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Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

|                    | artment of the |                |                     | assets less than \$  The organization may have to                           | 1,250,000 at the e<br>use a copy of the | end of the yes return to a | ear may us<br>satisfy state | e this foi<br>reportir | m<br>ig requirem | ents.         |            | Inspection                |
|--------------------|----------------|----------------|---------------------|---|---|----------------------------|-----------------------------|------------------------|------------------|---------------|------------|---------------------------|
| _                  |                |                | ar year.            | or tax year beginning   |   | TAN 1                      |                             |                        | ending           |               | 12         | - 3/ , 20 <i>09</i>       |
| _                  | Check if ap    |                | Please              | C Name of organization  |   |                            |                             |                        |                  | D Emplo       | <u>-</u> _ | tification number         |
|                    | Address ch     |                | use IRS<br>label or | AMERICAN POSTAL WOR   | KERS UNION                              |                            |                             |                        |                  |               | 55-        | 0626547                   |
|                    | Name char      | -              | print or            | Number and street (or P O box   | if mail is not deli-                    | vered to stre              | et address                  | ) Roc                  | m/surte          | E Telepi      | none num   | ber                       |
| 님                  | Initial return |                | type.<br>See        | PO BOX 4002   |   |                            |                             | Ì                      | ì                | ľ             | 304-       | 842- <b>400</b> 2         |
| 님                  | Amended r      |                | Specific            | City or town, state or country, a   | nd ZIP + 4                              |                            |                             |                        |                  | F Grou        | p Exem     | ntion                     |
| 片                  | Application    |                | Instruc-<br>tions.  | CLARKSBURG, WV 26302  | 4002                                    |                            |                             |                        |                  |               | ber ▶      | 2474                      |
| =                  |                |                | organiz             | rations and 4947(a)(1) none   | empt charitab                           | le trusts i                | nust atta                   | ch                     | G Accou          |               |            | Cash Accrual              |
|                    | - 0002         | 0 00 / (0)/(0) |                     | npleted Schedule A (Form 9  |   |                            |                             |                        |                  | (specify)     |            |                           |
|                    |                |                |                     |   |   |                            |                             |                        | H Check          | <b>▶ ✓</b> 1  | f the oro  | anization is <b>not</b>   |
| 1                  | Website        | e: Þ           |                     |   |   |                            |                             | 1                      |                  |               | -          | edule B (Form 990.        |
|                    | _              | mpt status (   | check or            | nly one) — 501(c) ( 5 )   | (insert no.)                            | 4947(a)                    | 1) or 🔲                     | 527                    | •                | Z, or 990     |            |                           |
|                    | Check ▶        | <del></del>    |                     | zation is not a section 509(a)(3  |   |                            |                             | oss rec                | eipts are n      | ormally r     | not more   | than \$25,000. A          |
|                    |                |                | -                   | turn is not required, but if the  |   | -                          | _                           |                        |                  |               |            |                           |
| Ĺ                  |                |                |                     | 9 to determine gross receipts:  | <del></del>                             |                            |                             |                        |                  |               | \$         |                           |
|                    | Part I         |                |                     | enses, and Changes i  |   |                            |                             |                        |                  |               | tions 1    | or Part I.)               |
| _                  | 1              |                |                     | s, grants, and similar amo  |   |                            |                             |                        |                  |               | 1          |                           |
|                    | 2              |                |                     | evenue including governm  |   |                            |                             |                        |                  | [             | 2          |                           |
|                    | 3              | _              |                     | and assessments   |   |                            |                             |                        |                  |               | 3          | 48786                     |
|                    | 4              | Investment     | •                   |   |   |                            |                             |                        |                  |               | 4          | 1037                      |
|                    | 5a             | Gross amo      | ount fro            | m sale of assets other tha  | n inventory                             |                            | . 5                         | a l                    |                  |               |            |                           |
|                    | Ь              |                |                     | r basis and sales expense   | •                                       |                            | . 5                         |                        |                  |               |            |                           |
|                    | С              |                |                     | sale of assets other than   |   |                            | e 5b fron                   | n line 5               | ia)              | $\overline{}$ | 5c         |                           |
| 4                  |                | •              | -                   | ivities (complete applicable parts  |   |                            |                             |                        | •                | • i i         |            |                           |
| 6                  | OF             | •              |                     |   | of c                                    |                            | _                           | -                      |                  |               | ŀ          |                           |
| Revenue            | RE(            | reported of    |                     |   |   |                            | . 6                         | a l                    |                  | }             | 1          |                           |
| $-\Gamma$          | Ъ              |                |                     | ses other than fundraising  |   |                            | -                           |                        |                  |               |            |                           |
| 9                  | MAY            |                | 1 ( )               | s) from special events an   |   |                            |                             | n line                 | 6a)              |               | 6c         |                           |
| -/                 |                | Z4 &1 711110   | , ,,,,,             | entory, less returns and a  | •                                       |                            | . 7                         | i i                    | •                |               |            |                           |
| <u> </u>           |                | Less: cost     | 1 - 5 1             | •   |   |                            | . 7                         | <b>o</b>               |                  |               |            |                           |
| (                  |                |                |                     | ss) from sales of inventory   | (Subtract line                          | 7b from                    | line 7a)                    |                        | <del></del>      |               | 7c         |                           |
|                    | 8              | Other reve     |                     |   |   |                            | ,                           |                        |                  | , [           | 8          | 10930                     |
|                    | 9              |                |                     | dd lines 1, 2, 3, 4, 5c, 6c,  | c, and 8 .                              |                            |                             | <del>.</del> .         | <del></del>      | . <b>•</b>    | 9          | 60753                     |
|                    | 10             | Grants and     | simila              | r amounts paid (attach scl  | nedule)                                 |                            |                             | <del></del>            | · · ·            |               | 10         |                           |
|                    | 11             | Benefits pa    | aid to o            | r for members   |   |                            |                             |                        |                  | [             | 11         | 2355                      |
| ď                  | 12             | Salaries, o    | ther co             | mpensation, and employe   | e benefits .                            |                            |                             |                        |                  | [             | 12         | 36035                     |
| Expenses           | 13             | Profession     | al fees             | and other payments to inc   | lependent cor                           | ntractors                  |                             |                        |                  |               | 13         |                           |
| Š                  | 14             | Occupanc       | y, rent,            | utilities, and maintenance  |   |                            |                             |                        |                  |               | 14         | 9237                      |
| ú                  | 15             | Printing, p    | ublicati            | ons, postage, and shippin   | g                                       |                            |                             |                        |                  |               | 15         | 724                       |
|                    | 16             | Other expe     | enses (d            | describe <b>conference</b>  |   |                            |                             |                        | <del></del>      |               | 16         | 14211                     |
|                    | 17             | Total expe     | enses.              | Add lines 10 through 16   | <u></u>                                 | <u> </u>                   | <u></u>                     |                        | <u> </u>         | . ▶           | 17         | 62562                     |
| y.                 | 18             | Excess or      | (deficit)           | for the year (Subtract line   | 17 from line 9                          | 9)                         |                             |                        |                  | [             | 18         | (1809)                    |
| Ġ.                 | 19             |                |                     | d balances at beginning   |   |                            |                             |                        |                  |               |            |                           |
| ]{()<br>Net Assets | ! [            | end-of-yea     | ar figure           | reported on prior year's r  | etum)                                   |                            |                             |                        |                  | [             | 19         | 45059                     |
| =                  | 20             | Other char     | nges in             | net assets or fund balance  | es (attach exp                          | lanation)                  |                             |                        |                  | _             | 20         |                           |
|                    |                |                |                     | d balances at end of year.  |   |                            |                             |                        | <u></u>          |               | 21         | 43250                     |
| 2                  | Part II        | Balance        | Shee                | ts. If Total assets on line   |   | ) are \$1,2                | 250,000 c                   | or more                | <del></del>      |               |            |                           |
| <b>6</b>           |                |                |                     | (See the instructions for   | Part II.)                               |                            |                             |                        | (A) Beg          | inning of     | /ear       | (B) End of year           |
| <b>হ্য 2</b>       |                | . •            | •                   | vestments   |   |                            |                             |                        |                  | 4             | 5590 2     | 45235                     |
|                    | 3 Lar          | nd and build   | •                   |   |   |                            |                             |                        |                  |               | 23         | <del></del>               |
| ⊒2                 | 4 Oth          | ner assets (   |                     | e▶  |   |                            |                             | )                      |                  |               | 24         |                           |
| <u>_</u> 2         | 5 Tot          | tal assets .   |                     |   |   |                            |                             |                        | L                |               | 5590 2     | <del></del>               |
| 닖2                 | 6 To           | tal liabilitie | s (desc             | ribe Payroll Taxes  |   |                            |                             | )                      |                  |               | 534) 20    |                           |
| <b>Z2</b>          | 7 Ne           | t assets or    | fund b              | ribe ► Payroll Taxes palances (line 27 of colum k Reduction Act Notice, see | n (B) <b>must</b> ag                    | ree with I                 | ine 21)                     | <u> </u>               | <u> </u>         | 4             | 3059 27    |                           |
| <b>3</b> 60        | r Privacy      | Act and Pa     | perwor              | k Reduction Act Notice, see   | the separate                            | instructio                 | ns.                         |                        | Cat No 10        | 6421          | -          | Form <b>990-EZ</b> (2009) |
| Š                  |                |                |                     |   |   |                            |                             |                        |                  |               |            |                           |
| 3                  |                |                |                     |   |   |                            |                             |                        |                  |               |            |                           |

| Part    | Statement of Program Service Accom                     | <b>plishments</b> (See the instr     | uctions for Part II               | l.)                                  |             | Expenses                                     |  |
|---------|--|--------------------------------------|-----------------------------------|--------------------------------------|-------------|--|--|
| What    | is the organization's primary exempt purpose?          | Industrial Rolations                 |                                   |                                      |             | ured for section                             |  |
|         | ribe what was achieved in carrying out the org         |                                      |                                   |                                      |             | e)(3) and 501(c)(4)<br>nizations and section |  |
|         | er, describe the services provided, the number of      | of persons benefited, and o          | other relevant info               | rmation for                          | , ,         | (a)(1) trusts, optional                      |  |
| each    | program title.   |                                      |                                   |                                      | for ot      | hers)  |  |
| 28      | Regotiating collective bargaining agreement and imp    | plementation of same through         | h the arbitration & (             | grievance                            |             |  |  |
|         | process, and the negotiation of local Memorandums      | of Understanding (MOU)               |                                   |                                      |             |  |  |
|         |  |                                      |                                   |                                      |             |  |  |
|         | (Grants \$ ) If this amount                            | includes foreign grants, ch          | eck here                          | . ▶ □                                | 28a         | 0  |  |
| 29      | Education and training                                 |                                      |                                   |                                      |             |  |  |
|         | Publication of printed materials : Attendance at craft | conferences, conventions, &          | k training seminars               |                                      |             |  |  |
|         |  |                                      |                                   |                                      |             |  |  |
|         | (Grants \$ ) If this amount                            | includes foreign grants, ch          | eck here                          | . ▶ 🗆                                | <b>29</b> a | 0  |  |
| 30      | Organizing the bargaining unit through member recr     | uitment, holding organizing a        | and social events.                | Support of                           |             |  |  |
|         | and cooperation with, other labor organizations & at   | tendance at labor conference         | s. Participating in               | lobbying                             |             |  |  |
|         | the US Congress about legislation affecting pay scal   | les, affecting organized labor       | and all working pa                | rsons.                               |             | ļ  |  |
|         | (Grants \$ ) If this amount                            | includes foreign grants, ch          | eck here                          | . ▶ 🗆                                | 30a         |  |  |
| 31      | Other program services (attach schedule)               |                                      |                                   |                                      |             |  |  |
|         |  | includes foreign grants, che         |                                   |                                      | 31a         |  |  |
| 32      | Total program service expenses (add lines 28a t        |                                      |                                   |                                      | 32          |  |  |
| Part    | IV List of Officers, Directors, Trustees, and Key      |                                      |                                   | ·                                    |             |  |  |
|         | (a) Name and address                                   | (b) Title and average hours per week | (c) Compensation<br>(If not paid, | (d) Contribution<br>employee benefit |             | (e) Expense account and                      |  |
|         |  | devoted to position                  | enter -0)                         | deferred comper                      | sation      | other allowances                             |  |
| AAillis | m P Gorman   | President                            |                                   |                                      |             |  |  |
| PO B    | ox 214, Volga, ₩V 26238                                | 1 resident                           | 463                               |                                      | 0           | 0  |  |
|         | on D Shellhammer                                       | President                            |                                   |                                      |             |  |  |
| RR 1    | Box 470, Bridgeport, WV 26330                          |                                      | 969                               |                                      | 0           | 0  |  |
|         | R Cottrill   | President                            |                                   |                                      |             |  |  |
| RR 2    | Box 1266, Bridgeport, ₩V 26330                         |                                      | 8955                              |                                      | 0           | 0  |  |
|         | R Cottili  | <br> Vice-President                  |                                   |                                      |             |  |  |
|         | Box 1266, Bridgeport, WV 26330                         |                                      | 1821                              |                                      | 0           | 0  |  |
|         | by C Fazzio  | <br> Vice-President                  |                                   |                                      |             |  |  |
|         | iouth Henry Avenue, Elkins, WV 26241                   |                                      | 3899                              |                                      | 0           | 0  |  |
|         | C Trickett   | Secretary                            |                                   |                                      |             |  |  |
|         | 3 Market Street, Fairmont, WV 26554                    | ,                                    | 1532                              |                                      | 0           | 0  |  |
|         | In K George  | Treasurer                            |                                   |                                      |             |  |  |
|         | Aaple Lake, Bridgeport, ₩V 26330                       |                                      | 3827                              |                                      | 0           | 0  |  |
|         | S Miller   | Maintenance Craft Director           |                                   |                                      |             |  |  |
|         | Box 301-B, Grafton, ₩V 38354                           |                                      | 729                               |                                      | 0           | 0  |  |
|         | le A Hines   | Clerk Craft Director                 | _                                 |                                      | _           | _  |  |
|         | owell Avenue, Stonewood, WV 26301                      |                                      | 0                                 |                                      | 0           | 0  |  |
|         | le R Williams  | Trustee                              | 2050                              |                                      |             |  |  |
| 127 0   | Voodside Lane, Bridgeport, ₩V 28330                    |                                      | 3652                              |                                      | 0           | 0  |  |
|         |  |                                      |                                   |                                      |             |  |  |
|         |  |                                      |                                   |                                      |             |  |  |
|         |  |                                      | ı                                 |                                      |             |  |  |
|         |  |                                      |                                   | <del> </del>                         |             |  |  |
|         |  |                                      |                                   |                                      |             |  |  |
|         | <del></del>  | -                                    |                                   |                                      |             |  |  |
|         |  |                                      |                                   |                                      |             |  |  |
|         |  |                                      |                                   |                                      | -           |  |  |
|         |  |                                      |                                   |                                      |             |  |  |
|         |  |                                      |                                   |                                      |             | · · · · · · · · · · · · · · · · · · ·        |  |
|         |  |                                      |                                   |                                      |             |  |  |
|         |  |                                      |                                   |                                      |             | · · · — ·                                    |  |
|         |  |                                      |                                   |                                      |             |  |  |
|         |  |                                      |                                   |                                      |             |  |  |
|         |  |                                      |                                   |                                      |             |  |  |

| Part | Other Information (Note the statement requirements in the instructions for Part V.)  |                 |        |          |
|------|--|-----------------|--------|----------|
|      |  |                 | Yes    | No       |
| 33   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   | 33              | _      | ✓        |
| 34   | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes   | 34              |        | ✓        |
| 35   | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.   |                 |        |          |
| a    | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?   | 35a             |        | ✓        |
| ь    | If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b             |        | 1        |
| 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  | 36              |        |          |
| 37a  | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a  |                 |        |          |
| b    | Did the organization file Form 1120-POL for this year?   | 37b             |        | <b>√</b> |
| 38a  | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  | 38a             |        | <b>√</b> |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved   |                 |        |          |
| 39   | Section 501(c)(7) organizations. Enter:  |                 |        |          |
| а    | Initiation fees and capital contributions included on line 9   |                 |        |          |
| b    | Gross receipts, included on line 9, for public use of club facilities  | ] !             |        |          |
| 40a  | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶   |                 |        |          |
| b    | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 | 40b             |        | ✓        |
| С    | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |                 |        | :        |
| d    | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  |                 |        |          |
| е    | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   | 40e             |        | <b>✓</b> |
| 41   | List the states with which a copy of this return is filed. ▶   |                 |        |          |
| 42a  | The organization's books are in care of ▶ Marvin K George Telephone no. ▶  | 304 <b>-8</b> 4 | 2-4002 | 3        |
|      | Located at ▶ 200 Cava Drive, Clarksburg, ₩V ZIP + 4 ▶  | 263             | 301    |          |
| b    | 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  |                 | Yes    | No       |
|      | account)?  | 42b             |        | ✓        |
|      | 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.  |                 |        |          |
| С    | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶  | 42c             |        | ✓        |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here  | _               | . 1    | ▶ □      |
|      | and enter the amount of tax-exempt interest received or accrued during the tax year  | · ·             |        | _        |
|      |  | 1               | Yes    | No       |
| 44   | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of   |                 | 162    | 140      |
| **   | Form 990-EZ  | 44              |        | ,        |
| 45   | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 45              |        |          |
|      |  | 145             |        |          |

Form **990-EZ** (2009)

| Dart V | EZ (2009)   |  |                          |                           |  |                   |                            | age ' |
|--------|---|--|--------------------------|---------------------------|--|-------------------|----------------------------|-------|
| Part V | Section 501(c)(3) organizations and 501(c)(3) organizations and section 4 and complete the tables for lines 50 a  | 947(a)(1) nonexempt cha  | <b>nexem</b><br>aritable | pt charitab<br>trusts mus | le trusts only. A<br>t answer questio  | all sec<br>ons 46 | tion<br>3-49               | b     |
|        | Did the organization engage in direct or indirect andidates for public office? If "Yes," complete   |  |                          |                           |  | 40                | Yes                        | No    |
|        | •   | ·  |                          |                           |  | 46                |                            |       |
|        | Did the organization engage in lobbying activit<br>s the organization a school as described in sect   |  |                          |                           |  | 48                |                            |       |
|        | Did the organization make any transfers to an   |  |                          |                           |  | 49a               |                            |       |
|        | f "Yes," was the related organization a section   | -  | -                        | •                         |  | 49b               |                            |       |
|        | Complete this table for the organization's five   |  |                          |                           |  |                   |                            |       |
| e      | employees) who each received more than \$10   |  |                          | organization. I           | f there is none, en  |                   |                            |       |
|        | (a) Name and address of each employee paid more than \$100,000  | (b) Title and average hours per week devoted to position   | (c)                      | Compensation              | employee benefit plans & deferred compensation   | ace               | Exper<br>count a<br>allowa | ınd   |
|        |   |  |                          |                           |  |                   |                            |       |
|        |   |  |                          |                           |  |                   |                            |       |
|        |   |  |                          |                           |  |                   |                            |       |
| f 1    | Total number of other employees paid over \$1   | 00.000   |                          |                           | <u> </u>   |                   |                            |       |
| 51 (   | Complete this table for the organization's five   | highest compensated in   |                          |                           | ors who each reco  | eived             | more                       | tha   |
| 51 (   |   | e highest compensated in<br>ion. If there is none, enter   |                          | ·                         |  | eived<br>(c) Cor  |                            |       |
| 51 (   | Complete this table for the organization's five \$100,000 of compensation from the organizat  | e highest compensated in<br>ion. If there is none, enter   |                          | ·                         |  |                   |                            |       |
| 51 (   | Complete this table for the organization's five \$100,000 of compensation from the organizat  | e highest compensated in<br>ion. If there is none, enter   |                          | ·                         |  |                   |                            |       |
| 51 (   | Complete this table for the organization's five \$100,000 of compensation from the organizat  | e highest compensated in ion. If there is none, enter or paid more than \$100,000  | "None."                  | ·                         |  |                   |                            |       |
| 51 (   | Complete this table for the organization's five \$100,000 of compensation from the organizat  (a) Name and address of each independent contract   | e highest compensated in ion. If there is none, enter or paid more than \$100,000  | "None."                  | (b) Tyr                   | pe of service  | (c) Cor           | npens                      | ation |
| 51 (   | Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contract (a) Name and address of each independent contract (b) Name and address of each independent contract (c) Name and address of each independent (c) Name and (c) Name a | e highest compensated in ion. If there is none, enter or paid more than \$100,000  | "None."                  | (b) Typ                   | pe of service  | (c) Cor           | npens                      | edge  |
| 51 (\$ | Complete this table for the organization's five \$100,000 of compensation from the organizat (a) Name and address of each independent contract (a) Name and address of each independent contract (b) Name and address of each independent contract (c) Name and address of each independent contract (c) Name and address of each independent contractors.  Under penalties of penjury, I declare that I have examined belief, it is true, correct, and complete Declaration.   | e highest compensated in ion. If there is none, enter or paid more than \$100,000  | "None."                  | (b) Typ                   | tements, and to the best of which preparer has the state of the state  | (c) Cor           | npens                      | edge  |
| d T    | Complete this table for the organization's five \$100,000 of compensation from the organizat (a) Name and address of each independent contract (a) Name and address of each independent contract (b) Name and address of each independent contract (c) Name and address of each independent contract (c) Name and address of each independent contractors  Under penalties of penjury, I declare that I have examined belief, it is true, correct, and complete Declarate (c) Name and belief, it is true, correct, and complete Declarate (c) Name and Signature (c) Name and title (c) Name and address of each independent contract (c) Name an | e highest compensated in ion. If there is none, enter or paid more than \$100,000  | "None."                  | (b) Typ                   | tements, and to the best of which preparer has the state of the state  | (e) Cor           | npens.                     | edge  |
| d T    | Complete this table for the organization's five \$100,000 of compensation from the organizat (a) Name and address of each independent contract (a) Name and address of each independent contract (b) Name and address of each independent contract (c) Name and address of each independent contract (c) Name and address of each independent contractors  Under penalties of penjury, I declare that I have examined belief, it is true, correct, and complete Declaration (c) Name and belief, it is true, correct, and complete Declaration (c) Name and the Name (c) Name and title (c) Preparer's signature (c) Firm's name (or  | e highest compensated in ion. If there is none, enter or paid more than \$100,000  see each receiving over \$100 accompon of preparer (other than officer) | "None."                  | check if self-            | tements, and to the bes of which preparer has something the preparer of the preparer of the preparer is identifying number of the preparer's identification identifi | (e) Cor           | npens.                     | edge  |