Department of the Treasury

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

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

OMB No 1545-0047

Open to Public

B Check if Address Name of Initial re Termina Amende Applicati  I Tax-exc J Websi  K Form of Part I  1  30 4 4	Please use IRS label or print or type. See Specific Instructions.  F Nam Charles 1667 K WA SHI   xempt status  xe	C Name of organization NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION  Doing Business As  Number and street (or P O box if mail is not delivered to street 1667 K STREET NW No 700  City or town, state or country, and ZIP + 4 WASHINGTON, DC 20006  The and address of principal officer T Drevna STREET NW No 700 NGTON, DC 20006  (6) (insert no) 4947(a)(1) or 527  The property of the pr	H(a) Is the affile H(b) Are:  If "N H(c) Growth L Year of for the ating historical arries - Serving as a	53-0115970 E Telephone nui (202) 457-0 G Gross receipts \$  his a group return lates?  all affiliates include No," attach a list oup exemption num formation 1961 M	for Yes No  ed? Yes No (see instructions)  mber ►  State of legal domicile DE				
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I	the industry inform			an effective chann	el of communication (				
I		ation among members,other associations, the government	ent and the publi	c					
l l	Check this hox								
l l	Check this hox								
	Check this hox								
3	,	f the organization discontinued its operations or disp							
4	_	nembers of the governing body (Part VI, line 1a)			8				
		dent voting members of the governing body (Part VI, li	ne 1 b)		8				
5   5		ployees (Part V , line 2a)			4				
-		lunteers (estimate if necessary)	_						
		red business revenue from Part VIII, column (C), line 1	2	7a					
	<b>b</b> Net unrelated busi	ness taxable income from Form 990-T, line 34		<b>7b</b>					
		. (5		ior Year	Current Year				
ā 8		grants (Part VIII, line 1h)		10.600.773	2,105,300				
Hayenue	-	revenue (Part VIII, line 2g)		10,600,772	9,380,679				
10 11		ne (Part VIII, column (A), lines 3, 4, and 7d)		7,665	-761,038				
11 12	•	ld lines 8 through 11 (must equal Part VIII, column (A			3,070				
		· · · · · · · · · · · · · · · · · · ·	• •	10,608,437	10,728,01				
13		r amounts paid (Part IX, column (A), lines 1-3)			C				
14	4 Benefits paid to o	r for members (Part IX, column (A), line 4)			C				
<sub>.0</sub> 15	•	mpensation, employee benefits (Part IX, column (A), li	nes 5-	1.660.440	5.000.405				
36 16 EXP (X)	10)			4,668,449	5,030,482				
<b>₫</b>   16:		raising fees (Part IX, column (A), line 11e)	•		(				
_	= "	enses (Part IX, column (D), line 25) 🕨	_						
17		Part IX, column (A), lines 11a-11d, 11f-24f)		6,430,043	6,464,617				
18	•	dd lines 13-17 (must equal Part IX, column (A), line	-	11,098,492	11,495,099				
19	9 Revenue less exp	enses Subtract line 18 from line 12		-490,055	-767,088				
Not Assets or Fund Baseces 70 71 72			_	ng of Current Year	End of Year				
6 6 20	O Total assets (Par	t X, line 16)		9,472,643	10,793,000				
学出   20 文字   21		art X, line 26)		5,859,423	6,034,692				
を 第一   22		d balances Subtract line 21 from line 20		3,613,220	4,758,308				
Part I			-	-,,	.,				
	_	gury, I declare that I have examined this return, including accompa	nying schedules and	statements, and to th	ne best of my knowledge				
	and belief, it is true, o	orrect, and complete Declaration of preparer (other than officer) is	based on all informa	ition of which prepare	r has any knowledge				
Sian		1							
Sign Here	Signature of office	r	2010   Date	0-11-15 e					
- <del>-</del>									
	Charles T Drevna Type or print nam								
	<u>                                      </u>	Date	Check if	Preparer's identify					
Paid	Preparer's signature	Date	self-	(see instructions)					
Paid Preparer'	, r	k Johnson Jambart 9 Co. U.D.	empolyed 🕨	mpolyed 🕨 🦳					
Preparer Use Only	ıf self-employed),	•	EIN Þ						
Joe Only	address, and ZIP + 4	700 Spring Forest Road Ste 115		Dhana bara					
	i i	Raleigh, NC 27609		Phone no 🕨 (91	91 / 19-6400				

### Part III Statement of Program Service Accomplishments

	1	Briefly	describe	the	organization's	missio
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Educate the public and policymakers about the vital role of the refining and petrochemical industries in the nation's economy and our contribution to improvements in the quality of life Serve as a strong advocacy voice for our members with government officials, the media 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

4d	Other program so	ervices (Describe in Schedule including		) (Revenue \$	)
4d	Other program s	ervices (Describe in Schedule	0)		
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
		target audiences about the adverse in	s contribution pledges from specific member npacts of low carbon fuel standards	er companies to introduce a public rei	ations campaign to
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Climate Change issu	es, taxation, chemical security and cl	nemical risk management		
TCI	SUPPLEMENTAL ADV	OCACY FUND - NPRA requests additio	nals funds from member companies toward	, ,	ne following issues,
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	```
4	Section 501(c)(3)	) and 501(c)(4) organizations a	each of the organization's three larg and section 4947 (a)(1) trusts are r venue, if any, for each program serv	equired to report the amount o	
	If "Yes," describe	these changes on Schedule O			
3	-	on cease conducting, or make	significant changes in how it conduction.		es 🔽 No
	If "Yes," describe	these new services on Schedu	le O		
	the prior Form 990	J UI 990-EZ			es 🔽 No

Part IV	Checklist o	f 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νo
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
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		Νο
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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2009)

Form 990 (2009)					
Part '	Statements Regarding Other IRS Filings and Tax Compliance				
			Yes	No	
1	star the number reported in Pay 2 of Form 1006. Applied Cummany and Transmitted				

1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 42			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11				
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			
	Y = 0			

1667 K STREET NW Washington, DC 20006 (202) 457-0480

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

Se	ection A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body 1a 80	.				
Ь	Enter the number of voting members that are independent 1b 80	.				
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		Νο		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No		
6	Does the organization have members or stockholders?	6	Yes			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the					
	governing body?	7a	Yes			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo		
	ection B. Policies (This Section B requests information about policies not required by the Internal					
ке	evenue Code.)		34			
40			Yes	No		
	Does the organization have local chapters, branches, or affiliates?	10a		N o		
b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?					
11	11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
118	11A Describe in Schedule O the process, if any, used by the organization to review the Form 990					
IIA	Describe in Schedule of the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					
	to conflicts?	12b	Yes			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	13 Does the organization have a written whistleblower policy?					
14	Does the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
ь	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b				
Se	ection C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website Vpon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ne orga	nızatıor	n 🕨		
	Gerald Van De Velde					

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title  A verage hours per week  A	Check this box if the organization did		sate any	/ curi	rent	or fo	rmer c	ffice	r, director, trustee	or key employee	
week or director o		A verage hours	Position (check all						Reportable compensation	<b>(E)</b> Reportable compensation	Estimated amount of other
See add'l data			Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	organizations (W- 2/1099-	from the organization and related
	See add'l data										
											-
	,										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►10

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	_		NI -
	, , , , , , , , , , , , , , , , , , ,	, 5 '		No No

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation		
Gaylord Texan 1501 Gaylord Trail Grapevine, TX 76051	Hotel Services	480,503		
Marriott Hotels & Resort PO Box 402642 Atlanta, GA 30384	Hotel Services	418,846		
Financial Dynamics PO Box 630391 Baltimore, MD 21263	Media Consultant	345,000		
AV Technical Services 1211 East Houston St San Antonio, TX 78205	Technical SUpport	226,489		
Beveridge Seay 2000 P Street NW Ste 700 Washington, DC 20036	Identity and Brand Consultant	168,678		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►11				

Form 99								Page <b>9</b>
Part	<b>/1111</b>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$	1a	Federated camp	paigns 1a					
돌들	ь	Membership du	es <b>1b</b>					
ge E	c	Fundraising eve	ents 1c					
± ±	d	Related organiz	rations 1d					
% <u>≡</u>	l e	Government grants						
瓮	,	All other contribution	ons, gifts, grants, and <b>1f</b>	2,105,300		i		
弄声	'	sımılar amounts no	ot included above					
芸品	g		butions included in					
Contributions, gifts, grants and other similar amounts	h			▶	2,105,300			
	<u> </u>							
Ξe	2a	Meetings		Business Code	F 200 076	F 200 076		
Wer			C 0 ACCE	900,099	5,299,076			
Program Serwce Revenue	Ь	MEMBERSHIP DUES	S & ASSE	900,099	3,913,614	3,913,614		
M C 4	C	Publications		511,190	91,099	91,099		
ja Se	d	SAFETY STATISTIC:	_	900,099	42,390	42,390		
Ē	e	STUDENT TEACHER	R EDUCAT	900,099	34,500	34,500		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f		9,380,679			
	3	Investment inc	ome (including dividen	ds, interest				
		and other simila	aramounts)	▶ [	290,773			290,773
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	• •	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	6,987,927					
	ь	Less cost or other basis and	8,039,738					
		sales expenses						
	C	Gain or (loss)	-1,051,811					
	d		s)		-1,051,811			-1,051,811
eune	8a	Gross income fi events (not incl \$						
Other Revenue		See Part IV, lin						
Ě	Ь		penses b	<u> </u>				
J	c 9a		loss) from fundraising	events 🕦				
	ya 	See Part IV, lin	rom gaming activities le 19 a					
	b c	Net income or (	penses <b>b</b> (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold <b>b</b>					
	С	Net income or (	loss) from sales of inve	entory 🟲				
		Miscellaneous	s Revenue	Business Code				
	11a	Other		900,099	3,070			3,070
	ь							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		3,070			
	12	Total revenue.	See Instructions	· [	10,728,011	9,380,679	0	-757,968

Par	Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations m		_1		
А	Section 501(c)(3) and 501(c)(4) organizations in Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,037,626			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,904,382			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	396,000			
9	Other employee benefits	460,468			
10	Payroll taxes	232,006			
L1	Fees for services (non-employees)				
а	Management				
b	Legal	16,170			
c	Accounting	54,244			
d	Lobbying	565,927			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	497,512			
2	Advertising and promotion	41,171			
3	Office expenses	313,268			
4	Information technology	73,897			
5	Royalties	·			
6	Occupancy	662,552			
.7	Travel	176,821			
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials	31.5,522			
9	Conferences, conventions, and meetings	2,614,648			
0	Interest	, , , , , , , , , , , , , , , , , , , ,			
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	223,228			
3	Insurance	80,765			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Low Carbon Fuels Standa	814,000			
b	General Operating Expen	152,224			
c	Statistics	64,187			
d	Dues and Subscriptions	61,249			
e	Other Expenses	52,754			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	11,495,099			
26	<b>Joint costs.</b> Check here ► □ If following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) End of year Beginning of year 718 297 1 Cash—non-interest-bearing . . . . . . . . . . . . 1 1,597,469 2 1,436,081 2 3 3 4 71.661 4 46.215 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 Notes and loans receivable, net . . . . . Inventories for sale or use . . . . . . 8 330,290 9 202,640 Land, buildings, and equipment cost or other basis Complete 1.807.929 10a 10a Part VI of Schedule D 1.496,300 **10c** 10b 508.301 1.299.628 b Less accumulated depreciation . . . . 5.862.450 11 7.641.089 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 113.755 15 15 167.050 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 9,472,643 16 10,793,000 2.400.733 17 2.369.875 17 Accounts payable and accrued expenses . 18 18 2,304,215 19 2,462,690 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 1.154.475 1,202,127 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 **Total liabilities.** Add lines 17 through 25 . . . . . 5,859,423 26 6,034,692 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 3.613.220 4.362.308 27 Unrestricted net assets . . . . 27 28 28 396.000 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . . 33 3,613,220 33 4,758,308 34 Total liabilities and net assets/fund balances . . . . . 9.472.643 10,793,000 34

# Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

# Software ID: Software Version:

**EIN:** 53-0115970

Name: NATIONAL PETROCHEMICAL & REFINERS

**ASSOCIATION** 

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

Compensated Employees, and Independent Contractors												
<b>(A)</b> Name and Title	(B) Average hours per		(C tion ( hat a	che				( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Bill Klesse Chairman	5 00	Х		Χ				0	0	0		
Dennis Seith Vice President	5 00	х		Х				0	0	0		
Greg Garland Vice President	5 00	X		х				0	0	0		
Jerry Weich Vice President	5 00	Х		Х				0	0	0		
Joseph Lee Vice President	5 00	X		Х				0	0	0		
Jim Mahoney Former Chairman	5 00	Х		X				0	0	0		
Kevin Brown Former Chairman	5 00	X		X				0	0	0		
Lawrence ziemba Vice President	5 00	X		X				0	0	0		
Mıchael Brown Former Treasurer	5 00	Χ		Х				0	0	0		
Paul Elsman Vice President	5 00	Х		Х				0	0	0		
Richard Marcogliese Former Treasurer	5 00	X		X				0	0	0		
Richard Meeks Treasurer	5 00	X		X				0	0	0		
Vince Kelley Vice President	5 00	X		X				0	0	0		
William Finnerty Vice Chairman	5 00	Х		X				0	0	0		
Steven Abrams DIRECTOR	2 00	X						0	0	0		
Brian A mes DIRECTOR	2 00	X						0	0	0		
Bill Anderson DIRECTOR	2 00	Χ						0	0	0		
Chuck Anderson DIRECTOR	2 00	X						0	0	0		
Raymon Barlow dIRECTOR	2 00	X						0	0	0		
Jerry Basconi dIRECTOR	2 00	X						0	0	0		
Terry Begley dIRECTOR	2 00	X						0	0	0		
Terry Burleson dIRECTOR	2 00	X						0	0	0		
Steven Burtch dIRECTOR	2 00	Х						0	0	0		
Jeffrey Byrne dIRECTOR	2 00	Х						0	0	0		
Alan Cabodı dIRECTOR	2 00	Х						0	0	0		

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

Compensated Employees, and	Independ	dent C	ont	ract	tors	5				
<b>(A)</b> Name and Title	(B) Average hours per	Position (c)		(che			1	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Nicholas Carter	2 00	×		•				0	0	0
dIRECTOR Peter Cella dIRECTOR	2 00	X						0	0	0
Albert Chao dIRECTOR	2 00	X						0	0	0
Kenneth Currie dIRECTOR	2 00	X						0	0	0
H Don Davis dIRECTOR	2 00	X						0	0	0
FR de Cerqueira Neto dIRECTOR	2 00	Χ						0	0	0
Sylvian de Lescazes dIRECTOR	2 00	X						0	0	0
Fred Dohmann dIRECTOR	2 00	X						0	0	0
Steve Douglas dIRECTOR	2 00	X						0	0	0
Mike Dusterhoff dIRECTOR	2 00	X						0	0	0
Mike Ebert dIRECTOR	2 00	Χ						0	0	0
Joel Elstein dIRECTOR	2 00	Χ						0	0	0
Paul Foster dIRECTOR	2 00	Χ						0	0	0
John Fotheringham dIRECTOR	2 00	Χ						0	0	0
Rajeev Gautam dIRECTOR	2 00	Χ						0	0	0
Robert Gengelbach dIRECTOR	2 00	Χ						0	0	0
Robert Genovese dIRECTOR Jas Gill	2 00	X						0	0	0
dIRECTOR	2 00	Χ						0	0	0
Frederec Green dIRECTOR	2 00	X						0	0	0
Harry Halloran dIRECTOR	2 00	X						0	0	0
Pat Havener dIRECTOR	2 00	Χ						0	0	0
David Huffman dIRECTOR Stephen Hunkus	2 00	X						0	0	0
dIRECTOR	2 00	X						0	0	0
Terry Hurlburt dIRECTOR	2 00							0	0	0
Terry Jackson dIRECTOR	2 00	Χ						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours	Posi t	(( tion ( that a	(che		II		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other compensation		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations		
Naushad Jamanı dIRECTOR	2 00	X						0	0	0		
Luther Jones dIRECTOR	2 00	Х						0	0	0		
Robert Kent dIRECTOR	2 00	Х						0	0	0		
Stephen Kırk dIRECTOR	2 00	Х						0	0	0		
Daniel Knepper dIRECTOR	2 00	Х						0	0	0		
David Lamp dIRECTOR	2 00	Х						0	0	0		
Janice Latz dIRECTOR	2 00	Х						0	0	0		
Zachary Levine dIRECTOR	2 00	Х						0	0	0		
Donald Lindley dIRECTOR	2 00	X						0	0	0		
Jack Lipinski dIRECTOR	2 00	Х						0	0	0		
James Loving dIRECTOR	2 00	X						0	0	0		
Bruce Macklin dIRECTOR	2 00	Х						0	0	0		
John Matson dIRECTOR	2 00	Х						0	0	0		
Michael McGarry dIRECTOR	2 00	X						0	0	0		
John McIntosh dIRECTOR	2 00	Х						0	0	0		
Raghu Menon dIRECTOR	2 00	Х						0	0	0		
Randy Newcomer dIRECTOR	2 00	Х						0	0	0		
John Nicols dIRECTOR	2 00	Х						0	0	0		
Robert Pease dIRECTOR	2 00	X						0	0	0		
Michael Pesch dIRECTOR	2 00	Х						0	0	0		
Jeff Ramsey dIRECTOR	2 00	X						0	0	0		
Steve Rathweg dIRECTOR	2 00	X						0	0	0		
Richard Rennard dIRECTOR	2 00	X						0	0	0		
Dan Robinson dIRECTOR	2 00	X						0	0	0		
Laura Ruiz dIRECTOR	2 00	Х						0	0	0		

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

Compensated Employees, and										
(A) Name and Title	(B) Average hours		tion ( that a	che		II		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
C Douglas Shannon dIRECTOR	2 00	X						0	0	0
Charles Shaver dIRECTOR	2 00	X						0	0	0
Brian Smith dIRECTOR	2 00	Х						0	0	0
Matthew Smorch dIRECTOR	2 00	X						0	0	0
Stan Ueng dIRECTOR	2 00	X						0	0	0
Ronald Williams dIRECTOR	2 00	X						0	0	0
Mark Zyskowskı dIRECTOR	2 00	X						0	0	0
Charles Drevna President	40 00			X				452,940	0	40,690
gregory scott executive vice president	40 00			X				333,000	0	14,044
gerald van de velde chief financial officer	40 00			X				183,880	0	13,072
David Friedman DIRECTOR	40 00					X		185,160	0	15,713
Jeffrey Hazle DIRECTOR	40 00					X		177,327	0	13,137
Bill Holbrook DIRECTOR	40 00					X		175,160	0	12,591
James Cooper Vice President	40 00					X		178,500	0	13,046
Susan Yashınskıe Vice Chairman	40 00					X		177,880	0	13,028

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

<u>,                                      </u>					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Meetings	900,099	5,299,076	5,299,076		
MEMBERSHIP DUES & ASSE	900,099	3,913,614	3,913,614		
Publications	511,190	91,099	91,099		
SAFETY STATISTICS AND	900,099	42,390	42,390		
STUDENT TEACHER EDUCAT	900,099	34,500	34,500		

# Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Low Carbon Fuels Standa	814,000			
General Operating Expen	152,224			
Statistics	64,187			
Dues and Subscriptions	61,249			
O ther Expenses	52,754			

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DLN: 93493319052280

OMB No 1545-0047

Inspection

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

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

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

	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line			•		
	ction 501(c)(4), (5), or (6) organizations. Complete Part III	e ssa (rega	arunig	proxy tax,	, then	
	me of the organization TONAL PETROCHEMICAL & REFINERS ASSOCIATION	mployer id	entifica	ation numbe	:r	
IVA		3-011597	0			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a se	ection 52	7 or	ganizatio	n.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV				
2	Political expenditures	<b>-</b>	\$			C
3	Volunteer hours					С
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					_
1	Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$ _			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$ <u>_</u>			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No	
4a	Was a correction made?			☐ Yes	┌ No	
ь	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ection 5	01(c)	(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ıvıtıes 🕨	\$			С
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5	27				
	exempt funtion activities	<b>•</b>	\$ <u>_</u>			С
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b ►	\$			
4	Did the filing organization file Form 1120-POL for this year?			☐ Yes	☐ No	
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization.	Also ente on, such as	rthe a a sepa	mount of po	litical	

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	<b>(b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
NPRA Political Action Committee	1667 K Street NW Suite 700 Washington, DC 20006	53-0115970		60,995

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

4,808,914

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

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

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

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

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

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а		2a	1,679,608
b	Carryover from last year	2b	251,992
c	Total	2c	1,931,600
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	2,686,930
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-755,330

## Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
1	Political Campaign Activities	to provide individuals with the opportunity to contribute to the support of candidates for federal office who have demonstrated concern for the interests of the petrochemical and refining industries through the NPRA Political Action Committee
Part IV, Supplemental Information		PART I-C, Line 5 Contributions received by NPRA and transferred to NPRA PAC, a separate segregated fund

1 1

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DLN: 93493319052280

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

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

Open to Public Inspection

Name of the orga	nization MICAL & REFINERS ASSOCIATION		Emp	loyer identific	ation number	er
NATIONAL PLIKUCHE	LITOUT OF VEHICLES WOODCOMI TON		53-0	115970		
	nizations Maintaining Donor Ad nization answered "Yes" to Form 99	dvised Funds or Other Similar Fo	unds	or Account	<b>s.</b> Comple	te if the
<u> </u>		(a) Donor advised funds	(	<b>b)</b> Funds and	other accou	nts
Total number	at end of year					
Aggregate co	ntributions to (during year)					
Aggregate gra	ants from (during year)					
Aggregate va	lue at end of year					
_	nization inform all donors and donor advi organization's property, subject to the	sors in writing that the assets held in don organization's exclusive legal control?	nor advı	sed	☐ Yes	┌ No
used only for	charitable purposes and not for the ben	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a			Г Yes	□No
	permissible private benefit	ıf the organızatıon answered "Yes" t	n Form	1 990 Part I		,
Preserva Protection Preserva Complete line	on of natural habitat ition of open space	rganization (check all that apply) on or pleasure) Preservation of an Preservation of a o	certified	d historic stru	•	a
casement on	the last day of the tax year			Held at th	e End of the	Year
a Total number	of conservation easements		2a			
<b>b</b> Total acreage	e restricted by conservation easements		2b			
_	nservation easements on a certified his		2c			
d Numberofco	nservation easements included in (c) a	cquired after 8/17/06	2d			
Number of st Does the org	· · · · · · · · · · · · · · · · · · ·	the periodic monitoring, inspection, hand	—— dling of	violations, an		<b>-</b>
	of the conservation easements it holds? unteer hours devoted to monitoring, insp	oecting and enforcing conservation easem	nents di	uring the year	Yes  ►	No
A mount of av	noncos incurred in monitoring inchesti	ng, and enforcing conservation easements	c durina	tha yaar 🌬 ¢		
				ille year 🗕 🤿		
170(h)(4)(B)	(ı) and 170(h)(4)(B)(ıı)?	(d) above satisfy the requirements of sec			☐ Yes	┌ No
balance shee the organizat	t, and include, if applicable, the text of t ion's accounting for conservation easen		l staten	nents that des	cribes	
	nizations Maintaining Collectio blete if the organization answered '	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Otl	ner Similar	Assets.	
art, historica	l treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or research ancial statements that describes these it	ch ın fu			≘,
historical tre	,	116, to report in its revenue statement a public exhibition, education, or research i s			•	
(i) Revenues	ıncluded ın Form 990, Part VIII, line 1			<b>►</b> \$		
(ii) <sub>Assets In</sub>	cluded in Form 990, Part X			<b>►</b> \$		
_	ation received or held works of art, histo ounts required to be reported under SFA	orıcal treasures, or other sımılar assets fo S 116 relatıng to these items	or finan	cıal gaın, prov	ıde the	
<b>a</b> Revenues inc	luded in Form 990, Part VIII, line 1			<b>►</b> \$		
<b>b</b> Assets include	ded in Form 990, Part X			<b>►</b> \$		

Part 1	Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cal Tr</u>	easu	ires, or O	<u>the</u>	<u>r Similar Asse</u>	ets (co	ontinued)
	Jsing the organization's accession and othe tems (check all that apply)	r records, check any	y of th	e foll	owing t	hat ar	e a significa	nt u	se of its collectio	n	
аГ	Public exhibition		d	$\Gamma$	Loan	or excl	hange progr	ams			
ьΓ	Scholarly research		e	Γ	Other						
с Г	<ul> <li>Preservation for future generations</li> </ul>										
	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	y furthe	r the c	organization	's ex	empt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	Г No
Part	IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	Y" t	es" to Form 990	Ο,	
	s the organization an agent, trustee, custod ncluded on Form 990, Part X?	lan or other interme	diary	for c	ontribut	tions	or other ass	ets r		Yes	┌ No
<b>b</b> I	f "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ing ta	able		Г				
	_						-	_	A mou	unt	
_	Beginning balance						<b>-</b>	1c			
	Additions during the year						<b>-</b>	1d			
_	Distributions during the year							1e 16			
	Ending balance	000 D=-1 V I					L	1f		V	
	Old the organization include an amount on Fo		e 217						J	Yes	No
	f "Yes," explain the arrangement in Part XIV				111/	-11 1	F 000	D	+ T) / I 10		
Part	V Endowment Funds. Complete	(a)Current Year		Were Prior \			ro Years Back			• <b>)</b> Four Y	ears Back
<b>1</b> a E	Beginning of year balance	(a) carrent rear	(-)	,, ,,,,,	· cui	(0)	o rears back	(4)	Timee rears back (e	.,. oa	cars back
	Contributions										
<b>c</b> I	Investment earnings or losses										
d (	Grants or scholarships										
	Other expenditures for facilities and programs										
f A	Administrative expenses										
g E	End of year balance										
<b>2</b> P	Provide the estimated percentage of the yea	r end balance held a	as								
a B	Board designated or quasi-endowment 🕨	%									
<b>b</b> P	Permanent endowment 🕨 %										
с т	Term endowment ► %										
<b>3a</b> A	Are there endowment funds not in the posses	ssion of the organiza	ation t	that a	are held	and a	idministered	lfor	the		
	organization by								Γ	Yes	No
•	(i) unrelated organizations			•				٠	3a(i)	-	<del> </del>
-	(ii) related organizations				 ulo D?			•	3a(ii) 3b	<u> </u>	<u> </u> 
	res to 3a(II), are the related organization. Describe in Part XIV the intended uses of th	•				•		•	<u>3D</u>	1	<u> </u>
Part						90. Pa	art X. line	10.			
		-, and Equipme			) Cost or		(b)Cost or o		(c) Accumulated		
	Description of investment				is (invest		basis (othe		depreciation	( <b>d</b> ) Bo	ok value
	and		•								
	uildings		•					21-	,		061 -
	easehold improvements		•				1,133		171,568		961,647
	quipment		•					,915	85,825		239,090
	ther	orm 000 Part V to	· /2\	1	10/-11			,799	250,908		98,891
iotal./	Add lines 1a-1e <i>(Column (d) should equal Fo</i>	אווו פפט, Part X, colun	nn (B)	, iine	10(C).)			•	🕨		1,299,628

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category	( <b>b)</b> Book value		od of valuation
(including name of security)	. ,	Cost or end-o	f-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990. Part X. line	13.	
			od of valuation
(a) Description of investment type	( <b>b</b> ) Book value		f-year market value
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lin			
((-,	ie 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Deferred Compensation  Deferred Rent	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Deferred Compensation	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Deferred Compensation  Deferred Rent	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Deferred Compensation  Deferred Rent	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Deferred Compensation  Deferred Rent	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Deferred Compensation  Deferred Rent	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Deferred Compensation  Deferred Rent	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Deferred Compensation  Deferred Rent	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Deferred Compensation  Deferred Rent	5.) , line 25. (b) A mount	, , , , , , <b>,</b>	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Deferred Compensation  Deferred Rent	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Deferred Compensation  Deferred Rent	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Deferred Compensation  Deferred Rent	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Deferred Compensation  Deferred Rent	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Deferred Compensation  Deferred Rent  Landlord Tenant Improvements	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Deferred Compensation  Deferred Rent	5.) , line 25. (b) A mount		(b) Book value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,728,011
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,495,099
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-767,088
4	Net unrealized gains (losses) on investments	4	2,126,657
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-214,481
9	Total adjustments (net) Add lines 4 - 8	9	1,912,176
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,145,088
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	12,915,663
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 60,995		
e	Add lines 2a through 2d	2e	2,187,652
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,728,011
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	10,728,011
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	11,771,645
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 276,546		
e	Add lines <b>2a</b> through <b>2d</b>	2e	276,546
3	Subtract line <b>2e</b> from line <b>1</b>	3	11,495,099
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	11,495,099
Par	t XIV Supplemental Information		

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

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

Ident if ier	Return Reference	<b>Explanat ion</b>
Part X	Positions Under FIN 48	Management has concluded that NPRA and PAC have properly maintained their exempt status and there are no uncertain tax positions as of December 31, 2009
Part XI, Line 8 - Other Adjustments		Additional Pension Charge
Part XII, Line 2d - Other Adjustments		PAC REVENUE 60995
Part XIII, Line 2d - Other Adjustments		PAC DISBURSEMENTS 62065 Additional Pension Expense 214481

DLN: 93493319052280

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

# **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

NAT	ONAL PETROCHEMICAL & REFINERS ASSOCIATION						
			53-	0115970			
Pa	rt I Questions Regarding Compensat	ion					
						Yes	Νο
1a	Check the appropriate box(es) if the organization						
	990, Part VII, Section A, line 1a Complete Part	III to prov					
	First-class or charter travel	<u>_</u>	Housing allowance or residence for pers				
	Travel for companions	<u></u>	Payments for business use of personal r				
	Tax idemnification and gross-up payments		Health or social club dues or initiation fe	es			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur	chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses de				ь		
2	Did the organization require substantiation prior officers, directors, trustees, and the CEO/Execut			?	2		
3	Indicate which, if any, of the following the organiz organization's CEO/Executive Director Check a		•				
	Compensation committee	Г	Written employment contract				
	✓ Independent compensation consultant	굣	Compensation survey or study				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation	committee			
4	During the year, did any person listed in Form 99 or a related organization	0, Part VII	, Section A , line 1a with respect to the fil	ing organization			
а	Receive a severance payment or change-of-cont	rol paymen	t?	4	а		Νo
b	Participate in, or receive payment from, a supple	mental non	qualified retirement plan?	4	ь	Yes	
c	Participate in, or receive payment from, an equity	y-based co	npensation arrangement?	4	c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	d provide th	e applicable amounts for each item in Pa	rt III			
	Only 501(c)(3) and 501(c)(4) organizations only	must comp	lete lines 5-9.				
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a,	did the organization pay or accrue any				
а	The organization?			5	а		
b	Any related organization?			5	b		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a,	did the organization pay or accrue any				
а	The organization?			6	a		
b	Any related organization?			6	ь		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes			ed 7	,		
8	Were any amounts reported in Form 990, Part VI		•				
	subject to the initial contract exception describe in Part III	d in Regs s	ection 53 4958-4(a)(3)? If "Yes," desc	rıbe <b>8</b>	3_		
9	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	the rebutt	ible presumption procedure described in	Regulations	$\prod$		

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

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

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

Charles Drevna	(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
gregory scott (i) 310,000 20,000 3,000 0 14,044 347,044 (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				compensation incentive			benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Company   Comp	Charles Drevna		350,000 0	100,000	2,940	27,162	13,528	493,630	,
David Friedman	gregory scott		310,000 0	20,000	1	l l		347,044	1
Susan Yashınskie   (ii)   0   0   0   0   0   0   0   0   0	gerald van de velde		163,500 0	17,500		1		196,952	,
Company   Comp	David Friedman		173,500 0	11,000		l l	15,713 (	200,873	,
(II)	Jeffrey Hazle		168,667 0	.			13,137 (	190,464	,
(II)     0     0     0     0     0       Susan Yashınskie     (I)     160,000     15,000     2,880     0     13,028     190,908	Bill Holbrook		165,000 0	.		1		187,751 C	1
	James Cooper		161,500 0	14,000				191,546	1
	Susan Yashınskie		160,000	.	1	1		190,908	
				<u> </u>	-				
			<u> </u>	'	'		<del></del>		
		'	<del>                                     </del>	<del>                                     </del>	<del> </del>		<u> </u>		

#### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 4a	Part I, Line 4b Charles Drevna Deferred Compensation \$27,163

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319052280

OMB No 1545-0047

Open to Public Inspection

# **Supplemental Information to Form 990**

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE 0** 

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

► Attach to Form 990.

**Employer identification number** Name of the organization NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION 53-0115970

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		NPRA has over 450 member companies
Form 990, Part VI, Section A, line 7a		The NPRA Board of Directors is comprised of representatives from each of its regular members
Form 990, Part VI, Section A, line 7b		Each Petrochemical and Refiners member company has one vote which pertains to the issue being voted on NPRA board members approve appointed members of the Executive Committee, annual budgets, alterations/revisions in the Association's bylaws
Form 990, Part VI, Section B, line 11		The Chief Financial Officer (CFO) and Accounting Manager (AM) review the unapproved Form 990 at a scheduled meeting and submit revisions and/or questions to the contracted auditing firm (Johnson Lambert). The Form 990 form is returned to the CFO and AM with revisions (if any) and submitted back to the auditing firm as approved and the final version is reviewed with the President for his signature.
Form 990, Part VI, Section B, line 12c		NPRA provides the policy to organization personnel annually and monitors the addition of new vendors and company related travel
Form 990, Part VI, Section B, line 15		Independent salary survey of key positions was commissioned and the executive compensation is voted on by the Executive Committee Review Board on an annual basis President's salary and bonus were recommended and approved by the Executive Committee
Form 990, Part VI, Section C, line 19		Governing documents, Conflict of Interest Policy, and Financial Statements are available upon request

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DLN: 93493319052280

2009

Inspection

OMB No 1545-0047

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# **SCHEDULE R** (Form 990)

Department of the Treasury

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

**Related Organizations and Unrelated Partnerships** 

Internal Revenue Service

Part I

Name of the organization **Employer identification number** NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION 53-0115970

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

Name, address, and EIN of disregarded entity

(b) Primary activity

(c) Legal domicile (state or foreign country)

(d) Total income

End-of-year assets

(f) Direct controlling entity

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

(a)
Name, address, and EIN of related organization

(b) Primary activity

Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

NPRA Political Action Committee

1667 K Street NW Suite 700

Washington, DC 20006 53-0115970

Separate Segregated Fund to Support Candidates Furthering NPRA's Purpose

DE

527(f)(3)

N/A

Part III	<b>Identification of Related Organizations Taxab</b>	<b>ble as a Partnership</b> (Co	mplete if the organization answered	d "Yes" on Form	990, Part IV	/, line 34
	because it had one or more related organizations to	reated as a partnership dur	ing the tax year.)			
	(c)	(-)		(h)	(i)	

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

**(f)** Share of total income (g) Share of end-of-year assets (h) (i)
Disproprtionate allocations? Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

(j) General or managing partner?

Yes No

Yes

No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c)
Legal domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f)
Share of total income
(g)
Share of end-of-year assets

(h) of Percentage year ownership

Pai	rt V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> Du	ırıng th	ne tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receip	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entıty	1a		No
b	Gıft, g	grant, or capital contribution to other organization(s)	1b		No
c	Gıft, gı	rant, or capital contribution from other organization(s)	<b>1</b> c		No
d	Loans	or loan guarantees to or for other organization(s)	1d		No
e	Loans	or loan guarantees by other organization(s)	1e		No
f	Sale o	of assets to other organization(s)	1f		No
g	Purch	nase of assets from other organization(s)	<b>1</b> g		No
h	Excha	ange of assets	1h		No
i	Lease	of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease	of facilities, equipment, or other assets from other organization(s)	1j		No
k	Perfor	rmance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Perforr	mance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m	Sharın	ng of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharın	ng of paid employees	1n		No
o	Reımb	bursement paid to other organization for expenses	10		No
р	Reımb	bursement paid by other organization for expenses	1p		No
q	Other	r transfer of cash or property to other organization(s)	<b>1</b> q		No
r	Other	transfer of cash or property from other organization(s)	1r		No
(1) (2) (3) (4) (5)	If the a	answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds  (a)  Transaction Name of other organization  type(a-r)		(c) It involv	red
(6)					

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

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

(a) Name, address, and EIN of entity (b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)

section 501(c)(3) organizations? Yes No (e) Share of end-of-year assets (f) Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No