. Compl	ete if the organiz	ation answered "	Yes" to Fo	orm 990, Part	IV, line 9, or	,	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodian	n or other intermed	diary for contribu	utions or other as:	sets not in	cluded			i
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the fo	ollowing table:						
							Amour	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2 a	Did the organization include an amount on For	m 990, Part X, line	21?				└── Yes		No
	If "Yes," explain the arrangement in Part XIV.								
Pai	rt V Endowment Funds. Complete if t	•				-	. 1 -		
		(a) Current year	(b) Prior yea	r (c) Two year	s back (d)	Three years b	ack (e) Fou	r years b	ack_
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g									
2	Provide the estimated percentage of the year	end balance held a	as:						
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment %								
3а	Are there endowment funds not in the possess	sion of the organiz	ation that are he	eld and administe	red for the	organization			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		
b	If "Yes" to 3a(ii), are the related organizations I						3b		
4	Describe in Part XIV the intended uses of the o								
Pai	rt VI Land, Buildings, and Equipme								
	Description of investment	(a) Cost or o		Cost or other		umulated	(d) Boo	k value)
		basis (investr	Tient) ba	isis (other)	aepre	eciation			
1a	Land								
b	•		<u> </u>	125 215		1 005	<u> </u>	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	<u> </u>
	1			135,215.		34,985.		0,23	
	1 1			310,405.		9,832.		0,57	
	Other			292,817.	20)5,604.		7,21	
Total	Add lines 1a through 1e (Column (d) must equ	iai Form 990. Part	x column (R) li	ne 1()(c))			1 1.14	8.01	L D .

53-0115970 Page 3 **ASSOCIATION** Schedule D (Form 990) 2010

Part	VII Investments - Other Securities. Se	e Form 990, Part X, lir	ne 12.		
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
(1) Fin:	ancial derivatives				
	sely-held equity interests				
(3) Oth					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
<u>(I)</u>	15 000 D 17 1/D) II 10 N				
	Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part	VIII Investments - Program Related. Se	ee Form 990, Part X, I I	ine 13.	(-) M-H	4!
	(a) Description of investment type	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Takal //	Sal/b\ marrat agreed Farma OOO Dawt V and /D\ line 40 \				
	Col (b) must equal Form 990, Part X, col (B) line 13.)	15			
Part	IX Other Assets. See Form 990, Part X, line				(h) Book value
Part	IX Other Assets. See Form 990, Part X, line	15. Description			(b) Book value
Part (1)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	IX Other Assets. See Form 990, Part X, line	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line (a) Column (b) must equal Form 990, Part X, col (B) line	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part	Other Assets. See Form 990, Part X, line (a) Column (b) must equal Form 990, Part X, col (B) line	Description	(b) Amount	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1.	Other Assets. See Form 990, Part X, line (a) Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X,	Description	(b) Amount	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1.	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability	Description	271,137.	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137. 475,642.	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION	Description e 15.) line 25.	271,137.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (1) Part 1. (1) (2) (3)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137. 475,642.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137. 475,642.	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137. 475,642.	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5) (6)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137. 475,642.	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5) (6) (7)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137. 475,642.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2) (3) (4) (5) (6) (7) (8)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25.	271,137. 475,642.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT LANDLORD TENANT IMPROVEME	Description e 15.) line 25. NTS	271,137. 475,642. 535,105.		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes DEFERRED COMPENSATION DEFERRED RENT	Description e 15.) line 25. NTS	271,137. 475,642. 535,105.	yation's liability by the same	

2. FIN 2 032053 12-20-10

NATIONAL PETROCHEMICAL & REFINERS

Schedule D (Form 990) 2010 ASSOCIATION 53-0115970 Page **4**

	t VI Decemblistics of Change in Not Access from Form 200 to	Audita	d Einanai	ol Ctot		10113970 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to				emer	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		·····	1		14,371,543.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		13,696,245.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		675,298.
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8		706,038.
9	Total adjustments (net). Add lines 4 through 8			9		706,038.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		1,381,336.
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen	nts Wit	h Revenu	ie per	Retur	
1	• • • • • • • • • • • • • • • • • • • •				1	14,960,221.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		- 00	F.C.2		
а	Net unrealized gains on investments	2a	509	,563	<u>-</u>	
b	Donated services and use of facilities					
С	Recoveries of prior year grants			445	_	
d	Other (Describe in Part XIV.)	2d	79	,115	<u>•</u>	500 650
е	Add lines 2a through 2d				2e	588,678.
3	Subtract line 2e from line 1				3	14,371,543.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b				4c	0.
5					5	14,371,543.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expen	ses pe	r Retu	
1	Total expenses and losses per audited financial statements				1	13,585,815.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d	86	,045	•	
е	Add lines 2a through 2d				2e	86,045.
3	Subtract line 2e from line 1				3	13,499,770.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b	196	,475	•	
С	Add lines 4a and 4b				4c	196,475.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	13,696,245.
Pa	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	, lines 1a	and 4; Part	IV, lines	1b and	2b; Part V, line 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl					
PAI	RT X, LINE 2: MANAGEMENT HAS CONCLUDED THAT	' NPR	A AND	PAC :	HAVE	
PRO	PERLY MAINTAINED THEIR EXEMPT STATUS AND T	HERE	ARE N	O UN	CERT	AIN TAX
POS	SITIONS AS OF DECEMBER 31, 2010 AND 2009.					
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:					
NE'	UNREALIZED GAINS (LOSSES) ON INVESTMENTS					509,563.
<u>AD</u> I	DITIONAL PENSION CHARGE (BENEFIT)					196,475.
TO:	TAL TO SCHEDULE D, PART XI, LINE 8					706,038.

NATIONAL PETROCHEMICAL & REFINERS

53-0115970 Page 5 ASSOCIATION Schedule D (Form 990) 2010 Part XIV Supplemental Information (continued) PART XII, LINE 2D - OTHER ADJUSTMENTS: PAC REVENUE 79,115. PART XIII, LINE 2D - OTHER ADJUSTMENTS: PAC DISBURSEMENTS 86,045. PART XIII, LINE 4B - OTHER ADJUSTMENTS: 196,475. ADDITIONAL PENSION BENEFIT

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No. 1545-0047

Open to Public . Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

► Attach to Form 990. ► See separate instructions. NATIONAL PETROCHEMICAL & REFINERS **ASSOCIATION**

Employer identification number 53-0115970

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

Part 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(E)	(F)
(A) Nama	Ī	(i) Base	(ii) Bonus &	(iii) Other	Retirement and other deferred	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior
(A) Name		compensation	incentive compensation	reportable compensation	compensation		()() (Form 990 or
			Compensation	compendation				Form 990-EZ
	(i)	410,000.	110,000.	8,473.	68,900.	12,797.	610,170.	0.
1 CHARLES DREVNA	(ii)	0.	0.	0.	0.	0.	0.	0.
CD TCODIL CCOMM	(i)	325,000.	25,000.	4,207.	32,463.	13,425.	400,095.	0.
2 GREGORY SCOTT	(ii)	0.	0.	0.	0.	0.	0.	0.
3 GERALD VAN DE VELDE	(i)	175,000.	16,000. 0.	3,975.	19,100.	12,642.	226,717.	0.
3 GERALD VAN DE VELDE	(ii)	182,417.	12,000.	616.	16,525.	15,976.	227,534.	0.
4 DAVID FRIEDMAN	(i) (ii)	0.	0.	0.0	0.	0.	0.	0.
4 BHVIB IRIBBRER	(i)	173,400.	8,000.	580.	15,419.	13,292.	210,691.	0.
5 JEFFREY HAZLE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	162,500.	15,000.	185.	15,088.	17,225.	209,998.	0.
6 BRENDAN WILLIAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	165,000.	12,000.	3,545.	17,700.	12,582.	210,827.	0.
7 JAMES COOPER	(ii)	0.	0.	0.	0.	0.	0.	0.
aa a	(i)	175,000.	15,000.	3,255.	19,000.	12,642.	224,897.	0.
8 SUSAN YASHINSKIE	(ii)	0.	0.	0.	0.	0.	0.	0.
•	(i)							
9	(ii)							
10	(i) (ii)							
10	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
46	(i) (ii)							
16	(II)							

Part III Sup	Part III Supplemental Information							
Complete this	part to provide the informa	ation, explanation, or descri	ptions required for Par	rt I, lines 1a, 1b, 4c, 5a, 5b, 6	6a, 6b, 7, and 8.	Also complete this part for any additional i	nformation.	
PART I,	LINE 4B:							
CHARLES	DREVNA	CONTRIBUTION	TO DEFERRED	COMPENSATION	PLAN	\$36,438		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION

Employer identification number 53-0115970

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SCIENTIFIC INFORMATION AND STATISTICS RELATING TO THE PETROLEUM REFINING AND PETROCHEMICAL MANUFACTURING INDUSTRIES. -SERVING AS AN EFFECTIVE CHANNEL OF COMMUNICATION OF INDUSTRY INFORMATION AMONG MEMBERS, OTHER ASSOCIATIONS, THE GOVERNMENT, AND THE PUBLIC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND THE PUBLIC TO PROMOTE POLICIES THAT BALANCE ENERGY SUPPLY NEEDS WITH ENVIRONMENTAL GOALS, FACILITATE TECHNICAL ADVANCEMENT AND CONTINUED PROGRESS IN SAFETY, ENVIRONMENTAL PERFORMANCE AND SECURITY, IN PART THROUGH WORLD-CLASS MEETINGS AND CONFERENCES SEVERAL OF WHICH ARE THE FOREMOST INDUSTRY MEETINGS IN THE WORLD. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: REPUTATIONAL ENHANCEMENT, BUSINESS ENHANCEMENT, ASSOCIATION FORM 990, PART VI, SECTION A, LINE 6: NPRA HAS OVER 450 MEMBER COMPANIES. FORM 990, PART VI, SECTION A, LINE 7A: THE NPRA BOARD OF DIRECTORS IS COMPRISED OF REPRESENTATIVES FROM EACH OF ITS REGULAR MEMBERS. FORM 990, PART VI, SECTION A, LINE 7B: EACH PETROCHEMICAL AND REFINERS MEMBER COMPANY HAS ONE VOTE WHICH PERTAINS TO THE ISSUE BEING VOTED ON.

NPRA BOARD MEMBERS APPROVE APPOINTED MEMBERS OF THE EXECUTIVE COMMITTEE;

ANNUAL BUDGETS; ALTERATIONS/REVISIONS IN THE ASSOCIATION'S BYLAWS.

Employer identification number 53-0115970

FORM 990, PART VI, SECTION B, LINE 11: THE CHIEF FINANCIAL OFFICER (CFO)

AND ACCOUNTING MANAGER (AM) REVIEW THE UNAPPROVED FORM 990 AT A SCHEDULED

MEETING AND SUBMIT REVISIONS AND/OR QUESTIONS TO THE CONTRACTED AUDITING

FIRM (JOHNSON LAMBERT). THE FORM 990 FORM IS RETURNED TO THE CFO AND AM

WITH REVISIONS (IF ANY) AND SUBMITTED BACK TO THE AUDITING FIRM AS APPROVED

AND THE FINAL VERSION IS REVIEWED WITH THE PRESIDENT FOR HIS SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 12C: NPRA PROVIDES THE POLICY TO
ORGANIZATION PERSONNEL ANNUALLY AND MONITORS THE ADDITION OF NEW VENDORS
AND COMPANY RELATED TRAVEL.

FORM 990, PART VI, SECTION B, LINE 15: INDEPENDENT SALARY SURVEY OF KEY

POSITIONS WAS COMMISSIONED AND THE EXECUTIVE COMPENSATION IS VOTED ON BY

THE EXECUTIVE COMMITTEE REVIEW BOARD ON AN ANNUAL BASIS. PRESIDENT'S SALARY

AND BONUS WERE RECOMMENDED AND APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	509,563.
ADDITIONAL PENSION CHARGE (BENEFIT)	196,475.
TOTAL TO FORM 990, PART XI, LINE 5	706,038.

House Committee on Natural Resources, Subcommittee on Energy and Mineral Resources Legislative Hearing on H.R. 3, Northern Route Approval Act - April 16, 2013

AFPM List of Lawsuits or Petitions Against the Federal Government - Attachment to Disclosure Form

		Federal Statutes Under which the Lawsuits	
Case	Subject Matter	or Petitions were Filed	Date
AFPM v. EPA, Docket	Renewable volumetric		
Nos. 12-1464, 12-1465	Requirements	Clean Air Act	11/21/2012
API and AFPM v. EPA,			
docket No. 12-1442	NSPS Subpart Ja	Clean Air Act	11/13/2012
API, NAHB and NPRA v.			
EPA, Docket No. 11-1140		Clean Air Act	9/15/2011
	Refinery Information		
API and NPRA v. EPA	Collection Request	Clean Air Act	5/27/2011
Utility Air Regulatory			
Group v. EPA, Docket No			
11-1037	GHG SIP Call/FIP	Clean Air Act	2/11/2011
AFPM v. EPA, Docket No			
12-1249	Blending Requirements	Clean Air Act	2/7/2011
State of Texas, et al., v.	Texas FIP and PSD		
EPA, 10-1425, 11-1062	regulation of GHG	Clean Air Act	1/12/2011
Coalition for Responsible			
Regulation v. EPA, Docke	_		
10-1073	Finding & Tailpipe Rule	Clean Air Act	7/6/2010
Texas Oil and Gas			
Association v. EPA	Texas Flexible Permits	Clean Air Act	6/30/2010
Sierra Club v. U.S. Defens	Α.		
Energy Support Center	Section 526 Oil Sands	Clean Air Act	6/18/2010
NPRA v. EPA	GHG "Tailoring" Rule	Clean Air Act	6/3/2010
NPRA v. EPA and DOT	GHG Tailpipe Rule	Clean Air Act	5/17/2010
American Chemistry	Grid rampipe Rule	Clean All Act	3/17/2010
Council v. EPA, Docket 10)_		
1167	Grounds Arising After	Clean Air Act	5/7/2010
1107	Regulating GHG Emissions		3/1/2010
Sierra Club et al. v. EPA	through PSD Permits	Clean Air Act	3/29/2010
Siella Ciae et al. V. El II	Renewable Fuel Standard -	Clean I in Tiet	3/23/2010
NPRA v. EPA	Retroactive Rulemaking	Clean Air Act	3/29/2010
NRDC v. EPA Docket No	<u> </u>	Clouit I III Tiet	3/2//2010
10-1056	Section 185 Fees	Clean Air Act	3/5/2010
API & NPRA v. EPA	GHG Reporting Rule	Clean Air Act	12/24/2009
Nat'l Cattlemen's Beef v.			
EPA Docket Nos. 07-1227	,		
07-1229, 01-1230, 07-			
1231, 07-1232, 07-1233	PM2.5 Implementation	Clean Air Act	7/29/2009

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Case	Subject Matter	Federal Statutes Under which the Lawsuits or Petitions were Filed	Date
Center for Biological			
Diversity, et al. v. Dirk			
Kempthrone, et al Docket	Polar Bear Interim 4(d)		
No. 08-CV-1339-CW	Rule	Endangered Species Act	5/8/2009
State of New Jersey v. EPA			
Docket 08-1065	New Source Review	Clean Air Act	4/3/2009
NPRA v. EPA, Docket Nos.			
10-1380, 11-1002, 11-	EPA Waiver for Mid-Level		
1046, 11-072, 11-1086	Ethanol Blends (E15)	Clean Air Act	3/6/2009

The information provided on this list is to the best of my knowledge.