PUBLIC DISCLOSURE

Form **990**(Rev. January 2020)
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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

| Α | For th | e 2019 calendar year, or tax year beginning and ending |] | | |
|--------------|--|--|------------|----------------------|-------------------------------|
| | | | D | Employer identif | ication number |
| 6 | | AMERICAN FUEL AND PETROCHEMICAL | | | |
| | | | | | |
| L | chan | ge Doing business as | | | |
| Ļ | returr | Number and street (or P.U. box if mail is not delivered to street address) Room/s | | • | |
| | lreturi | | | | |
| | | | _ | | 70,683,968. |
| F | returr | WASHINGTON, DC 20036 | ┵ | | |
| | tion | | ١ | | — |
| _ | . | | | | |
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| | | | | | |
| | | | i cai ui i | ormation. 1901 | VI State of legal domiche, DE |
| | _ | | DULI | Ξ Ο | |
| S | Ι. | Energy describe the organization of mission of most significant detivities. | | - | |
| nan | AMRICAN FUEL AND PETROCHEMICAL MANUFACTURERS Doing business as Number and street (or P.O. box if mail is not delivered to street address) So O115970 | | sets. | | |
| Ver | 3 | | | | 56 |
| | | | | | 56 |
| တို | 5 | | | | 75 |
| /itie | 6 | Total number of volunteers (estimate if necessary) | | 6 | 81 |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | |
| _ | b | Net unrelated business taxable income from Form 990-T, line 39 | <u></u> | 7b | 0. |
| | | | | | Current Year |
| <u>o</u> | 8 | | 4. | | 0. |
| enc | 9 | | | | |
| Revenue | 10 | | - | | |
| | 11 | | 1. | | |
| _ | 1 | | | | |
| | 1 | | | | |
| | 1= | | 1 | | |
| Expenses | 16a | | | | 0. |
| ben | . I ou | • | | | |
| Ä | 17 | | 28 | 8,948,216. | 25,791,911. |
| | | | | | |
| | | | | -373,034. | 14,560,032. |
| O. | 27 | | Begin | ning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | | |
| t As | 21 | Total liabilities (Part X, line 26) | | | |
| Net | | | 18 | 8,234,718 . | 34,106,212. |
| | | | | | |
| | | | | | y knowledge and belief, it is |
| true | , corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep | oarer nas | s any knowledge. | |
| C: | _ | Signature of officer | | I Date | |
| Sig | | ' · · · | | Buto | |
| пеі | е | · | | | |
| | | | Date | Check | PTIN |
| Paid | d | | | if | |
| | parer | Firm's name JOHNSON LAMBERT LLP | | Firm's EIN ▶ | |
| | Only | Firm's address 4242 SIX FORKS ROAD, SUITE 1500 | | | |
| | | RALEIGH, NC 27609 | | Phone no. 91 | 9-719-6400 |
| Ma | y the I | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

Form 8453-EO

Exempt Organization Declaration and Signature for Electronic Filing

, 2019, and ending

| OMB | No. | 1545-004 | 47 |
|-----|-----|----------|----|
| | | | |

For calendar year 2019, or tax year beginning

Department of the Treasury Internal Revenue Service For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 Name of exempt organization AMERICAN FUEL AND PETROCHEMICAL **Employer identification number** MANUFACTURERS 53-0115970 Type of Return and Return Information (Whole Dollars Only) Check the box for the type of return being filed with 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 of the return being filed with 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. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1a Form 990 check here **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5a Form 8868 check here **Declaration of Officer** I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (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 2019 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) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign CHIEF FINANCIAL OFFICER 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 SSN or PTIN Check ERO's 11/13/2020 P01226973 Use Firm's name (or JOHNSON LAMBERT LLP 52-1446779 Only 4242 address, and ZIP d SIX FORKS ROAD, **SUITE 1500** Phone no. RALEIGH, NC 27609 919-719-6400 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. Print/Type preparer's name Preparer's signature Check if self-Paid employed **Preparer** Firm's name Firm's EIN **Use Only** Firm's address Phone no.

IRS Center: Ogden Product: **Exempt** Category: e-Postmark: 11/13/2020 9:50 AM

Name: AMERICAN FUEL AND

PETROCHEMICAL MANUFACTURERS

FEIN: ****5970 Notification:

Fiscal Year Begin Date: 1/1/2019 Fiscal Year End Date: 12/31/2019 eSigned:

Return Information

| Date | Return ID | Type of Activity | Submission ID | Refund/ (Due) | Updated By | eSign Date |
|------------|-----------------------|---|----------------------|------------------|--------------|---------------|
| 11/13/2020 | 19X:53- 0115970:V1 | Upload Started | | | Marks,Calvin | |
| 11/13/2020 | 19X:53- 0115970:V1 | Released for Transmission - Validation in Progress | | | Marks,Calvin | |
| 11/13/2020 | 19X:53- 0115970:V1 | Ready to transmit - Validation Complete | | | | |
| 11/13/2020 | 19X:53- 0115970:V1 | Transmitted to FD | 56370820203180347e27 | | | |
| 11/13/2020 | 19X:53- 0115970:V1 | Accepted by FD on 11/13/2020 | | | | |

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

| | itic 6-Month Extension of Time. Only si | ubmit origina | al (no copies needed). | | | |
|--|---|--------------------|---|-------------|-----------------|---------------|
| • | ations required to file an income tax return other than | | , | s, REMICs | s, and trusts | |
| must use | Form 7004 to request an extension of time to file in | come tax retur | ns. | | | |
| Type or | Name of exempt organization or other filer, see in | nstructions. | | Taxpayer | identification | number (TIN) |
| print | AMERICAN FUEL AND PETROCE | HEMICAL | | | | |
| File by the | MANUFACTURERS | | | | 53-011 | 5970 |
| due date for filing your return. See | , , | , | ions. | | | |
| instructions. | City, town or post office, state, and ZIP code. Fo WASHINGTON, DC 20036 | r a foreign addı | ress, see instructions. | | | |
| Enter the | Return Code for the return that this application is fo | or (file a separat | te application for each return) | | | 0 1 |
| Application | on | Return | Application | | | Return |
| ls For | | Code | Is For | | | Code |
| Form 990 | or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 990 | Number, street, and room or suite no. If a P.O. box, see instructions. 1800 M STREET, NW, NO. 900N City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036 Return Code for the return that this application is for (file a separate application for each con Return Code Is For Or Form 990-EZ BL Olimitividual) Olimitividual) Olimitividual) Olimitividual) Olimitividual) Olimitividual) Olimitividual) Olimitividual) Olimitividual) Olimitividual Olimi | | Form 1041-A | | | 08 |
| | 0 (individual) | | Form 4720 (other than individual) | | | 09 |
| Form 990 | | | | | | 10 11 |
| | | | | | | |
| Form 990 | · · · · · · · · · · · · · · · · · · · | 06 | Form 8870 | | | 12 |
| | oks are in the care of 1800 M STREE | T, NW, S | | | C 20036 | . |
| | | _ | Fax No. \triangleright 202-457-04 | | | |
| | | | | | | |
| If this i | | | | | - | • |
| box 🕨 | . If it is for part of the group, check this box | and atta | ch a list with the names and TINs of | all membe | ers the extens | ion is for. |
| the | • | | MBER 16, 2020 , to file return for: | e the exem | npt organizatio | on return for |
| ▶[| tax year beginning | , an | d ending | | | |
| 2 If th | e tax year entered in line 1 is for less than 12 montl Change in accounting period | ns, check reasc | on: Initial return | Final retur | n | |
| | | | | | | |
| | is application is for Forms 990-BL, 990-PF, 990-T, 4 | 720, or 6069, e | enter the tentative tax, less | | | • |
| | nonrefundable credits. See instructions. | | | 3a | \$ | 0. |
| | is application is for Forms 990-PF, 990-T, 4720, or 6 | | | | | • |
| | mated tax payments made. Include any prior year o | | | 3b | \$ | 0. |
| | ance due. Subtract line 3b from line 3a. Include you | | | | | 0 |
| | ng EFTPS (Electronic Federal Tax Payment System) | . See instructio | ns. | 3c | l \$ | 0. |

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

Form 8868 (Rev. 1-2020)

) (Revenue \$

Other program services (Describe on Schedule O.)

Total program service expenses

including grants of \$

Form 990 (2019) MANUFACTURERS
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_ | | <u> X</u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | X | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4_ | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | X | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts 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 | | <u> </u> |
| 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 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | l |
| | Schedule D, Part III | 8 | | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | l |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 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 | X | |
| 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 | | <u> </u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | l |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| d | 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 | | | l |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | <u> </u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | l |
| | Schedule D, Parts XI and XII | 12a | | <u> X</u> |
| 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 and XII is optional | 12b | X | |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | <u> X</u> |
| | 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 | | <u> X</u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> </u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> X</u> |
| 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 | | X |
| 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 | | <u> X</u> |
| 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 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u> </u> |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II | 21 | X | l |

Page 4

Form 990 (2019) MANUFACTURERS

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|--|-----|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 | | | |
| | Schedule J | 23 | Х | — |
| 24a | | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | l |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | - |
| | 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u> </u> |
| 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 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | v |
| ~ | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 07 | | x |
| 00 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| _ | instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| а | | 28a | | x |
| h | "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 200 | | |
| · | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 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 | | | |
| | 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, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, 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 | | |
| 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 | | | |
| | 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 11b and 19? | | | 1 |
| D- | Note: All Form 990 filers are required to complete Schedule O | 38 | X | Щ |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | igspace |
| | | | 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 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | 77 | |
| | (gambling) winnings to prize winners? | 1c | X | Щ |

| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | _ | | Yes | No |
|--------|--|-----------|------------------------|-----|-----|-----|
| 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 | 75 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | ns? . | | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | _X_ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 . | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | author | ity over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | accour | nt)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | | | _ | | 37 |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction. | | | 5b | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| oa | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | 60 | х | |
| h | any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions. | | | 6a | | |
| D | | | | 6b | х | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | | | OD | | |
| 'a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set | rvices r | provided to the payor? | 7a | | |
| b | TOTAL TO THE TAX TO TH | | payor: | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | |
| | to file Form 8282? | | | 7с | | |
| d | | 7d | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | ontrac | t? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | act? | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | orm 88 | 99 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation fi | le a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | d by th | е | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | | | | 9a | | |
| b | | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | ı | I | | | |
| | 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 | 10b | <u> </u> | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 11a | I | | | |
| a L | Gross income from members or shareholders | 11a | | | | |
| α | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| 100 | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 2 | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | ıza | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | ILD | | | | |
| | | | | 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 | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| | Did the constitution and in the constitution of the constitution o | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | or | | | |
| | excess parachute payment(s) during the year? | | | 15 | Х | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | t incor | ne? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |

Form 990 (2019)

MANUFACTURERS 53-0115970

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 on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | X | | | | | |
|----------|--|-----------|----------|-------|------|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | |
| | | | Υ | 'es | No | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 56 | | | | | | | | |
| | 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 on Schedule O. | | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b | 56 | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | |
| | officer, director, trustee, or key employee? | . 2 | : | | X | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | |
| | of officers, directors, 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 | ; | | X | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | X | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | |
| | more members of the governing body? | . 7 | a : | X | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | |
| | persons other than the governing body? | . 7 | . | X | | | | | | |
| 8 | | | | | | | | | | |
| а | The governing body? | . 8 | a : | X | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8 | . | 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 on Schedule O | 9 | ١ | | X | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | |
| | | _ | Y | 'es | No | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10 | а | | X | | | | | |
| 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? | 10 | b | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 | а | | X | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | - | X | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12 | b : | X | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | _ | | | | | | |
| | in Schedule O how this was done | • | | X | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | X | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 1 | 1 . | 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? | | | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | | | X | | | | | | |
| b | Other officers or key employees of the organization | 15 | b . | 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 | | | | 37 | | | | | |
| _ | taxable entity during the year? | . 16 | а | | X | | | | | |
| 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 | - | | | | | | | | |
| 800 | exempt status with respect to such arrangements? tion C. Disclosure | . 16 | b | | | | | | | |
| | | | | | | | | | | |
| 17 10 | | \(2\a_=:= | h./\ ~: | (a:l! | ole. | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c |)(ଧ)s on | ıy) av | anak | oie | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| 10 | Own website Another's website X Upon request Other (explain on Schedule O) | and fire | noic | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, | anu iini | aricia | ı | | | | | | |
| 20 | statements available to the public during the tax year. | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records PRIAN TATUM - 202-457-0480 | | | | | | | | | |
| | 1800 M STREET, NW, STE 900N, WASHINGTON, DC 20036 | | | | | | | | | |

MANUFACTURERS

53-0115970

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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 or note to any line 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.

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

See instructions for the order in which to list the persons above.

| Check this box if neither the organization n | (B) | orga | IIIZa | ((| | ipen | Sale | (D) | (E) | (F) |
|--|------------------------|-------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------|-----------------|------------------------------|
| Name and title | Average | | | Posi | ition | | | Reportable | Reportable | (F) Estimated |
| Name and the | hours per | | | | | than d s both | | compensation | compensation | amount of |
| | week | | | | | r/trust | | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | a) | | | ited | | organization | (W-2/1099-MISC) | from the |
| | related | stee | truste | | eo | pensa | | (W-2/1099-MISC) | | organization |
| | organizations below | ual tru | ional | | ploye | t com | | | | and related organizations |
| | line) | ndividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) CHET THOMPSON | 40.00 | | | | | | | | | |
| PRESIDENT & CEO | | | | Х | | | | 2,071,189. | 0. | 310,184. |
| (2) DERRICK MORGAN | 40.00 | | | | | | | | | |
| SVP/FEDERAL AFFAIRS | | | | | Х | | | 461,203. | 0. | 62,505. |
| (3) JAIME ZARRABY | 40.00 | | | | | | | | | |
| SVP/COMMUNICATIONS | | | | | Х | | | 431,340. | 0. | 40,871. |
| (4) RICHARD MOSKOWITZ | 40.00 | | | | | | | | | |
| GENERAL COUNSEL | | | | Х | | | | 392,231. | 0. | 43,453. |
| (5) SUSAN YASHINSKIE | 40.00 | | | | | | | | | |
| SVP/MEMBER SERVICES | | | | | Х | | | 361,730. | 0. | 39,121. |
| (6) DAVID FRIEDMAN | 40.00 | | | | | | | | | |
| VP/REGULATORY AFFAIRS | | | | | | Х | | 334,345. | 0. | 57,749. |
| (7) BRIAN TATUM | 40.00 | | | | | | | | | |
| CFO | | | | Х | | | | 314,719. | 0. | 52,937. |
| (8) GEOFF MOODY | 40.00 | | | | | | | | _ | |
| VP/GOVERNMENT RELATIONS | | | | | | Х | | 304,495. | 0. | 32,133. |
| (9) DONALD THOREN | 40.00 | | | | | | | | | |
| VP/STATE & LOCAL OUTREACH | | | | | | X | | 253,015. | 0. | 27,312. |
| (10) SUSAN GRISSOM | 40.00 | | | | | | | | _ | |
| CHIEF INDUSTRY ANALYST | | | | | | X | | 222,527. | 0. | 40,833. |
| (11) HELEN KUTSKA | 40.00 | 1 | | | | | | | | |
| SR. DIRECTOR, CONVENTION SERVICES | ļ | | | | | Х | | 219,731. | 0. | 31,132. |
| (12) GERALD VAN DE VELDE | 40.00 | | | | | | | | | |
| EXECUTIVE ADVISOR (TO MAR '19) | | | | Х | | | | 142,874. | 0. | 21,354. |
| (13) JOSEPH GORDER | 5.00 | ļ | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (14) GARY R. HEMINGER | 5.00 | ļ | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (15) GEORGE DAMIRIS | 5.00 | | | | | | | | | _ |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (16) DAVE BROWNELL | 2.00 | | | | | | | _ | | _ |
| EXECUTIVE COMMITTEE OFFICER (TO FEB | 1 2 22 | Х | | | | | | 0. | 0. | 0. |
| (17) GRAEME BURNETT | 2.00 | | | | | | | | _ | • |
| EXECUTIVE COMMITTEE OFFICER | | X | | | | | | 0. | 0. | 0. |

Form 990 (2019)

| Part VII Section A Officers Directors Trus | toos Kov Emr | .lav | | | J LII: | la a a | | companyed Compleyed | 3 6 6 2 2 3 | , , , | | ,go |
|---|------------------|--------------------------------|----------------------|---------|--------------|---------------------------------|--------------|--------------------------|------------------------------|------------------|--------------------|------------|
| Geotion Ai Omocro, Birectoro, Trao | | loy | ees, | | | gnes | SI C | | ' | | | |
| (A) | (B) Average | | | | C) ition | , | | (D) | (E) | _ | (F) | |
| Name and title | hours per | | not c | heck | more | than o | | Reportable | Reportable | | stimate | |
| | week | | | | | s both or/trus | | compensation | compensation from related | an | nount o other | 31 |
| | (list any | tor | | | | | | the | organizations | com | oti iei ipensat | tion |
| | hours for | direc | | | | - - | | organization | (W-2/1099-MISC) | | om the | |
| | related | ee or | stee | | | nsate | | (W-2/1099-MISC) | (| | anizati | |
| | organizations | trust | al tru | | yee | ed mc | | , , | | an | d relate | ed |
| | below | Individual trustee or director | nstitutional trustee | ie. | sey employee | Highest compensated employee | Jer | | | orga | anizatio | ons |
| | line) | Indiv | Insti | Officer | Key 6 | High | Former | | | | | |
| (18) DANIEL COOMBS | 2.00 | | | | | | | | | | | |
| EXECUTIVE COMMITTEE OFFICER | | Х | | | | | | 0. | 0. | | | 0. |
| (19) MICHAEL COYLE | 2.00 | | | | | | | | | | | |
| EXECUTIVE COMMITTEE OFFICER | | Х | | | | | | 0. | 0. | | | 0. |
| (20) ROBERT HERMAN | 2.00 | | | | | | | | | | | |
| EXECUTIVE COMMITTEE OFFICER | | Х | | | | | | 0. | 0. | | | 0. |
| (21) DAVID LAMP | 2.00 | | | | | | | | _ | | | |
| EXECUTIVE COMMITTEE OFFICER | | Х | | | | | | 0. | 0. | | | 0. |
| (22) MARK LASHIER | 2.00 | | | | | | | | _ | | | |
| EXECUTIVE COMMITTEE OFFICER (FROM FE | | Х | | | | | | 0. | 0. | | | 0. |
| (23) MICHAEL NAGLE | 2.00 | ļ | | | | | | | _ | | | |
| EXECUTIVE COMMITTEE OFFICER | | Х | | | | | | 0. | 0. | | | 0. |
| (24) THOMAS J. NIMBLEY | 2.00 | | | | | | | | | | | |
| EXECUTIVE COMMITTEE OFFICER | | Х | | | | | | 0. | 0. | | | 0. |
| (25) JEFF RAMSEY | 2.00 | | | | | | | | | | | |
| EXECUTIVE COMMITTEE OFFICER | | Х | | | | | | 0. | 0. | | | 0. |
| (26) DOUG SPARKMAN | 2.00 | | | | | | | | | | | |
| EXECUTIVE COMMITTEE OFFICER | | Х | | | | | | 0. | 0. | | | 0. |
| 1b Subtotal | | | | | | | ightharpoons | 5,509,399. | 0. | 75 | 9,58 | - |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | ightharpoons | 0. | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 5,509,399. | 0. | 75 | 9,58 | <u>34.</u> |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d at | oove |) wh | o re | eceived more than \$100, | 000 of reportable | | | |
| compensation from the organization | | | | | | | | | | | | 32 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director, truste | ee, k | еу е | empl | loye | e, or | hig | hest compensated emp | loyee on | | | |
| 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 \$150 | 0,000? If "Yes, | " со | mple | ete S | Sche | dule | J f | for such individual | | 4 | Х | |

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. Report compensation for the calendar year ending with or within the organization's tax year.

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---------------------------------|----------------------------|
| SINGER ASSOCIATES, INC, 47 KEARNY ST, 2ND | | |
| FLOOR, SAN FRANCISCO, CA 94108 | PUBLIC RELATIONS | 5,036,826. |
| DANIEL J EDELMAN | | |
| 200 E RANDOLPH ST, CHICAGO, IL 60601 | PUBLIC RELATIONS | 4,329,624. |
| CGCN GROUP | | |
| 1101K STREET NW #650, WASHINGTON, DC 20005 | ADVOCACY SERVICES | 587,046. |
| CROWELL MORING, 1001 PENNSYLVANIA AVE NW, | | |
| WASHINGTON, DC 20004 | LITIGATION SERVICES | 554,001. |
| JUST ADD FIREWATER, LLC | | |
| 1400 KEY BLVD STE 100, ARLINGTON, VA 22209 | PUBLIC RELATIONS | 467,977. |
| 2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization ▶ 22 | d above) who received more than | |

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

| Part VII Section A. Officers, Directors, Tr | ustees, Key Er | nplo | yee | s, an | nd H | lighe | est (| Compensated Employe | es (continued) | |
|---|----------------|--------------------|-----------------------|----------|--------------|------------------------------|--------|---------------------|-----------------|---------------|
| (A) | (B) | | | (C |) | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | | | | Reportable | Reportable | Estimated |
| | hours | (c | heck | all t | hat | арр | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | | | | | yee | | the | organizations | compensation |
| | (list any | ector | | | | mplo | | organization | (W-2/1099-MISC) | from the |
| | hours for | or director | a. | | | ted e | | (W-2/1099-MISC) | | organization |
| | related | stee (| ruste | | m | su ac | | | | and related |
| | organizations | Individual trustee | Institutional trustee | | Key employee | Highest compensated employee | | | | organizations |
| | below | ividu | tituti | Officer | y emp | hest | Former | | | |
| | line) | pul | lus | #0 | Ke | Hig | For | | | |
| (27) M.J. AGUIAR | 2.00 | | | | | | | | | |
| DIRECTOR (TO JUL '19) | | Х | | | | | | 0. | 0. | 0. |
| (28) ROBERT BEADLE | 2.00 | | | | | | | | | |
| DIRECTOR (FROM JUN '19) | | Х | | | | | | 0. | 0. | 0. |
| (29) JOE BLOMMAERT | 2.00 | | | | | | | | | - |
| DIRECTOR (FROM JAN '19) | | х | | | | | | 0. | 0. | 0. |
| (30) RAYMOND L. BROOKS | 2.00 | 22 | | | | | | 0. | 0. | • |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| | 2.00 | Λ | | | | | | 0. | 0. | 0. |
| (31) IAN CARR | 2.00 | ٠,, | | | | | | | _ | _ |
| DIRECTOR (FROM NOV '19) | | Х | | | | | | 0. | 0. | 0. |
| (32) JAMES CARVER | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (33) ALBERT CHAO | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (34) KEITH CLEASON | 2.00 | | | | | | | | | |
| DIRECTOR (FROM MAR '19) | | Х | | | | | | 0. | 0. | 0. |
| (35) BRIAN S. COFFMAN | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (36) RAPHAEL CRAWFORD | 2.00 | | | | | | | Ţ. | • | |
| DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0. |
| (37) JIM CRISTMAN | 2.00 | 22 | | | | | | 0. | 0. | • |
| DIRECTOR (TO AUG '19) | 2.00 | Х | | | | | | 0. | 0. | 0. |
| | 1 2 00 | Λ | | | | | | 0. | 0. | 0. |
| (38) DARREN CROSS | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (39) FRANK CHRIS D'ANNA | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (40) ERWIN DIJKMAN | 2.00 | | | | | | | | | |
| DIRECTOR (FROM OCT '19) | | Х | | | | | | 0. | 0. | 0. |
| (41) EDWARD J. DINEEN | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (42) DAVID C. DOTSON | 2.00 | T - | | \dashv | | | | | | |
| DIRECTOR (TO JUN '19) | | х | | | | | ĺ | 0. | 0. | 0. |
| (43) CLINT W. ENSIGN | 2.00 | | | \vdash | | | | | <u> </u> | |
| DIRECTOR (TO JUN '19) | 2.00 | Х | | | | | | 0. | 0. | 0. |
| | 2 00 | Λ | | \vdash | | | | 0. | U • | <u> </u> |
| (44) FERNANDO FEITOSA DE OLIVEIRA | 2.00 | | | | | | | | _ | _ |
| DIRECTOR (TO MAY '19) | \ | X | | \sqcup | | | | 0. | 0. | 0. |
| (45) DENNIS GARBARINO | 2.00 | 1_ | | | | | ĺ | | | _ |
| DIRECTOR (FROM JAN '19) | | Х | | | | | | 0. | 0. | 0. |
| (46) CHRISTOPHE GERONDEAU | 2.00 | | | | | | ĺ | | | |
| , | | | | | | | | | I | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |

| | | | | | | | | | | 5970 |
|--|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------|----------------------------------|-----------------------|
| Part VII Section A. Officers, Directors, Tru | stees, Key Er | nplo | yee | s, ar | nd H | lighe | est (| Compensated Employe | es (continued) | |
| (A) | (B) | | | (C | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | ition | | | Reportable | Reportable | Estimated |
| | hours | (c | heck | all t | that | app | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week (list any | or | | | | oloyee | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | hours for | direct | | | | d em | | (W-2/1099-MISC) | (44-2/1099-141130) | organization |
| | related | ee or | stee | | | nsate | | (** =/ : 55555) | | and related |
| | organizations | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | | | | organizations |
| | below | vidua | itution | Officer | empl | hest c | Former | | | |
| | line) | lhdi | Inst | 0#ii | Key | Hig | Fori | | | |
| (47) GREGORY J. GOFF | 2.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 . |
| (48) COLIN GOUVEIA | 2.00 | 1 | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 . |
| (49) FREDEREC C. GREEN | 2.00 | 1 | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 . |
| (50) JOHN GUGEL | 2.00 | <u></u> | | | | | | | | _ |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (51) JAMES GUILFOYLE | 2.00 | ., | | | | | | | 0 | • |
| DIRECTOR (TO DEC '19) | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (52) BURNIS J. HEBERT | 2.00 | ., | | | | | | | 0 | 0 |
| DIRECTOR (F2) PAUL HUANG | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (53) PAUL HUANG | 2.00 | Х | | | | | | 0. | 0. | 0. |
| DIRECTOR (54) JOSEPH ISRAEL | 2.00 | Λ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (55) NAUSHAD JAMANI | 2.00 | Λ | | | | | | 0. | 0. | 0. |
| DIRECTOR (TO JAN '19) | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (56) ARTHUR M. KLEIN | 2.00 | -25 | | | | | | • | • | <u>_</u> |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (57) BRIAN LEVER | 2.00 | <u></u> | | | | | | | 0.1 | |
| DIRECTOR (FROM SEP '19) | | х | | | | | | 0. | 0. | 0 . |
| (58) MARC MAGEAU | 2.00 | | | | | | | | • | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (59) DOUGLAS MAY | 2.00 | | | | | | | - | - | |
| DIRECTOR (TO MAR '19) | | Х | | | | | | 0. | 0. | 0. |
| (60) JOHN MCINTOSH | 2.00 | | | | | | | | | |
| DIRECTOR (TO JAN '19) | | Х | | | | | | 0. | 0. | 0. |
| (61) NIALL MCCONVILLE | 2.00 | | | | | | | | | |
| DIRECTOR (FROM FEB '19) | | Х | | | | | | 0. | 0. | 0. |
| (62) JERRY MILLER | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (63) FRANCIS MURPHY | 2.00 | | | | | | | | | |
| DIRECTOR (FROM JUN '19) | | Х | \Box | | | | | 0. | 0. | 0. |
| (64) FRANK NIZNIK | 2.00 | . . | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (65) KRIS PATRICK | 2.00 | | | | | | | | | _ |
| DIRECTOR (TO MAY '19) | 0.00 | Х | | | | | | 0. | 0. | 0 |
| | 2.00 | I | | | | | | | | |
| (66) THOMAS PETTI DIRECTOR | | Х | | | | | | 0. | 0. | 0. |

| Part VII Section A. Officers, Directors, Tr | ustees, Key Er | nplo | yee | s, ar | nd H | lighe | est (| Compensated Employe | es (continued) | |
|---|------------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------|---------------------------------|-----------------|-----------------------|
| (A) | (B) | | | (C | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | ition | | | Reportable | Reportable | Estimated |
| | hours | (c | heck | all t | hat | app | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | 'n | | | | loyee | | the | organizations | compensation from the |
| | (list any hours for | direct | | | | l em p | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | organization |
| | related | 3e 0r | stee | | | nsate | | (** 2/ 1033 1/1100) | | and related |
| | organizations | trust | al tru | | yee | ed uic | | | | organizations |
| | below | Individual trustee or director | Institutional trustee | er | Key employee | Highest compensated employee | ner | | | · · |
| | line) | Indi | Insti | Officer | Key | High | Former | | | |
| (67) CAMERON PROUDFOOT | 2.00 | | | | | | | | | |
| DIRECTOR (TO MAR '19) | | Х | | | | | | 0. | 0. | 0. |
| (68) LANCE PUCKETT | 2.00 | | | | | | | | | |
| DIRECTOR (FROM MAY '19) | | Х | | | | | | 0. | 0. | 0. |
| (69) PATRICK QUARLES | 2.00 | | | | | | | | | |
| DIRECTOR (FROM JAN '19) | | Х | | | | | | 0. | 0. | 0. |
| (70) PURNENDU RAI | 2.00 | 1 | | | | | | | | |
| DIRECTOR (TO MAR '19) | | Х | | | | | | 0. | 0. | 0. |
| (71) HEATHER REMLEY | 2.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (72) RICHARD RENNARD | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 . |
| (73) ROSS REUCASSEL | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (74) TORKEL RHENMAN | 2.00 | ļ | | | | | | | • | |
| DIRECTOR (FROM DEC '19) | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (75) LANE RIGGS | 2.00 | ., | | | | | | | 0 | • |
| DIRECTOR | 1 2 00 | Х | | | | | | 0. | 0. | 0. |
| (76) DAN ROBINSON | 2.00 | . , | | | | | | | 0 | 0 |
| DIRECTOR (TO JUN '19) | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (77) TOM SCHMITT DIRECTOR | 2.00 | х | | | | | | 0. | 0. | ^ |
| (78) JOHN EDWARD SCHUMANN | 2.00 | Λ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (79) SCOTT SHARP | 2.00 | Λ | | | | | | 0. | 0. | 0 . |
| DIRECTOR (TO FEB '19) | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (80) LUIS SIERRA | 2.00 | Δ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0 . |
| (81) GREG SKELTON | 2.00 | Λ | | | | | | 0. | 0. | 0 • |
| DIRECTOR (TO FEB '19) | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (82) MATTHEW SMORCH | 2.00 | 22 | | | | | | 0. | 0. | 0 |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (83) STEVE SONDERGARD | 2.00 | | | | | | | | . . | |
| DIRECTOR (FROM AUG '19) | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (84) SRIDHAR SRINIVASAN | 2.00 | | | | | | | · | • | <u> </u> |
| DIRECTOR (TO NOV '19) | | х | | | | | | 0. | 0. | 0. |
| (85) BRENDA STOUT | 2.00 | | | | | | | | J• | |
| DIRECTOR (TO DEC '19) | | х | | | | | | 0. | 0. | 0. |
| | 2.00 | | | \vdash | | | | | 3. | |
| (86) MICHAEL SWANSON | 1 Z . UU | | | | | | | | | |

Form 990 MANUFACTURERS 53-0115970

| (a) Name and title | Form 990 MANUFACTO | JRERS | | | | | | | | 53-011 | 3970 |
|--|--|----------------|----------|----------|-------|----------|----------|-------------|---------------------|-----------------|---------------|
| Name and title Average Fosition Four compensation Compens | Part VII Section A. Officers, Directors, Tru | ustees, Key Er | nplo | yee | s, aı | nd H | lighe | est (| Compensated Employe | es (continued) | |
| Name and title Average Fosition Four compensation Compens | | I | | | | | | | 1 | | (F) |
| Check all that apply) Composation Comp | | | | | | | | | 1 | | |
| Per week | Name and title | | (cl | | | | | lνλ | | | |
| Week (Ist any hours for related organizations below line) War Wa | | 1 | (C | I | I | liiai | app I | ' <i>y)</i> | | | |
| (ist any bullet for related organization organization organization organization organization organizations below line) | | | | | | | ۰ | | | | |
| (87) JOHN TRABGER DIRECTOR DIR | | | = | | | | loye | | | | |
| (87) JOHN TRABGER DIRECTOR DIR | | | recto | | | | emp | | | (W-2/1099-MISC) | |
| (87) JOHN TRABGER DIRECTOR DIR | | | or d | e e | | | ated | | (W-2/1099-MISC) | | |
| (87) JOHN TRABGER DIRECTOR DIR | | I | stee | trust | | ao | bens | | | | |
| (87) JOHN TRABGER DIRECTOR DIR | | | altr | lau | | loye | E 00 | | | | organizations |
| (87) JOHN TRABGER DIRECTOR DIR | | I | vidu | Į į | rec | em | hest | mer | | | |
| X | | line) | lug | ısı | # | Key | ij | For | | | |
| X | (87) JOHN TRAEGER | 2.00 | | | | | | | | | |
| (88) SIMON UPFILL BROWN DIRECTOR (TO JAN '19) (89) TON YURA 2.00 X 0. 0. 0. 0 DIRECTOR X 0. 0. 0. 0 O O O O O O O O O O O O O O O O O O | | | v | | | | | | 1 | Λ I | 0 |
| DIRECTOR (TO JAN '19) | | 2 00 | | _ | - | | _ | | 0. | 0. | 0. |
| (89) TOM YURA DIRECTOR (90) BRIAN ZOLKOS 2.00 X 0. 0. 0. 0 DIRECTOR 1 0. 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0 | | 2.00 | 1 | | | | | | | | _ |
| (89) TOM YURA DIRECTOR (90) BRIAN ZOLKOS 2.00 X 0. 0. 0. 0 DIRECTOR 1 0. 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0. 0. 0 0 0 | DIRECTOR (TO JAN '19) | | X | | | | | | 0. | 0. | 0. |
| DIRECTOR | (89) TOM YURA | 2.00 | | | | | | | | | |
| STATE | | | x | | | | | | n | l n l | n |
| DIRECTOR X 0. 0. 0. 0 | | 2 00 | | \vdash | | | | | | • | 0. |
| | | 4.00 | | | | | | | | | _ |
| Total to Data VIII. Scation A. Hos. In. | DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| Tatal to Deat WII. Section A lies to | | | | | | | | | | | |
| Tatal to Deat WIL Section A line to | | | 1 | | | | | | | | |
| Tatal to Deat WII. Section A line to | | | | | | | | | | | |
| Total to Dath VII. Seption A. Inc. 4. | | | 1 | | | | | | | | |
| Total to Dath VII. Seption A. Una da | | | | <u> </u> | | | _ | | | | |
| Total to Dat VII Sesting A line to | | | | | | | | | | | |
| Total to Dat VII Scation A. line to | | | | | | | | | | | |
| Tatal to Part VII. Scation A line to | | | | | | | | | | | |
| Tatal to Dat VII. Scation A line to | | | 1 | | | | | | | | |
| Tatel to Part VII. Section A. line to | | | | <u> </u> | - | | - | | | | |
| Total to Part VII. Section A line to | | |] | | | | | | | | |
| Tatal to Part VII. Section A. line 16. | | | | | | | | | | | |
| Tatal to Dat I/II. Section A line to | | | | | | | | | | | |
| Total to Dat VII. Section 4 line 10 | | | 1 | | | | | | | | |
| Tatal to Dart VII Scotion A. line to | | | | | | | | | | | |
| Total to Deat VIII. Section A. line do | | | 4 | | | | | | | | |
| Total to Dart VIII. Section A. Jine 19. | | | | | | | | | | | |
| Total to Dart VII. Section A. Jine 19 | | | | | | | | | | | |
| Total to Bast VII. Seption A line to | | | 1 | | | | | | | | |
| Total to Dart VII. Soction A. line 1a | | | | | | | | | | | |
| Total to Dark VIII Scation A. line 1e | | | - | | | | | | | | |
| Total to Dart VII. Section A line to | | | | | | | | | | | |
| Total to Dort VII. Section A. line do. | | | | | | | | | | | |
| Total to Dort VII Section A line 1e | | | | | | | | | | | |
| Total to Dart VII. Section A. line 10. | - | | | | | | | | | | |
| Total to Part VII. Section A line to | | | 1 | | | | | | | | |
| Total to Part VII. Section A. line 10. | | | | <u> </u> | | | _ | | | | |
| Total to Part VIII Section A. line 10 | | | | | | | | | | | |
| Total to Part VIII Section A. line 10 | | | | | | | | | | | |
| Total to Part VIII Section A. line 10 | | | | | | | | | | | |
| Total to Part VIII Section A. line 10 | | | 1 | | | | | | | | |
| Total to Part VIII Section A. line 10 | | - | | \vdash | - | \vdash | \vdash | <u> </u> | | | |
| Total to Part VIII Section A. line 10 | | | 1 | | | | | | | | |
| Total to Part VIII Section A. line 10 | | | L | L | | | | L | | | |
| Total to Part VIII Section A. line 10 | | | | | | | | | | | |
| Total to Part VIII Section A. line 1e | | | 1 | | | | | | | | |
| Total to Part VIII Section A line 1e | | 1 | <u> </u> | \vdash | | \vdash | \vdash | | | | |
| Total to Part VIII Section A line 1e | | | 1 | | | | | | | | |
| Total to Part VII. Section A. line 1e | | | | | | | | | | | |
| Total to Part VIII Section A. line 10 | | | | | | | | | | | |
| | Total to Part VII, Section A, line 1c | | | | | | | | | | |
| | | | | | | | | | | | |

Page 9

AMERICAN FUEL AND PETROCHEMICAL MANUFACTURERS

Form 990 (2019) MANUFAC
Part VIII Statement of Revenue

| | | Check if Schedule O | conta | ins a response | or note to any lin | e in this Part VIII | | | |
|--|------|--|--|------------------|--------------------|---------------------|------------------------------------|----------------------------|---|
| | | | | • | • | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | | | iunction revenue | business revenue | sections 512 - 514 |
| ωω | 1 : | Federated campaigns | | 1a | | | | | |
| ant | ŀ | | | | | | | | |
| ية ق | | | | | | | | | |
| ifts, r A | , | | | اما | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | | | | | | | | |
| Sin | | All other contributions, gifts, | | | | | | | |
| je Ei | • | similar amounts not included | | | | | | | |
| 흕 | ç | | | ··· | | | | | |
| Ν | _ | Total. Add lines 1a-1f | 111105 10 | ι ισ ιφ | | | | | |
| 0 % | | Total: Add lilles Ta-11 | | | Business Code | | | | |
| | 2 8 | MEMBERSHIP DUES | | | 900099 | 33,613,282. | 33,613,282. | | |
| Ş. | Z t | MEMBER DUES (FEFFERE | OF Z | ASU 2018-0 | 900099 | 12,742,900. | 12,742,900. | | |
| Ser | | VDDDTNGG | | | 900099 | 7,719,279. | ,, | | 7,719,279. |
| Z S | | ´ | | | 511190 | 268,682. | 268,682. | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Program Service Revenue | • | | ID AI | WARDS PROG | 900099 | 85,238. | 85,238. | | |
| Pro | f | | | | 300033 | 00,200. | 00,200. | | |
| _ | | Total. Add lines 2a-2f | even | iue | | 54,429,381. | | | |
| | 3 | Investment income (includ | lina d | lividonde intorc | et and | 01,125,002. | | | |
| | 3 | other similar amounts) | | | | 1,160,349. | | | 1,160,349. |
| | 4 | Income from investment of | | | | | | | |
| | 5 | Royalties | | | • | | | | |
| | 3 | noyanies | <u> </u> | (i) Real | (ii) Personal | | | | |
| | 6 - | Gross rents | 6a | (1) 11041 | (ii) i oroonai | | | | |
| | _ | | 6b | | | | | | |
| | k | | 6c | | | | | | |
| | | Net rental income or (loss) | | | | | | | |
| | | a Gross amount from sales of | <u>' </u> | (i) Securities | (ii) Other | | | | |
| | 7 6 | assets other than inventory | | 15,092,908. | (ii) Other | | | | |
| | L | Less: cost or other basis | 1a | 13,032,300. | | | | | |
| a | | | 76 | 15,230,056. | | | | | |
| ther Revenue | , | and sales expenses | 7c | -137,148. | | | | | |
| e | | Net gain or (loss) | | | | -137,148. | | | -137,148. |
| <u>بر</u> | | Gross income from fundraising | | | | 137,110. | | | 137,110. |
| 푩 | 0 6 | | - | , | | | | | |
| 0 | | | | II | | | | | |
| | | contributions reported on Part IV, line 18 | | , I | | | | | |
| | | Less: direct expenses | | I | 1 | | | | |
| | | Net income or (loss) from | | | | | | | |
| | | Gross income from gamin | | | | | | | |
| | 5 6 | Part IV, line 19 | _ | II | | | | | |
| | ŀ | Less: direct expenses | | II | | | | | |
| | | Net income or (loss) from | | | | | | | |
| | | Gross sales of inventory, I | | | | | | | |
| | 10 6 | and allowances | | I | | | | | |
| | ŀ | Less: cost of goods sold | | | 1 | | | | |
| | | Net income or (loss) from: | | | | | | | |
| \dashv | | THE INCOME OF 1033/ 110111 | υαισδ | C. IIIVCIIIOI y | Business Code | | | | |
| Sno | 11 a | 1 | | | | | | | |
| nec | ıı c | | | | | | | | |
| Miscellaneous Revenue | | | | | | | | | |
| isce | | All other revenue | | | 900099 | 1,330. | | | 1,330. |
| Σ | | Total. Add lines 11a-11d | | | > | 1,330. | | | |
| | 12 | | | | • | 55,453,912. | 46,710,102. | 0. | 8,743,810. |

Form 990 (2019) MANUFACTURERS
Part IX Statement of Functional Expenses

| Sect | on 501(c)(3) and 501(c)(4) organizations must comp | | | | |
|-----------------|---|-----------------------|---|-------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respor | | | | <u>X</u> |
| | 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 domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 956,741. | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 4,745,711. | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | F 206 460 | | | |
| 7 | Other salaries and wages | 7,326,469. | | | |
| 8 | Pension plan accruals and contributions (include | 366 696 | | | |
| | section 401(k) and 403(b) employer contributions) | 366,606. | | | |
| 9 | Other employee benefits | 1,104,967. | | | |
| 10 | Payroll taxes | 601,475. | | | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 1 1 2 5 | | | |
| b | Legal | 1,125. 90,869. | | | |
| C | Accounting | 40,500. | | | |
| d | Lobbying Drafaccional fundraising corvince. See Part IV, line 17. | 40,300• | | | |
| e • | Professional fundraising services. See Part IV, line 17 Investment management fees | | | | |
| f g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch 0.) | 13,365,956. | | | |
| 12 | Advertising and promotion | 319,626. | | | |
| 13 | Office expenses | 538,240. | | | |
| 14 | Information technology | 455,081. | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,415,233. | | | |
| 17 | Travel | 771,524. | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials \dots | | | | |
| 19 | Conferences, conventions, and meetings | 4,157,798. | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | F04 000 | | | |
| 22 | Depreciation, depletion, and amortization | 584,820. | | | |
| 23 | Insurance | 152,554. | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) | | | | |
| | amount, list line 24e expenses on Schedule 0.) | 077 002 | | | |
| a | DUES & SUBSCRIPTIONS BIOFUELS OUTREACH | 877,083. 872,871. | | | |
| b | GENERAL OPERATING EXPEN | 757,095. | | | |
| C بہ | POLITICAL CONTRIBUTIONS | 520,000. | | | |
| d | All other expenses | 871,536. | | | |
| e 25 | Total functional expenses. Add lines 1 through 24e | 40,893,880. | | | |
| <u>25</u> 26 | Joint costs. Complete this line only if the organization | 10,000,000 | | | |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | · | Form 990 (2010) |

Form 990 (2019)
Part X Balance Sheet

| Pai | rt X | Balance Sneet | | | | | |
|-----------------------------|----------|---|----------|-----------------------|---------------------------------|-------------|---------------------------|
| | | Check if Schedule O contains a response or note | to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 300. | 1 | 300. |
| | 2 | Savings and temporary cash investments | | | 3,710,128. | 2 | 10,366,049. |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 4,323. | 4 | 15,553. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, substa | ıntial c | contributor, or 35% | | | |
| | | controlled entity or family member of any of these | e perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualification | ed per | rsons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | in sec | tion 4958(c)(3)(B) | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ₹ | 9 | Prepaid expenses and deferred charges | | | 566,751. | 9 | 436,599. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | 5,170,587. | | | |
| | b | | | | 3,813,821. | 10c | 3,276,834. |
| | 11 | Investments - publicly traded securities | | | 26,661,668. | 11 | 29,624,138. |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | | | | 13 | |
| | 14 | Intangible assets | | | 1 047 000 | 14 | 1 007 272 |
| | 15 | Other assets. See Part IV, line 11 | 1 | 1,247,089. | 15 | 1,887,373. | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 36,004,080. | 16 | 45,606,846. |
| | 17 | Accounts payable and accrued expenses | | | 3,918,008. | 17 | 4,238,288. |
| | 18 | Grants payable | | 9,269,650. | 18 | 1,824,565. | |
| | 19 | Deferred revenue | | | 9,209,030. | 19 | 1,024,303. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 22 | Escrow or custodial account liability. Complete P | | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former trustee, key employee, creator or founder, substa | | | | | |
| ρii | | controlled entity or family member of any of these | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrelat | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | 2, | . Complete Furt X | 4,581,704. | 25 | 5,437,781. |
| | 26 | Total liabilities. Add lines 17 through 25 | | 17,769,362. | 26 | 11,500,634. | |
| | | Organizations that follow FASB ASC 958, check | k her | e ▶ X | | | , |
| es | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | | | | 18,234,718. | 27 | 21,249,382. |
| Bal | 28 | Net assets with donor restrictions | | 28 | 12,856,830. | | |
| pu | | Organizations that do not follow FASB ASC 95 | | | | | |
| Ē | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | | [| | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equ | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| Ret | 32 | Total net assets or fund balances | | | 18,234,718. | 32 | 34,106,212. |
| | 33 | | | | 36,004,080. | 33 | 45,606,846. |

AMERICAN FUEL AND PETROCHEMICAL

53-0115970 Page **12** MANUFACTURERS Form 990 (2019)

| Pai | T XI Reconciliation of Net Assets | | | | |
|-----|--|-----------|---------|-----|-----|
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 55,45 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 40,89 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 14,56 | 0,0 | 32. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 18,23 | 4,7 | 18. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,73 | 1,1 | 31. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -41 | 9,6 | 69. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 34,10 | 6,2 | 12. |
| Pai | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | |
| | | | | 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 | Э. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| 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 | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | dule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single | gle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2019)

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

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of organization

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on 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.

AMERICAN FUEL AND PETROCHEMICAL

• Section 527 organizations: Complete Part I-A only.

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

If the organization answered "Yes," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| MANUFAC | TURERS | | | 53-0115970 |
|--|--|--|---|---|
| Part I-A Complete if the org | janization is exempt under | section 501(c) or | is a section 527 org | janization. |
| Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | tures | . • | ▶\$ | 530,747. |
| Part I-B Complete if the org | janization is exempt under | section 501(c)(3) | | |
| Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes." describe in Part IV. | incurred by the organization under incurred by organization managers in 4955 tax, did it file Form 4720 for | section 4955 under section 4955 r this year? | ▶ \$ ▶ \$ | Yes No |
| Part I-C Complete if the org | janization is exempt under | section 501(c), e | xcept section 501(c) | (3). |
| Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organization contributions received that were propolitical action committee (PAC). If | aization's funds contributed to othe s. Add lines 1 and 2. Enter here and 1120-POL for this year? Inployer identification number (EIN) tion listed, enter the amount paid from the properties of the angular to a second se | or organizations for sect on Form 1120-POL, of all section 527 politi organizat eparate political organi | sion 527 \$ \$ cal organizations to which ion's funds. Also enter the ization, such as a separate | 520,000. 520,000. X Yes No the filing organization 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 |
| ACTION COMMITTEE | WASHINGTON, DC 20036 | 20-3957588 | 0. | 90,100. |
| LEADERSHIP COMMITT | WASHINGTON, DC 20004 | 05-0532524 | 125,000. | 0. |
| GOPAC | ARLINGTON, VA 22201 | 52-1337860 | 100,000. | 0. |
| REPUBLICAN GOVERNORS ASSOCIATION | 20006 | 11-3655877 | 100,000. | 0. |
| | 20006 | 46-4501717 | 70,000. | 0. |
| DEMOCRATIC GOVERNORS ASSOCIATION | WASHINGTON, DC 20006 | 52-1304889 | 50,000. | 0. |

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

AMERICAN FUEL AND PETROCHEMICAL

Schedule C (Form 990 or 990-EZ) 2019 MANUFACTURERS 53-0115970 Page 2

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

| Par | t II-A Complete if the organical Section 501(h)). | anizatio | n is exen | npt under section | 501(c)(3) and file | d Form 5768 (ele | ection under |
|--------|---|------------|--------------------------|------------------------------------|-------------------------|--|------------------------------------|
| A CI | neck if the filing organizat | tion belon | gs to an affil | iated group (and list in | Part IV each affiliated | group member's nam | e, address, EIN, |
| | expenses, and share | e of exces | s lobbying e | expenditures). | | | |
| 3 CI | neck 🕨 🔲 if the filing organizat | tion check | ed box A ar | nd "limited control" pro | visions apply. | | |
| | | | oying Exper eans amou | nditures nts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influ | ence publ | ic opinion (g | grassroots lobbying) | | | |
| b | Total lobbying expenditures to influ | ence a leg | islative bod | y (direct lobbying) | | | |
| С | Total lobbying expenditures (add lin | nes 1a and | d 1b) | | | | |
| d | | | | | | | |
| е | Total exempt purpose expenditures | | | | | | |
| f | Lobbying nontaxable amount. Ente | r the amo | unt from the | following table in both | n columns. | | |
| | If the amount on line 1e, column (a) or | (b) is: | | bying nontaxable am | ount is: | | |
| | Not over \$500,000 | | | the amount on line 1e. | | | |
| | Over \$500,000 but not over \$1,000 | | | 00 plus 15% of the exce | · / | | |
| | Over \$1,000,000 but not over \$1,50 | | | 00 plus 10% of the exce | 1 | | |
| | Over \$1,500,000 but not over \$17,0 | 000,000 | | 00 plus 5% of the exces | ss over \$1,500,000. | | |
| | Over \$17,000,000 | | \$1,000,0 | 000. | | | |
| | Outpose and the second of the | OF0/ -f | line 44 | | | | |
| 9 | Grassroots nontaxable amount (ent | | | | l l | | |
| n : | Subtract line 1g from line 1a. If zero Subtract line 1f from line 1c. If zero | • | | | ſ | | |
| ' | If there is an amount other than zer | , | | ine 1i did the organiza | • | | <u> </u> |
| , | reporting section 4911 tax for this y | • | | | | [| Yes No |
| | reporting section 4311 tax for this y | /Car: | | eraging Period Under | Section 501(h) | L | 163 140 |
| | (Some organizations th | | a section 50 | | nave to complete all o | f the five columns be | elow. |
| | | Lobi | ying Exper | nditures During 4-Yea | r Averaging Period | | |
| | Calendar year (or fiscal year beginning in) | (a) : | 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| | Lobbying nontaxable amount | | | | | | |
| b | Lobbying ceiling amount | | | | | | |
| | (150% of line 2a, column(e)) | | | | | | |
| | | | | | | | |
| С | Total lobbying expenditures | | | | | | |
| d | Grassroots nontaxable amount | | | | | | |
| | Grassroots ceiling amount | | | | | | |
| | (150% of line 2d, column (e)) | | | | | | |
| f | Grassroots lobbying expenditures | | | | | | |
| | ,g o,.pcc.turoo | | | | | | |

Schedule C (Form 990 or 990-EZ) 2019

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 on lines 1a through 1i below, provide in Part IV a detailed description | (a) | | (b |)) |
|-----------|---|---------------------|---------|-------------|-------|
| | 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: | | | | |
| а | Volunteers? | | | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| | Media advertisements? | | | | |
| | Mailings to members, legislators, or the public? | | | | |
| е | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | | | | | |
| | 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? t III-A Complete if the organization is exempt under section 501(c)(4), section | 501(c)(5) | or so | rtion | |
| rai | 501(c)(6). | 1 30 1 (6)(3), | 01 360 | Juon | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | Х |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | Х |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | 3 | Х | |
| Pai | t III-B Complete if the organization is exempt under section 501(c)(4), section | ı 501(c)(5), | | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." | No" OR (b) | Part | III-A, line | 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | 46,356 | 182. |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | | • | | , = |
| _ | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | 3,194 | ,109. |
| | Carryover from last year | | 2b | -7,141 | |
| | Total | | 2c | -3,947 | ,026. |
| 3 | A | | 3 | 4,635 | ,618. |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | litical | | | |
| | expenditure next year? | | 4 | -8,582 | ,644. |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| Pai | t IV Supplemental Information | | | | |
| Prov | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I | ist); Part II-A, li | nes 1 a | nd 2 (see | |
| | uctions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | |
| PAI | RT I-A, LINE 1: | | | | |
| <u>TO</u> | PROVIDE INDIVIDUALS WITH THE OPPORTUNITY TO CONTRIB | UTE TO | гне | | |
| SU | PPORT OF CANDIDATES FOR FEDERAL OFFICE WHO HAVE DEMO | NSTRATEI | o co | NCERN | |
| FOI | R THE INTERESTS OF THE PETROCHEMICAL AND REFINING IN | DUSTRIES | 5 ТН | ROUGH | |
| TH | E AFPM POLITICAL ACTION COMMITTEE. | | | | |
| | | | | | |

| Part | IV | Supp | <u>lemental</u> | Information | (continued) |
|------|----|------|-----------------|-------------|-------------|
|------|----|------|-----------------|-------------|-------------|

PART I-C CONTINUATION:

AFPM POLITICAL ACTION COMMITTEE

1800 M STREET NW STE 900N WASHINGTON, DC 20036

EIN: 20-3957588 COL (D) AMOUNT: 0. COL (E) AMOUNT: 90100.

REPUBLICAN STATE LEADERSHIP COMMITTEE

1021 F ST NW #675 WASHINGTON, DC 20004

EIN: 05-0532524 COL (D) AMOUNT: 125000. COL (E) AMOUNT: 0.

GOPAC

2300 CLARENDON AVE, SUITE 1305 ARLINGTON, VA 22201

EIN: 52-1337860 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

REPUBLICAN GOVERNORS ASSOCIATION

1747 PENNSYLVANIA AVE, NW, SUITE 250 WASHINGTON, DC 20006

EIN: 11-3655877 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

REPUBLICAN ATTORNEYS GENERAL ASSOCIATION

1747 PENNSYLVANIA AVE, NW, SUITE 800 WASHINGTON, DC 20006

EIN: 46-4501717 COL (D) AMOUNT: 70000. COL (E) AMOUNT: 0.

DEMOCRATIC GOVERNORS ASSOCIATION

1225 EYE ST, NW, SUITE 1100 WASHINGTON, DC 20006

EIN: 52-1304889 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

DEMOCRATIC ATTORNEY GENERAL ASSOCIATION

1875 K ST, NW, 4TH FLOOR WASHINGTON, DC 20036

EIN: 13-4220019 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

| Part IV Supplemental Information (continued) |
|--|
| |
| DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE |
| 1225 EYE ST, NW, SUITE 1250 WASHINGTON, DC 20006 |
| EIN: 52-1870839 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0. |
| |
| BLACK BEAR PAC |
| 1290 SUNCREST TOWNE CENTER MORGANTOWN, WV 26505 |
| EIN: 84-2018697 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0. |
| DEMOCRATIC LT. GOVERNORS ASSOCIATION |
| 1090 VERMONT AVE NW, STE 750 WASHINGTON, DC 20005 |
| EIN: 03-0457299 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0. |
| REPUBLICAN PARTY OF KENTUCKY |
| PO BOX 1068 FRANKFORT, KY 40602 |
| EIN: 61-0397090 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0. |
| |
| PART I-C, LINE 5: |
| CONTRIBUTIONS RECEIVED BY AFPM AND TRANSFERRED TO AFPM 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" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN FUEL AND PETROCHEMICAL **MANUFACTURERS**

Employer identification number 53-0115970

| | organization answered "Yes" on Form 990, Part IV, line | (a) Donor advise | d funds | (b) Funds and other accounts |
|--------|---|---------------------------|--------------------------|----------------------------------|
| 4 | Total number at end of year | (a) Donor advised | | (2) . and and other accounts |
| 1 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets he | d in donor advised fu | nde |
| J | are the organization's property, subject to the organization's ea | - | | |
| 6 | Did the organization inform all grantees, donors, and donor ad | | | |
| Ū | for charitable purposes and not for the benefit of the donor or | | | |
| | impermissible private benefit? | | | |
| Pa | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | , | |
| | Preservation of land for public use (for example, recreati | | Preservation of a his | torically important land area |
| | Protection of natural habitat | , | 1 | tified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribu | ition in the form of a c | onservation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | Total acreage restricted by conservation easements | | | 2b |
| С | Number of conservation easements on a certified historic structure | cture included in (a) | | 2c |
| d | Number of conservation easements included in (c) acquired af | ter 7/25/06, and not on | a historic structure | |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, release | ased, extinguished, or to | erminated by the orga | nization during the tax |
| | year ▶ | | | |
| 4 | Number of states where property subject to conservation ease | ement is located | | |
| 5 | Does the organization have a written policy regarding the period | odic monitoring, inspect | on, handling of | |
| | violations, and enforcement of the conservation easements it h | nolds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | andling of violations, an | d enforcing conservat | ion easements during the year |
| | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handli | ng of violations, and enf | orcing conservation e | asements during the year |
| | \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | , , | (// // | |
| _ | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | • | |
| | balance sheet, and include, if applicable, the text of the footnot | ote to the organization's | financial statements t | hat describes the |
| Pa | organization's accounting for conservation easements. 't III Organizations Maintaining Collections of A | Δrt Historical Trea | sures or Other | Similar Assets |
| . u | Complete if the organization answered "Yes" on Form 9 | | dodres, or other | ommar Addets. |
| 10 | If the organization elected, as permitted under FASB ASC 958 | | nue statement and he | ulance cheet works |
| ıa | | • | | |
| | of art, historical treasures, or other similar assets held for publi service, provide in Part XIII the text of the footnote to its finance | | | ance or public |
| b | If the organization elected, as permitted under FASB ASC 958 | | | co shoot works of |
| Б | art, historical treasures, or other similar assets held for public e | • | | |
| | provide the following amounts relating to these items: | exhibition, education, or | research in furtherand | de of public service, |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | > \$ |
| | | | | |
| 2 | If the organization received or held works of art, historical treas | | | |
| _ | the following amounts required to be reported under FASB AS | | | , p. 535 |
| а | Revenue included on Form 990, Part VIII, line 1 | - | | ▶ \$ |
| | Assets included in Form 990, Part X | | | > \$ |
| | | | | 🗲 🧡 |

| Par | rt III Organizations Maintaining Co | llections of Art | t, Histo | rical Tre | asures, o | r Other | Similar | Assets | (continue | ed) |
|-----|---|------------------------------|-------------|--------------|---------------------|--------------|------------------------|------------|------------|-----------|
| 3 | Using the organization's acquisition, accession | n, and other records | s, check a | any of the f | ollowing that | t make sig | nificant us | se of its | ' | , |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | ı 🔲 L | oan or exc | hange progra | am | | | | |
| b | Scholarly research | е | | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's coll | ections and explair | n how the | y further th | ne organizatio | on's exem | pt purpose | e in Part | XIII. | |
| 5 | During the year, did the organization solicit or | = | | • | - | | | | | |
| | to be sold to raise funds rather than to be main | ntained as part of th | he organiz | zation's co | llection? | | | | Yes | ☐ No |
| Par | rt IV Escrow and Custodial Arrange | | | | | "Yes" on F | orm 990, | Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Part | | | _ | | | | | | |
| 1a | Is the organization an agent, trustee, custodian | n or other intermed | iary for co | ontributions | s or other ass | sets not in | cluded | | | |
| | on Form 990, Part X? | | | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII ar | | | | | | | | | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on For | | | | | | y? | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII. C | heck here if the ex | planation | has been | provided on | Part XIII | | | | |
| | rt V Endowment Funds. Complete if | | | | | |). | | | |
| | | (a) Current year | | ior year | (c) Two yea | | | ars back | (e) Four y | ears back |
| 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 | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the current | nt year end balance | e (line 1g, | column (a) |) held as: | | | | | |
| а | Board designated or quasi-endowment | - | % | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Term endowment ▶% |) | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shoul | d equal 100%. | | | | | | | | |
| За | Are there endowment funds not in the possess | sion of the organiza | tion that | are held ar | nd administer | ed for the | organizat | ion | _ | |
| | by: | | | | | | | | Y | es No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the o | | wment fui | nds. | | | | | | |
| Par | rt VI Land, Buildings, and Equipme | nt. | | | | | | | | |
| | Complete if the organization answered | "Yes" on Form 990 | , Part IV, | line 11a. S | ee Form 990 | , Part X, Ii | ne 10. | | | |
| | Description of property | (a) Cost or o basis (investn | | | or other (other) | . , | cumulated reciation | t | (d) Book | /alue |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| С | Leasehold improvements | | | 2,51 | 0,744. | 3 | 77,61 | 1. | 2,133 | ,133. |
| d | Equipment | I | | | 8,280. | | 79,77 | | | ,501. |
| е | Other | | | | 1,563. | | 36,36 | | | ,200. |
| | I. Add lines 1a through 1e. (Column (d) must ear | ual Form 990. Part | X. column | | | | | | 3,276 | |

Schedule D (Form 990) 2019

| Part VII Investments - Other Securities. | (D | | OIIJJ70 Page |
|---|---|---|------------------------|
| Complete if the organization answered "Yes" o (a) Description of security or category (including name of security) | on Form 990, Part IV, line (b) Book value | 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end | t of year market value |
| A F C C C C C C C C C C C C C C C C C C | (b) Book value | (c) Method of Valuation. Cost of end | 1-01-year market value |
| (1) Financial derivatives (2) Closely held equity interests | | <u> </u> | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | on Form 990 Part IV line | 11c See Form 990 Part X line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) | | 1 ' | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | • | |
| Complete if the organization answered "Yes" or | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| | Description | , , | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15) | > | |
| Part X Other Liabilities. | 10.7 | | • |
| Complete if the organization answered "Yes" or | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| 1. (a) Description of liability | | · · · · · · · · · · · · · · · · · · · | (b) Book value |
| (1) Federal income taxes | | | |
| (2) DEFERRED RENT | | | 3,648,905. |
| (3) DEFERRED COMPENSATION | | | 920,063. |
| (4) DEFERRED RETIREE MEDICAL P | LAN | | , , , , , , |
| (5) OBLIGATION | | | 868,813 |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

5,437,781.

53-0115970 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 57,275,143. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 1,731,131. 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c 90,100. Other (Describe in Part XIII.) 1,821,231. 2e Add lines 2a through 2d 55,453,912. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 55,453,912. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 41,403,049. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses 509,169. d Other (Describe in Part XIII.) 509,169. Add lines 2a through 2d 2e 40,893,880. Subtract line **2e** from line **1** Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 40,893,880. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: MANAGEMENT HAS CONCLUDED THAT AFPM AND THE PAC HAVE PROPERLY MAINTAINED THEIR EXEMPT STATUS AND THERE ARE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2019. PART XI, LINE 2D - OTHER ADJUSTMENTS: PAC REVENUE 90,100. PART XII, LINE 2D - OTHER ADJUSTMENTS: ADDITIONAL RETIREE MEDICAL PLAN BENEFIT 298,007. 121,662. ADDITIONAL PENSION BENEFIT 89,500. PAC DISBURSEMENTS

AMERICAN FUEL AND PETROCHEMICAL

| Schedule | D (Forr | m 990) 2019 | | MA] | NUF I | ACTUR | ERS | | | 53-0 | <u>115970</u> | Page 5 |
|----------|---------|----------------------------------|----------|--------------|-------------------|--|------|----|--|------|---------------|--------|
| Part XI | II Su | n 990) 2019 pplement a | al Infor | matio | on _{(cc} | ontinued) | | | | | | |
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| TOTAL | ТО | SCHEDU | LE D | , P <i>P</i> | ART | XII, | LINE | 2D | | | 509, | 169. |
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SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

AMERICAN FUEL AND PETROCHEMICAL

Employer identification number 53-0115970

| MANUFACIU | CHES | | | | | | 33-0113970 |
|---|--------------------|------------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|---------------------------------------|
| Part I General Information on Grants a | nd Assistance | | | | | | |
| Does the organization maintain records t | o substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assi | stance, and the selection | on |
| criteria used to award the grants or assis | tance? | | | | | | No |
| 2 Describe in Part IV the organization's pro | | | | | | | |
| Part II Grants and Other Assistance to I | Domestic Organia | zations and Domestic | Governments. C | omplete if the org | anization answered "\ | es" on Form 990, Part | IV, line 21, for any |
| recipient that received more than \$ | 5,000. Part II can | be duplicated if additi | onal space is need | ed. | (0.14.11.1.6 | T | 1 |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| AMERICAN ENERGY ALLIANCE | | | | | | | |
| 1155 15TH ST, NW - SUITE 900 | | | | | | | |
| WASHINGTON, DC 20005 | 26-2731617 | 501(C)(4) | 250,000. | 0. | | | GENERAL SUPPORT |
| AMERICANS FOR TAX REFORM 722 12TH ST, NW - 4TH FLOOR WASHINGTON, DC 20005 | 52-1403587 | 501(C)(4) | 75,000. | 0. | | | GENERAL SUPPORT; SPONSORSHIP |
| TEXAS OIL & GAS ASSOCIATION 304 W. 13TH ST AUSTIN, TX 78701 | 20-4669692 | 501(C)(6) | 50,000. | 0. | | | GENERAL SUPPORT |
| US CHAMBER OF COMMERCE 1615 H ST., NW WASHINGTON, DC 20062 | 53-0045720 | 501(C)(6) | 50,000. | 0. | | | GENERAL SUPPORT |
| AMERICAN COUNCIL FOR CAPITAL FORMATION - 1001 CONNECTICUT AVE, NW - SUITE 620 - WASHINGTON, DC 20006 | 52-0991278 | 501(C)(6) | 45,000. | 0. | | | GENERAL SUPPORT |
| NALEO EDUCATION FUND 1122 W. WASHINGTON BLVD - 3RD FLOOR LOS ANGELES, CA 90015 | 52-1212849 | | 35,000. | 0. | | | SPONSORSHIPS |
| 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations | nd government or | ganizations listed in the | o lino 1 tablo | | <u> </u> | 1 | 23 |

45-2600535 501(C)(4)

| Schedule I (Form 990) MANUFACTUR | | | inations in the U. | itad Otataa (Oak | adula I (Farm 000) Da | | 3-0115970 Page |
|---|-------------------|-------------------------------|--------------------------|-----------------------------------|--|--|---------------------------------------|
| Part II Continuation of Grants and Other A | Assistance to Gov | vernments and Organ | izations in the Un | ited States (Sche | edule I (Form 990), Pa | rt II.) T | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AMERICAN HIGHWAY USERS ALLIANCE 1920 L ST., NW - SUITE 525 WASHINGTON, DC 20036 | 53-0186334 | 501(C)(3) | 30,500. | 0. | | | GENERAL SUPPORT |
| AMERICAN ASSOCIATION OF BLACKS IN ENERGY - 1625 K ST, NW - # 405 - WASHINGTON, DC 20006 | 84-0782569 | 501(C)(3) | 25,000. | 0. | | | SPONSORSHIPS |
| COMPETITIVE ENTERPRISE INSTITUTE 1310 L ST, NW - 7TH FLOOR WASHINGTON, DC 20005 | 52-1351785 | 501(C)(3) | 25,000. | 0. | | | SPONSORSHIP |
| THE COUNCIL OF STATE GOVERNMENTS 1776 AVENUE OF THE STATES LEXINGTON, KY 40511 | 36-6000818 | 501(C)(3) | 20,500. | 0. | | | GENERAL SUPPORT; SPONSORSHIPS |
| NATIONAL TAXPAYERS UNION 25 MASSACHUSETTS AVE, NW - SUITE 14 WASHINGTON, DC 20001 | 52-1009116 | 501(C)(4) | 20,000. | 0. | | | GENERAL SUPPORT |
| THE CHEMICAL EDUCATIONAL FOUNDATION - 1560 WILSON BLVD, # 1100 - ARLINGTON, VA 22209 | 52-1780515 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| NATIONAL CONFERENCE OF STATE LEGISLATURES - 7700 EAST FIRST PLACE - DENVER, CO 80230 | 84-0772595 | SECTION 170 (C)(| 16,791. | 0. | | | SPONSORSHIPS |
| CONSUMER ENERGY ALLIANCE 2211 NORFOLK AVENUE HOUSTON, TX 77098 | 26-1658339 | 501(C)(4) | 15,500. | 0. | | | GENERAL SUPPORT; SPONSORSHIPS |
| AMERICAN COMMITMENT | | | | | | | |

15,000.

0.

GENERAL SUPPORT

1155 15TH ST, NW - SUITE 900

WASHINGTON, DC 20005

27-2244700 501(C)(4)

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant non-cash (book, FMV, assistance appraisal, other) CONGRESSIONAL BLACK CAUCUS INSTITUTE - 413 NEW JERSEY AVEM SE - WASHINGTON, DC 20003 52-2270607 501(C)(4) 15,000 0 GENERAL SUPPORT CONGRESSIONAL HISPANIC CAUCUS INSTITUTE - 1128 16TH ST. NW -WASHINGTON, VA 20063 52-1114225 501(C)(3) 0 SPONSORSHIP 15,000 AMERICAN LEGISLATIVE EXCHANGE COUNCIL - 2900 CRYSTAL DRIVE, 6TH FLOOR - ARLINGTON, VA 22202 52-0140979 501(C)(3) 12,750 0. GENERAL SUPPORT NCSL FOUNDATION FOR STATE LEGISLATURES - 7700 E 1ST PL -DENVER, CO 80230 74-2232576 501(C)(3) 0 GENERAL SUPPORT 12,500 ALLIANCE OF AUTOMOBILE MANUFACTURERS INC - 803 7TH STREET NW, SUITE 300 - WASHINGTON, DC 52-2143968 501(C)(6) 20001 10,000 0. SPONSORSHIPS CAESAR RODNEY INSTITUTE 420 CORPORATE BLVD 26-2176691 501(C)(3) NEWARK, DE 19702 10,000 0. GENERAL SUPPORT CENTER FOR MILITARY RECRUITMENT ASSESSMENT AND VETERANS EMPLOYMENT - 815 16TH ST NW STE 600 -SPONSORSHIP WASHINGTON DC 20006 43-1972568 501(C)(3) 10,000 0. ENERGY POLICY RESEARCH FOUNDATION, INC. - 1031 31ST STREET, NW -WASHINGTON, DC 20007 13-1512139 501(C)(6) 10,000. 0. SPONSORSHIP HERITAGE ACTION FOR AMERICA 214 MASSACHUSETTS AVE., NE - SUITE

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0.

GENERAL SUPPORT

Page 1

WASHINGTON, DC 20002

Schedule I (Form 990)

Schedule I (Form 990)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-----------------|-------------------------------|--------------------------|-----------------------------------|--|---|---------------------------------------|
| IPAA EDUCATION FOUNDATION | | | | | | | |
| 1201 15TH ST NW STE 300 | | | | | | | |
| WASHINGTON, DC 20005 | 52-1849282 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| NATIONAL CAUCUS OF BLACK | | | , | | | | |
| LEGISLATORS - 444 NORTH CAPITOL, | | | | | | | |
| NW - SUITE 622 - WASHINGTON, DC | | | | | | | |
| 20001 | 52-1218832 | 501(C)(3) | 10,000. | 0. | | | SPONSORSHIPS |
| | | | , , , | | | | |
| NATIONAL FOUNDATION FOR WOMEN | | | | | | | |
| LEGISLATORS - 1727 KING ST, # 300 | | | | | | | |
| - ALEXANDRIA, VA 22314 | 52-1480785 | 501(C)(3) | 10,000. | 0. | | | SPONSORSHIPS |
| NATIONAL MAINTENANCE AGREEMENTS | | | , | | | | |
| LABOR-MANAGEMENT POLICY COMMITTEE | | | | | | | |
| - 1501 LEE HWY STE 202 - | | | | | | | |
| ARLINGTON, VA 22209 | 52-1289622 | 501(C)(6) | 10,000. | 0. | | | SPONSORSHIPS |
| , | | | | | | | |
| STATE POLICY NETWORK | | | | | | | |
| 1655 N. FORT MYER DRIVE, # 360 | | | | | | | |
| ARLINGTON, VA 22209 | 57-0952531 | 501(C)(3) | 10,000. | 0. | | | SPONSORSHIP |
| millington, vii 22205 | 3, 0,02001 | 301(0)(3) | 10,000. | | | | DI ONDONDIIII |
| TAXPAYERS PROTECTION ALLIANCE | | | | | | | |
| 1401 K STREET NW NO 502 | | | | | | | |
| WASHINGTON, DC 20005 | 45-0702828 | 501(C)(4) | 10,000. | 0. | | | GENERAL SUPPORT |
| MIDITAGION, De 20003 | 45 0702020 | 301(0)(4) | 10,000. | • | | | CHARME BOLLOKI |
| THE HERITAGE FOUNDATION | | | | | | | |
| 214 MASSACHUSETTS AVE., NE | | | | | | | |
| WASHINGTON, DC 20002 | 23-7327730 | 501/0\/3\ | 10,000. | 0. | | | GENERAL SUPPORT |
| MADILINGTON, DC 20002 | 23-1321130 | DOT(C)(3) | 10,000. | U. | | - | GENERAL SUPPURT |
| WOMEN'S ENERGY NETWORK | | | | | | | |
| PO BOX 65174 | | | | | | | |
| | 45 4607004 | E01/G)/6) | 10.000 | • | | | anovaon autr |
| WASHINGTON, DC 20035 | 45-4607084 | DOT(C)(0) | 10,000. | 0. | | | SPONSORSHIP |
| GOLODADO DEMDOLEIM 12202717707 | | | | | | | |
| COLORADO PETROLEUM ASSOCIATION | | | | | | | |
| 1700 NORTH LINCOLN STREE, SUITE 243 | 0.4.4.7.7.7.7.7 | 504 (5) (6) | | _ | | | |
| DENVER, CO 80203 | 84-1502256 | P01(C)(6) | 7,500. | 0. | | | GENERAL SUPPORT |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|-------------------------------|--------------------------|-----------------------------------|--|--|---------------------------------------|
| CENTER FOR LEGISLATIVE ENERGY & ENVIRONMENTAL RESEARCH - 5400 LBJ FREEWAY - DALLAS, TX 75240 | 75-2351673 | 501/6)/4) | 6,000. | 0. | | | GENERAL SUPPORT |
| SOUTHERN STATES ENERGY BOARD 6325 AMHERST COURT NORCROSS, GA 30092 | 58-0864888 | | 6,000. | 0. | | | GENERAL SUPPORT |
| EDISON ELICTRIC INSTITUTE 701 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004 | 13-0659550 | | 5,000. | 0. | | | GENERAL SUPPORT |
| HISPANICS IN ENERGY 1017 L STREET, # 719 SACRAMENTO, CA 95814 | 46-1415746 | 501(C)(3) | 5,000. | 0. | | | GENERAL SUPPORT |
| ILLINOIS MANUFACTURERS'ASSOCIATION 220 EAST ADAMS SPRINGFIELD, IL 62701 | 36-1256610 | 501(C)(6) | 5,000. | 0. | | | GENERAL SUPPORT |
| ATINO VICTORY PROJECT 700 14TH STREET, NW, SUITE 200 WASHINGTON, DC 20005 | 46-4651149 | 501(C)(4) | 5,000. | 0. | | | GENERAL SUPPORT |
| LEE COLLEGE FOUNDATION 511 S WHITING ST SAYTOWN, TX 77520 | 74-6105635 | 501(C)(3) | 5,000. | 0. | | | SPONSORSHIP |
| LOUISIANA MID-CONTINENT OIL AND GAS ASSOCIATION - 730 NORTH BLVD - BATON ROUGE, LA 70802 | 26-3239839 | 501(C)(6) | 5,000. | 0. | | | general support |
| NATIONAL SHERIFFS' ASSOCIATION 1450 DUKE STREET ALEXANDRIA, VA 22314 | 53-0116293 | 501(C)(4) | 5,000. | 0. | | | SPONSORSHIPS |

| Part II Continuation of Grants and Other | Assistance to Gov | /ernments and Orgar | izations in the Un | ited States (Sch | edule i (Form 990), Pa I | π II.) | Ī |
|--|-------------------|-------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NATIONAL ENERGY RESOURCE | | | | | | | |
| ORGANIZATION - 1707 PRINCE ST, # 5 | | | | | | | |
| - ALEXANDRIA, VA 22314 | 91-1850125 | 501(C)(3) | 4,000. | 0. | | | SPONSORSHIPS |
| DIABETES RESEARCH INSTITUTE | | | , | | | | |
| FOUNDATION - 200 SOUTH PARK ROAD | | | | | | | |
| STE 100 SUITE 1 - HOLLYWOOD, FL | | | | | | | |
| 33021 | 59-1361955 | 501(C)(3) | 3,500. | 0. | | | SPONSORSHIPS |
| | | | | | | | |
| CONGRESSIONAL SPORTMEN'S | | | | | | | |
| FOUNDATION - 110 NORTH CAROLINA | | | | | | | |
| AVE, SE - WASHINGTON, TX 20003 | 52-1686163 | 501(C)(3) | 2,500. | 0. | | | SPONSORSHIPS |
| | | | | | | | |
| FUND FOR AMERICAN STUDIES | | | | | | | |
| 1706 NEW HAMPSHIRE AVENUE, NW | | | | | | | |
| WASHINGTON, DC 20009 | 13-6223604 | 501(C)(3) | 2,500. | 0. | | | SPONSORSHIP |
| HOUSTON AREA SAFETY COUNCIL | | | | | | | |
| 5213 CENTER ST | | | | | | | |
| | 76-0313275 | E01/G\/2\ | 2,500. | 0. | | | SPONSORSHIP |
| PASADENA, TX 77505 | 76-0313275 | 501(C)(3) | 2,500. | 0. | | | SPONSORSHIP |
| LOUISIANA CHEMICAL ASSOCIATION | | | | | | | |
| ONE AMERICAN PLACE, SUITE 2040 | | | | | | | |
| BATON ROUGE, LA 70825 | 72-0518779 | 501(C)(6) | 2,500. | 0. | | | SPONSORSHIP |
| NATIONAL ENDANGERED SPECIES ACT | /2 0020/// | | 2,000. | - | | | |
| REFORM COALITION - 1050 THOMAS | | | | | | | |
| JEFFERSON ST NW - WASHINGTON, DC | | | | | | | |
| 20007 | 52-1763800 | 501(C)(6) | 2,500. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| COLORADO ASSN OF COMMERCE AND | | | | | | | |
| INDUSTRY - 1600 BROADWAY STE 1000 | | | | | | | |
| - DENVER, CO 80202 | 84-0174402 | 501(C)(6) | 2,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| MISSOURI CHAMBER OF COMMERCE | | | | | | | |
| INDUSTRY - 428 E CAPITOL AVE - | | | | | | | |
| JEFFERSON CITY, MO 65101 | 44-0357621 | 501(C)(6) | 1,000. | 0. | | | GENERAL SUPPORT |

| Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed. | . Complete if the | organization answe | ered "Yes" on Form 9 | 90, Part IV, line 22. | |
|--|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| | | | | | |
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| Part IV Supplemental Information. Provide the information req | uired in Part I, lin | e 2; Part III, column | (b); and any other ac | Iditional information. | |
| PART I, LINE 2: | | | | | |
| AFPM PROVIDES FINANCIAL RESOURCES | ro variou | s 501(C) C | RGANIZATIO | NS WHO | |
| SUPPORT AND/OR ARE INTERESTED IN L | EARNING A | BOUT THE R | REFINING/PE | TROCHEMICAL | |
| INDUSTRIES OR PROVIDE INFORMATION | TO THETE | MEMBERSHIE | ABOUT OUR | TNDUSTRIES | |
| | | | | | |
| WE MEET WITH THE ORGANIZATIONS ON A | A RECURRI | NG BASIS T | O MONITOR | THEIR | |
| ACTIVITIES AND PROGRESS REPORTS AR | E PROVIDE | D UPON REQ | QUEST. | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE J (Form 990)

Compensation Information

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

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

Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Department of the Treasury

AMERICAN FUEL AND PETROCHEMICAL **MANUFACTURERS**

Employer identification number 53-0115970

OMB No. 1545-0047

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the 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, but explain in Part III. X Written employment contract Compensation committee X Compensation survey or study X Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: a The organization? 5a Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: a The organization? 6a **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2019

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 on 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 aren't 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-MIS | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation in column (B) |
|-----------------------------------|------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|----------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | berients | (B)(i)-(D) | reported as deferred on prior Form 990 |
| (1) CHET THOMPSON | (i) | 1,115,460. | 950,000. | 5,729. | 274,938. | 35,246. | 2,381,373. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) DERRICK MORGAN | (i) | 420,880. | 35,000. | 5,323. | 33,600. | 28,905. | 523,708. | 0. |
| SVP/FEDERAL AFFAIRS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JAIME ZARRABY | (i) | 370,000. | 55,000. | 6,340. | 33,600. | 7,271. | 472,211. | 0. |
| SVP/COMMUNICATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) RICHARD MOSKOWITZ | (i) | 349,274. | 40,000. | 2,957. | 33,600. | 9,853. | 435,684. | 0. |
| GENERAL COUNSEL | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) SUSAN YASHINSKIE | (i) | 315,000. | 40,000. | 6,730. | 33,600. | 5,521. | 400,851. | 0. |
| SVP/MEMBER SERVICES | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) DAVID FRIEDMAN | (i) | 308,105. | 17,000. | 9,240. | 28,000. | 29,749. | 392,094. | 0. |
| VP/REGULATORY AFFAIRS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) BRIAN TATUM | (i) | 299,412. | 10,000. | 5,307. | 28,000. | 24,937. | 367,656. | 0. |
| CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) GEOFF MOODY | (i) | 245,000. | 50,000. | 9,495. | 28,000. | 4,133. | 336,628. | 0. |
| VP/GOVERNMENT RELATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) DONALD THOREN | (i) | 217,500. | 25,000. | 10,515. | 24,250. | 3,062. | 280,327. | 0. |
| VP/STATE & LOCAL OUTREACH | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) SUSAN GRISSOM | (i) | 208,014. | 10,000. | 4,513. | 19,083. | 21,750. | 263,360. | 0. |
| CHIEF INDUSTRY ANALYST | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) HELEN KUTSKA | (i) | 200,274. | 16,500. | 2,957. | 18,700. | 12,432. | 250,863. | 0. |
| SR. DIRECTOR, CONVENTION SERVICES | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) GERALD VAN DE VELDE | (i) | 91,008. | 50,000. | 1,866. | 17,250. | 4,104. | 164,228. | 0. |
| EXECUTIVE ADVISOR (TO MAR '19) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

AMERICAN FUEL AND PETROCHEMICAL MANUFACTURERS

Page 3

| Part III Supplemental Informa | ation | |
|-----------------------------------|---|--|
| Provide the information, explanat | tion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and t | for Part II. Also complete this part for any additional information. |
| PART I, LINE 4B: | | |
| CHET THOMPSON | CONTRIBUTION TO DEFERRED COMPENSATION PLAN | \$237,838 |
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

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: |
|--|
| -PROMOTING THE GENERAL WELFARE OF ITS MEMBERS BY GATHERING AND |
| DISSEMINATING HISTORICAL AND 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: |
| BUSINESS ENHANCEMENT |
| |
| FORM 990, PART VI, SECTION A, LINE 6: |
| AFPM HAS OVER 300 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. |

Name of the organization AMERICAN FUEL AND PETROCHEMICAL Employer identification number MANUFACTURERS 53-0115970

FORM 990, PART VI, SECTION A, LINE 7B:

EACH PETROCHEMICAL AND REFINING 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; AMENDMENTS IN THE ASSOCIATION'S

BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

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.

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 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.

| Name of the organization AMERICAN FUEL AND PETROCHEMICAL MANUFACTURERS | Employer identification number 53-0115970 |
|---|---|
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| LITIGATION | 1,100,492. |
| REGULATORY AFFAIRS | 328,027. |
| STRATEGIC PLAN | 9,432,675. |
| OTHER CONSULTANTS | 2,504,762. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| ADDITIONAL PENSION BENEFIT (EXPENSE) | -298,007. |
| ADDITIONAL RETIREE MEDICAL PLAN BENEFIT (EXPENSE) | -121,662. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -419,669. |
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