

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED JAN 2 0 2011

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 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

	For the	2009 calend	dar year, o	or tax year beginning Sep 1	, 2	2009, and	d ending	g Aug			, 201	_	
В	Check if a	applicable		C Name of organization		-			D Employ	er Ider	ntıfıcation	Number	
	Addr	ess change	Please use IRS label	Technical Assn. of the	Pulp and Pap	er Ind	ustry	, Inc.	13-	1370	0140		
	Nam	e change	or print or type.	Number and street (or P O box if ma			Room/su		E Telepho	one nur	mber		
	F	al return	See specific	15 TECHNOLOGY PARKW	AY SOUTH				(77	0) :	209-7	263	
		nination	Instruc- tions.	City, town or country	· · · · · · · · · · · · · · · · · · ·	State ZIP	code + 4						
	\vdash	nded return		NORCROSS		GA 30	0092		G Gross	eceipts	\$ 5,8	06,381	L.
	\vdash	ication pending	F Name a	and address of principal officer	- "			H(a) Is this	a group retur			Yes	X No
	□ , ν _{ρρι}			NTAGUE 15 TECHNOLOGY PKY	NORCROSS	GA 30	0092		affiliates inc			Yes	No
$\overline{}$	Tayle	exempt statu		(c) (3) ((insert no)	4947(a)(1) (527	≀f 'No,'	attach a list	(see II	nstructions	, —	
÷		site: N/		(6) (3) / (1136)(1110)	1 13 17 (47(17)	<u>, </u>		H(c) Group	exemption n	umber	▶		
У		of organization	X Corpora	ation Trust Association	Other ►	I Year		on 197			f legal dom	icile GP	
_	irt I	Summa		ation must Association	Other	La Tear	or r orman	1011 137	1 1	31010 0	. logal com		
1100				janization's mission or most sign	nificant activities	SEE	STATI	EMENT	1 ATTA	CHE	ED		
_	• -	meny desert	00 1110 019	gamzanama missiem et misse eigi		<i>2</i> = 1.							
nce	-												
Activities & Governance	_							_ _					
o Ve	2 0	heck this bo	× ►	if the organization discontinued	its operations or o	disposed	of more	e than 25	% of its a	ssets			
O.				bers of the governing body (Par						3			
8	1		•	t voting members of the governi	ng body (Part VI, I	line 1b)				4	11		
ŧ				yees_(Part V, line 2a)						5 6	26 5,00		
ţ	6 1	OF FINDS		eers (estimate if necessary)	lookuma (C) uno 1	12				7 2			,871.
•		lot uprolator	H reiateu t Lhucinosc	ousiness revenue from Part VIII, taxable income from Form 990	T line 3/	14				71		3/4	0.
	1. 4.	JAN 1	n 2011	Carable income nom rom 990	-1, IIIIC 3-4			1 .	· · · · · · · · · · · · · · · · · · ·		1		
	(S)			.					Prior Year L, 563, 2			urrent Y	,644.
Ë		contributions	and gran	ts (Rait VIII, line 1h) ue (Part VIII, line 2g)					5,124,5				,007.
Revenue		OGDE	N US	art VIII. column (A), lines 3, 4, a	nd 7d)				-601,				,238.
æ				II, column (A), lines 5, 6d, 8c, 9					-34,				,367.
				nes 8 through 11 (must equal Pa), line 12	2)	7	7,051,		_		,522.
	1			ounts paid (Part IX, column (A),								•	
	i			members (Part IX, column (A), I	•				-			_	
	15 9	-		nsation, employee benefits (Part		nes 5-10))	2	2,148,	533.		2,087	,301.
sea	16a F			ng fees (Part IX, column (A), line			•						
Expenses				-			0.						
Ä	1.70			nses (Part IX, column (D), line 2	-				102	200		2 076	725
				X, column (A), lines 11a-11d, 1					5,103,0				735.
				nes 13-17 (must equal Part IX, o	column (A), line 2	0)			7,251,				,036.
		Revenue less	expense	s Subtract line 18 from line 12					-200,			-	,486.
Net Assets or Fund Balancos	l								nning of \			nd of Y	
Bala	20 7	otal assets	•	•					3,862,				<u>,623.</u>
žĘ.	21 1	otal liabilitie							2,161,				<u>,592.</u>
	44			ances Subtract line 21 from line	20				5,700,	545.	<u>. l</u>	7 , 193	,031.
Pĝ	ijt II	Signat	ure Blo	CK									
		Under penaltie	es of perjury,	I declare that I have examined this return Declaration of prepare other than office	i, including accompanyi er) is based on all infor	ng schedule mation of w	es and sta	itements, an	d to the best	of my	knowledge	and belief	, it is
۵.				1 The state of the	,			1					
Sig	gn		// //	In May 5					ate				
He	re	Signaty/e		24 20 20 20 20 20 20 20 20 20 20 20 20 20	0 /.	1		יט		, ~	- 11		
		Tuna as a	LARI	7	Prosident	- I CEC	<u> </u>		B,	<u> </u>	-11		
_		Type or p	rint name an	nu muc		Date		- 1		—т	Prenarer's	identificac	number
р.	الد:					Date		s	Check if self-		Preparer's (see instru	ctions)	, namber
Pa Pro		Preparer's		Jano					mployed	·X			
	rer's	signature	-4			101/	/04/1	1					
Üs		Firm's name (_	HARD WHALEY, CPA					6	2	-12	58	514
Or		employed), address, and		4 OLE BARTLETT COUR					-114				- ' /
		ZIP + 4		TLETT		8134_		F	Phone no	•	<u></u>)		
				with the preparer shown above?								Yes	No
BA	A For F	Privacy Act	and Paper	work Reduction Act Notice, see	e the separate ins	tructions	5.		TEEA0101	07/2	20/09	Form 99	30 (2009) _,

	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	13-13/0140	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	SEE STATEMENT 1 ATTACHED		
		·	
2	Did the organization undertake any significant program services during the year which were not listed on the program services.		
	Form 990 or 990-EZ?	. L Y	es X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	γ ∏ Y	es X No
_	If 'Yes,' describe these changes on Schedule O		
4		vnancas Saction	501(6)(3)
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allow	cations to others.	the total
	expenses, and revenue, if any, for each program service reported		
4 a	(Code) (Expenses \$5,313,895. including grants of \$) (Rev	enue \$ <u>3,</u>	806,007.)
	SEE STATEMENT 2 ATTACHED		
			-
		- 	-
		 .	
		 -	
			 ,
AL	2 (Out)		,
40	(Code) (Expenses \$ including grants of \$) (Rev	enue Ş	
		. 	- -
		. 	
			
		- 	
		. 	
		 -	
		· 	
		 	
40	Code) (Expenses \$including grants of \$) (Rev	enue \$)
		·	
		· 	
			
			-
		- 	
		·	
			
40	Other program services (Describe in Schedule O)		
_	(Expenses \$ including grants of \$) (Revenue \$)
			
<u>46</u>	e Total program service expenses ► 5, 313, 895.		

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

ι, 13-1370140 Form 990 (2009) Technical Assn. of the Pulp and Paper Industry, Inc. Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule I 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 240 any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х 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 Х 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 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 Х Schedule L, Part III 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х 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 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 34 Х

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization, If 'Yes,' complete Schedule R, Part V, line 2

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38 Note. All Form 990 filers are required to complete Schedule O

Х Form 990 (2009)

X

Х

Х

35

36

37

38

	rm 990 (2009) Technical Assn. of the Pulp and Paper Industry, Inc. 13-137	0140	F	age
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1	1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1a	70		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		1
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
2	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	33		
2	2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3	3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	<u>, </u>	<u> </u>
4	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	h;	х
	b If 'Yes,' enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	1	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b)	Х
	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?	50		
6	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?	6 a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were indeductible?	not 61:		
7	7 Organizations that may receive deductible contributions under section 170(c).		1	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	205		
	provided to the payor?	7a	.	x
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 t		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76		x
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	_	X
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	70	+	
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	71		<u> </u>
	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?	-		
9	9 Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9 a	1	
	b Did the organization make any distribution to a donor, donor advisor, or related person?	91)	
10	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	1 Section 501(c)(12) organizations. Enter			
	a Gross income from other members or shareholders	[1	1

BAA

Form 990 (2009)

12a

11 b

 ${\bf b}$ Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

ectio	on A. Governing Body and Wanagement				
				Yes	No
1aE	nter the number of voting members of the governing body	1a 12			
b E	nter the number of voting members that are independent	1b 11			
2 D	id any officer, director, trustee, or key employee have a family relationship or a business refficer, director, trustee or key employee?	lationship with any other	2		х
	id the organization delegate control over management duties customarily performed by or u f officers, directors or trustees, or key employees to a management company or other perso		3		х
4 D	id the organization make any significant changes to its organizational documents		_4		<u> </u>
s	ince the prior Form 990 was filed?				
5 D	id the organization become aware during the year of a material diversion of the organization	n's assets?	5		X
6 D	oes the organization have members or stockholders?		6	Х	
	oes the organization have members, stockholders, or other persons who may elect one or noverning body?	nore members of the	7a	х	
b A	re any decisions of the governing body subject to approval by members, stockholders, or ot	her persons?	7b		Х
	eld the organization contemporaneously document the meetings held or written actions under ne following	rtaken during the year by			
аT	he governing body?		8a	X	
b E	ach committee with authority to act on behalf of the governing body?		8ь	Х	
9 ls	s there any officer, director or trustee, or key employee listed in Part VII, Section A, who car rganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		
Secti	on B. Policies This Section B requests information about policies not	required by the Internal			

10a Х 10a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Х 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts' 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 13 X 13 Does the organization have a written whistleblower policy? 14 Х 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a Х a The organization's CEO, Executive Director, or top management official **b** Other officers of key employees of the organization 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable

17	List the states with which a copy of this Form 990 is required to be filed Georgia
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
	Own website Another's website X Upon request
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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

►MICHELLE WILLIAMS 15 TECHNOLOGY PRWY SO., NORCROSS GA 30092 (770) 446-1400

16a

16b

Х

Yes

No

Section C.

Revenue Code)

entity during the year?

status with respect to such arrangements?

Disclosures

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

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

Check this box if the organization did not (A)	(B) (c)							(D)	(E)	(F)
Name and Title	Average	Posi	tion (•	•	hat appl	ly)	Reportable	Reportable	Estimated
Name and Title	hours per week	andivich ਲੀ trustee or direx ਨਾਮ	mshtubonal trustee		Key employee	High est connierisated employee	Former	compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099 MISC)	amount of other compensation from the organization and related organizations
LARRY MONTAGUE										
PRESIDENT	50.00	X		Х	x	Х		309,129.	0.	0.
JEFFREY J. SIEGEL										
CHAIRMAN	15.00	Х						0.	0.	0.
NORMAN F. MARSOLAN										
VICE-CHAIR	5.00	Х						0.	0.	0.
DAVIDE R. FRIEDMAN								·		
DIRECTOR	5.00	Х						0.	0.	0.
ROBERT J. GALLO										•
DIRECTOR	5.00	Х						0.	0.	0.
THOMAS J. GARLAND										
DIRECTOR	5.00	Х						0.	0.	0.
JEFF HAMILTON										
DIRECTOR	5.00	Х						0.	0.	0.
CHRIS LUETTGEN										
DIRECTOR	5.00	Х						0.	0.	0.
DR. VINCENT NEWBERRY										
DIRECTOR	5.00	Х						0.	0.	0.
THOMAS E. RODENCAL										
DIRECTOR	5.00	Х				l		0.	0.	0.
GARY M. SCOTT										
DIRECTOR	5.00	Х			<u> </u>			0.	0.	0.
NIKKI S. SLUSSER										
DIRECTOR	5.00	Х						0.	0.	0.
ERIC FLETTY										
V-P OPERATIONS	50.00			X				124,984.	0.	0.
DAVID_BELL										
V-P CORP RELATIONS	50.00			Х				93,665.	0.	0.
JOHN HARRISON										
V-P GLOBAL PLANNING/MEMBERSHIP	50.00			Х				122,987.	0.	0.
	l									

(A)	(B)			(c)		_	(D)	(E)		(F))	
Name and Title	Average	Posi	tion (_		hat a	pply)	Reportable	Reportable		Estima		_
	hours per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		nount or compens from to organize and rel organize	sation the ation lated	
	-				i -								
	_												
		_											
	-												
	-					<u> </u>							
				_									
	-				<u> </u>			_					
							<u> </u>				<u> </u>		
	-												
	-												
	-			<u> </u>									
										-			
1 b Total		<u>.</u>					•	650,765.	0				0.
2 Total number of individuals (including but not limited	to thos	e lis	ted	abo	ve)	who	rece	eived more than \$	100,000 in reporta	ble cor	npens	atioi	1
from the organization > 3								· · · · · · · · · · · · · · · · · · ·			Τν.		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	еу є	empl	loye	e, oı	r hıg	hest compensated	i employee		3 1	es	No v
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the											-		<u> </u>
individual 5 Did any person listed on line 1a receive or accrue or	ompensa	ation	fro	m a	nv L	ınrel					4 >	1	
rendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors	edule J	tor s	uch	per	son						5		Х
Complete this table for your five highest compensate	ed indep	ende	ent d	cont	ract	ors t	that	received more tha	ın \$100,000 of				
compensation from the organization (A)								(B) T		(C)		
Name and business addres	S					-		Description of	of Services	Con	pensa	ation	
						<u> </u>							
2. Tatal number of independent contraction (i.e.) distribution	hut === 1			. 41-		lict -	d ^r	ovo) who recours	more than				
2 Total number of independent contractors (including I \$100,000 in compensation from the organization ►	out not II	111116	o (C	י נחכ	se	nste	u ab	ove) who received	more man				

Form 990 (2009) Technical Assn. of the Pulp and Paper Industry, Inc.

Part VIII | Statement of Revenue

<u>[i ai</u>	VIII Statement of Nevende	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SIFTS, GRANTS AR AMOUNTS	1a Federated campaigns1ab Membership dues1b1,475,644.c Fundraising events1cd Related organizations1d	-			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f	1,475,644.		1	
REVENUE	2a PUBLICATIONS 0 b MEETINGS AND EXHIBITS 0	962,391. 2,084,789.	962,391. 2,084,789.	0.	0.
M SERVICE	c SPONSORSHIPS 0 d TRAINING 0 e OTHER 0	116,273. 549,583. 92,971.	116,273. 549,583. 92,971.	0. 0.	0. 0.
PROGRA	f All other program service revenue g Total. Add lines 2a-2f ▶	3,806,007.	92, 911.	0.	0.
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	402,238.	0.	402,238.	0.
	(i) Real (ii) Personal 6a Gross Rents 122,492. b Less' rental expenses c Rental income or (loss) -27,367.				
	7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses	-27,367.	0.	-27,367.	0.
	c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses b			r	-
	c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	b				
	d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	5,656,522.	3,806,007.	374,871.	0.

All offiet ordanizations must complete column (A) but are not required to complete columns (b), (c), and (b).	All other organizations must com	plete column (A) but are not requi	ired to complete columns (B), (C), and (D).
---------------------------------------------------------------------------------------------------------------	----------------------------------	------------------------------------	---------------------------------------------

	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			. }	· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members			- 1	
5	Compensation of current officers, directors, trustees, and key employees	650,765.	520,612.	130,153.	0.
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	1,436,536.	906,167.	530,369.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.
9	Other employee benefits				· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal	16,584.	0.	16,584.	0.
c	: Accounting	64,749.	0.	64,749.	0.
	Lobbying				
€	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
_	Other				
12	Advertising and promotion				
13	Office expenses	256,914.	0.	256,914.	0.
14	Information technology	130,477.	0.	130,477.	0.
15	Royalties				 -
16	Occupancy	140,490.	0.	140,490.	0.
17	Travel	69,699.	0.	69,699.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,238,006.	1,238,006.	0.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	67,395.	0.	67,395.	0.
	Insurance	66,977.	0.	66,977.	0.
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)				
ā	PRINTING	61,651.	0.	61,651.	0.
t	PROMOTION/MARKETING	427,313.	427,313.	0.	0.
•	TRAINING	174,462.	174,462.	0.	0.
c	OTHER ADMINSITRATIVE EXPENSES	15,127.	0.	15,127.	0.
€	MEMBERSHIP EXPENSES	346,891.	346,891.	0.	0.
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	5,164,036.	3,613,451.	1,550,585.	0.
26	Joint costs. Check here Inf 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				
BAA	, , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , ,				Form 990 (2009)

Balance Sheet Part X (A) Beginning of year (B) End of year 1,478,301 1 1,782,264. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 191,848. 195,845. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Schedule L 6 7 7 Notes and loans receivable, net 27,212 8 25,032. Inventories for sale or use 328,230. 9 Prepaid expenses and deferred charges 9 543,020. 10a 10a Land, buildings, and equipment cost or other basis 4,383,631 Complete Part VI of Schedule D 10b 1,262,831 1,218,608. b Less accumulated depreciation 3,165,023 10 c Investments - publicly-traded securities 5,574,108. 11 5,942,854. 11 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 16 9,707,623. Total assets Add lines 1 through 15 (must equal line 34) 8,862,530 16 Accounts payable and accrued expenses 1,075,877 17 889,073. 17 18 18 Grants payable 1,079,568 19 1,618,979. 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, ; highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 6,540. Other liabilities Complete Part X of Schedule D 6,540 25 Total liabilities. Add lines 17 through 25 2,161,985. 26 2,514,592. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets 6,700,545 7,193,031. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, and equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 6,700,545. 33 7,193,031.

BAA Form **990** (2009)

8,862,530.

9,707,623.

34

Total liabilities and net assets/fund balances

Form 990 (2009) Technical Assn. of the Pulp and Paper Industry, Inc.	1370140	Pa	ge 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued consolidated basis, separate basis, or both	on a		
Separate basis X Consolidated basis Both consolidated and 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 Si Audit Act and OMB Circular A-133?	ngle 3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit 3b		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

2009

Technical Assn. o								370140			
Part I Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See I	nstruct	ions		
The organization is not a priv	ate foundation becaus	se it is (For lines 1 throug	gh 11, cl	neck onl	y one bo	ox)					
1 A church, convention	on of churches or asso	ciation of churches descr	ribed in s	section '	170(b)(1)(A)(i).					
2 A school described	in section 170(b)(1)(A	(Attach Schedule E)								
3 A hospital or coope	rative hospital service	organization described ii	n sectio	n 170(b)	(1)(A)(iii	i).					
4 A medical research	organization operated	d in conjunction with a ho	spital de	escribed	ın secti	on 17 0 (b)(1)(A)	(iii) Ente	r the hospit	al's	
name, city, and sta	te	•	•			·		•	·		
	erated for the benefit of	of a college or university	owned o	r operat	ed by a	governr	nental u	nit descr	ibed in sec	tion	
7 An organization tha	, ,	overnmental unit describe substantial part of its sup art II)					or from t	he gener	al public de	scribe	ed
8 A community trust of	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II)							
from activities relat investment income	from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
10 An organization org	janized and operated	exclusively to test for pub	olic safet	y See s	ection 5	609(a)(4).				
more publicly suppo describes the type	orted organizations de of supporting organiza	exclusively for the benefit escribed in section 509(a) ation and complete lines)(1) or s 11e thro	ection 5 ugh 11h	09(a)(2)	See s	or carry ection 5	out the 09(a)(3).	Check the	box th	hat
a ∐ Type I	b Type II	c Type III		•				d 📙	Type III—		
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)											
f If the organization recheck this box	eceived a written dete	ermination from the IRS th	hat is a	Type I, 1	ype II o	r Type I	il suppo	rting org	anızatıon,		
g Since August 17, 20	006, has the organizat	tion accepted any gift or	contribu	tion fron	n any of	the foll	owing p	ersons?			
										Yes	No
(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or to apported organization?	ogether v	with pers	ons des	cribed i	ın (II) an	d (III)	11 g (i)		
(ii) a famıly mem	ber of a person desci	ribed in (i) above?							11 g (ii)		ļ
(iii) a 35% contro	lled entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)		
h Provide the following	ig information about the	ne supported organization	ns								
(i) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or iRC section (see instructions))	organizat (i) lister	Is the tool in cold in your the training ment?	the organ	(i) of	organizat	s the ion in col zed in the S ?	(vii) Amoun	≀ of Sup	port
			Yes	No	Yes	No	Yes	No			
						L					
				}							
	<u>.</u>										
	<u></u>		<u> </u>								
Total											

Pai	t II Support Schedule for	-			(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1.)	 	·	
	tion A. Public Support	Ι .				[
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	1				1	
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶ [
	tion C. Computation of Pu					· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 20	• •	• •	e 11, column (f)		14	<u>%</u>
15	Public support percentage from 2	·				15	<u>%</u>
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported or	c on line 13, and ganization	the line 14 is 33-1	/3 % or more, chec	ck this box
ı	33-1/3 support test — 2008. If the and stop here. The organization				, and line 15 is 33	1/3% or more, che	ck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-ai	nd-cırcumstances	test, check this t	oox and stop here	. Explain in Part IV	how
ŀ	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-ai	nď-circumstances	' test, check this t	oox and stop here	. Explain in Part IV	
18	Private foundation. If the organiz		_				uctions -

Par	III Support Schedule fo			n Section 509	(a)(2)			
	(Complete only if you chec	ked the box on lin	ne 9 of Part I.)					
$\overline{}$	tion A. Public Support	т. — — — —	 			1		Г
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	1,646,952.	1,701,194.	1,701,194.	1,563,286.	1,475,6	344.	8,088,270.
_	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							23,834,882.
	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	The value of services or facilities furnished by a governmental unit to the organization without charge							
7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons	5,942,865.	6,378,714.	6,378,714.	7,818,716.	5,404,1	43.	31,923,152.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6)							31,923,152.
Sec	tion B. Total Support		1	1				
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200		(f) Total
9	Amounts from line 6	5,942,865.	6,378,714.	6,378,714.	7,818,716.	5,404,1	43.	31,923,152.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,365,419.	931,452.	-320,524.	-601,956.	402,2	238	1,776,629.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	173037113.	3317132.		001, 330.	10272		1,770,023.
C	Add lines 10a and 10b	1,365,419.	931,452.	-320,524.	-601,956.	402,2	238.	1,776,629.
	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is reconsisting schools the box and	is for the organiza	tion's first, secon	 d, third, fourth, oi	fifth tax year as	a section 50°	1(c)(3	33,699,781.
Sec	organization, check this box and tion C. Computation of Pu		Percentage					
				a 13 column (6)		J	15	94.73%
	· · · · · · · · · · · · · · · · · · ·	· ·	-	e 13, column (1))		}		
	Public support percentage from 2 tion D. Computation of Inv					!	16	91.64%
	 				(6)	- <u>- </u>	17	F 27.0
	Investment income percentage for	•	* *	•	iii (1))	}	17	5.27 %
	Investment income percentage fr					22 1/22/	18	8.36%
	33-1/3 support tests — 2009. If the more than 33-1/3%, check this be	ox and stop here.	The organization	qualifies as a pub	olicly supported or	ganızatıon		► <u>X</u>
b	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	this box and stop	not check a box here. The organi	on line 14 or 19a, zation qualifies as	, and line 16 is mo a publicly suppor	ore tnan 33-1 ted organiza	ログル, ition	and line 18 ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or 99	90-EZ) 2009	Technical	Assn. of	the Pulp	and Paper	Industry,	Inc.	13-1370140 Jired by Part II, nation. See ins	Page 4
Part IV	Supplement	al Informat	tion. Compl	ete this p	art to pro	ovide the	explanation	ns real	ured by Part II.	line 10;
	Part II line	17a or 17b	and Part II	L line 12	Provide	any othe	r additiona	l inforn	nation. See ins	tructions.
		174 01 170,	and are in	1, 11110 121						
										 -
			- -							
			- -							
			 -							
			 -							·- -
	-									
							. – – – – –			
										
							. _ _			
									-	
										
										-
										-
- - - -			 -	_ -						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection Employer Identification number

Tec	chnical Assn. of the Pulp and	Paper Industry, I	nc.	13-1370140
Pai				
	the organization answered 'Yes' t	o Form 990, Part IV, lin	e 6.	
		(a) Donor advised	I funds (b) Funds and other accounts
1	Total number at end of year			·
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don funds are the organization's property, subject t	or advisors in writing that the to the organization's exclusive	assets held in donor advise legal control?	d Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or don		☐ Yes ☐ No
Pai	rt II Conservation Easements Compl		nswered 'Yes' to Form	990. Part IV. line 7.
	Purpose(s) of conservation easements held by			330, 1 41111, 1110 7.
-	Preservation of land for public use (e.g., re	,		orically important land area
	Protection of natural habitat	, ,,	Preservation of certified	_ ,
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	n contribution in the form of	a conservation easement on the
				Held at the End of the Year
•	a Total number of conservation easements		2a	
	Total acreage restricted by conservation easer		2b	
	Number of conservation easements on a certif		` '	
	d Number of conservation easements included in	` ' '	2d	<u> </u>
3	Number of conservation easements modified,	transferred, released, extingui	shed, or terminated by the o	organization during the tax
4	year ► Number of states where property subject to co	nservation easement is locate	d ►	
5	Does the organization have a written policy req and enforcement of the conservation easemen	it it holds?		olations, Yes No
	Staff and volunteer hours devoted to monitorin during the year			
/	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conse	rvation easements \$	
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the re	quirements of section	Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	o the organization's financial s	statements that describes the	e organization's accounting for
Pai	Organizations Maintaining Collection Complete if the organization ans	ections of Art, Historica wered 'Yes' to Form 99	I Treasures, or Other 9 0, Part IV, line 8.	Similar Assets
1 6	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	ic exhibition, education, or res	search in furtherance of publ	ance sheet works of art, historical lic service, provide, in Part XIV,
ŀ	of the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	ic exhibition, education, or res	enue statement and balance search in furtherance of publ	ic service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		►\$ ►\$
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of ar amounts required to be reported under SFAS 1	16 relating to these items:	r sımılar assets for fınancıal	gain, provide the following
	Revenues included in Form 990, Part VIII, line	1		▶ \$
ŀ	Assets included in Form 990, Part X			▶\$

Part III Organizations Mainta				r Other Similar Ass	
		,			
3 Using the organization's acquisition items (check all that apply)	on accession and			at are a significant use o	of its collection
a Public exhibition			or exchange programs		
b Scholarly research		e [Other			
c Preservation for future genera					
4 Provide a description of the organ Part XIV			-		ın
5 During the year, did the organizat assets to be sold to raise funds ra					Yes No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangement unt on Form 9	ts Complete if one 190, Part X, line	organization answei 21.	red 'Yes' to Form 9	90, Part IV, line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary	for contributions or othe	r assets not	Yes No
b If 'Yes,' explain the arrangement	ın Part XIV and c	omplete the followin	g table		
				<u> </u>	Amount
c Beginning balance				1c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1f	n., n.,
2a Did the organization include an a		30, Part X, line 217		•	∐ Yes ☐ No
b If 'Yes,' explain the arrangement			ad Waal ta Farma Of	20 David IV June 10	
Part V Endowment Funds Co			· · · · · · · · · · · · · · · · · · ·		4 > 5
1. Doggamen of year balance	(a) Current year	(b) Prior yea	(c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance					3 8 1
b Contributions		-		1 2 1/	· · · · · · · · · · · · · · · · · · ·
c Net Investment earnings, gains, and losses					1
d Grants or scholarships				11	7 7 7 7
 Other expenditures for facilities and programs 					10 大大 10 大
f Administrative expenses				1.	でで選集です
g End of year balance					
2 Provide the estimated percentage	of the year end	palance held as:			_
a Board designated or quasi-endow	ment ►	%			
b Permanent endowment ►	8				
c Term endowment ►	*				
3a Are there endowment funds not in organization by:	the possession	of the organization t	hat are held and admını	stered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related o	rganizations liste	d as required on Sch	nedule R?		3b
4 Describe in Part XIV the intended					
Part VI Investments-Land, B				, line 10.	
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land			138,695.		138,695.
b Buildings			2,816,837.	1,903,797.	913,040.
c Leasehold improvements					
d Equipment			1,428,099.	1,261,226.	166,873.
e Other					· · · · · · · · · · · · · · · · · · ·
Total. Add lines 1a through 1e (Column	(d) must equal F	orm 990, Part X, co	olumn (B), line 10(c))	•	1,218,608.
BAA				Sched	dule D (Form 990) 2009

TEEA3302 02/02/10

Schedule D (Form 990) 2009 Technical Assn. of the	Pulp and Paper Indust	ry, Inc. 13-1370140 Page 3
Part VII Investments-Other Securities See Fo		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
-		
Total (Column (b) must equal Form 990 Part X, col (B) line 12.) ►		
Part VIII Investments—Program Related (See F		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		cost of one of your market value
		•
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)		7 \$ 7 \$0
Pârt IX Other Assets (See Form 990, Part X,		
(a) De:	scription	(b) Book value
Total (Column (h) must equal Form 000 Part V and (D) In	a 15)	
Total. (Column (b) must equal Form 990, Part X, col.(B), lin Part X Other Liabilities (See Form 990, Part)		-
(a) Description of Liability	(b) Amount	, ,
Federal Income Taxes		٠ * • • • • • • • • • • • • • • • • • • •
DEPOSITS	6,540.	
		h
		2
		ı
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	6,540.	
2. FIN 48 Footnote. In Part XIV provide the text of the footnote.		ncial statements that reports the organization's liability

13-1370140

Page 3

Par	t XI	Reconciliation of Change in Net Assets from Form 990 to	Financial Statements		·
1	_	revenue (Form 990, Part VIII,column (A), line 12)			5,656,522.
2	Total	expenses (Form 990, Part IX, column (A), line 25)		L	5,164,036.
3	Exce	ss or (deficit) for the year Subtract line 2 from line 1			492,486.
4	Net u	nrealized gains (losses) on investments			
5	Dona	ted services and use of facilities			
6	Inves	tment expenses		_	
7	Prior	period adjustments			
8		(Describe in Part XIV)		-	
9		adjustments (net) Add lines 4 through 8		<u> </u>	
10		ss or (deficit) for the year per audited financial statements. Combine lines 3		<u> </u>	492,486.
		Reconciliation of Revenue per Audited Financial Statemer	its With Revenue per Re	turn	5 006 201
		revenue, gains, and other support per audited financial statements		1 -	5,806,381.
		ints included on line 1 but not on Form 990, Part VIII, line 12	امدا	1	
		nrealized gains on investments	2a 2b		
		ted services and use of facilities veries of prior year grants	20		
		(Describe in Part XIV)	2d 149,859.	,	
		ines 2a through 2d	[2d] 149,039.	2 e	149,859.
		act line 2e from line 1		3	5,656,522.
		ants included on Form 990, Part VIII, line 12, but not on line 1	1	-	3,030,322.
		tments expenses not included on Form 990, Part VIII, line 7b	4a	.	
		(Describe in Part XIV)	4b	•	
		ines 4a and 4b	1 121	4c	
		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	5,656,522.
		Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Return	
		expenses and losses per audited financial statements	•	1	5,313,895.
2	Amo	ints included on line 1 but not on Form 990, Part IX, line 25			
а	Dona	ted services and use of facilities	2a		
þ	Prior	year adjustments	2b		
С	Othe	losses	2c		
d	Othe	(Describe in Part XIV)	2d 149,859.		
		ines 2a through 2d		2e	149,859.
		act line 2e from line 1	1 1	3	5,164,036.
		ints included on Form 990, Part IX, line 25, but not on line 1:			
		tments expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIV)	4b		
		ines 4a and 4b		4c	5 164 026
	t XIV	expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) Supplemental Information		5	5,164,036.
Par	LVIA	Supplemental information			
line 4	olete t I, Pari natior	his part to provide the descriptions required for Part II, lines 3, 5, and 9; Par X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and $\frac{1}{2}$	t III, lines 1a and 4; Part IV, lir nd 4b Also complete this part t	nes 1b a to provid	nd 2b; Part V, le any additional
<u>Pt</u> _	XII	Line 2d RENTAL EXPENSES	_		
Pt_	XII	Line 2d RENTAL EXPENSES			
					
					-

TEEA3304 02/02/10

Schedule D (Form 990) 2009 Technical Assn. of the Pulp and Paper Industry, Inc.

BAA

13-1370140

Schedule **D** (Form 990) 2009

Page 4

Schedule D	(Form 990) 2009	Technical Assn. of the Pulp and Paper Ind	istry, Inc.	13-1370140 I	age 5
Part XIV	Supplementa	Technical Assn. of the Pulp and Paper Ind Information (continued)			
1					
			· -		-
					-
					
			·		
			. – – – – – – – – – –		
					
				·	
			. – – – – – – – – – –		
		·			
				 	
		·			
			· – – – – – – – – – – – – – – – – – – –		
					
					
				. 	
		· · · · · · · · · · · · · · · · · · ·			

Schedule F (Form 990)

Statement of Activities Outside the United States

Department of the Treasury Internal Revenue Service

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

Openito Public Inspection

OMB No 1545-0047

Name of the organization		

Employer Identification number

Techni	cal	Assn.	of	the	Pulp	and	Paper	Industr	у,	Inc.		13-137014	0	
Part I	Gen	eral Inf	orma	ation	on Act	livities	Outsid	e the Unit	ed	States.	Complete if the	organization	answered	'Yes'
	to Fo	orm 990), Pa	ırt IV,	line 1	4b.					·	-		

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
North America	0	0	PROGRAM SERVICE	CONFERENCE	49,818
South Asia	0	0	PROGRAM SERVICE	CONFERENCE	26,405
		-			
Fotals	> 0				76,223

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

Schedule F (Form 990) (2009)

Schedule F (Form 990) 2009 rechnical Assn. of the Pulp and Paper Industry, Inc.

| Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)															
(h) Description of non-cash assistance															İ
(g) Amount of non-cash assistance															
(f) Manner of cash disbursement															
(e) Amount of cash grant															•
(d) Purpose of grant															
(c) Region															
(b) IRS code section and EIN (if applicable)															
(a) Name of organization															
_	i	1]	1	1	l	1	i	:	1				

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

Schedule F (Form 990) 2009

3 Enter total number of other organizations or entities

MA MA

Page 3

Schedule F (Form 990) 2009 Technical Assn. of the Pulp and Paper Industry, Inc.

| Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed

(g) Description of non-cash assistance (book, FMV, appraisal, other)							1		
(f) Amount of non-cash assistance									
(e) Manner of cash disbursement									
(d) Amount of cash grant									
(c) Number of recipients									
(b) Region								:	
(a) Type of grant or assistance (b) Region (c) Number (d) Amount or cash grant									

Schedule F	(Form 990) 2009	Technical Assr	n. of the Pulp ar	d Paper Industr	y, Inc.	13-1370140	Page 4
Part IV	Supplemental	Information				<u> </u>	
	Complete this par	t to provide the infor	mation required in F	Part I, line 2, and any	additional informat	ion	
		, , , , , , , , , , , , , , , , , , ,				· <u>····</u>	<u>-</u>
Pt_I_L	ine 2						
<u> </u>	<u> </u>						
							
			· 		- 		
							-
			. -				
			 -				
					_ 		
						- -	
						- 	-
							
			- -				
						- 	
			- 		- <i></i>	- 	-
						- 	
					- <i></i>	-	-
			- -				 -
	-						
			·				
							-
							-

TEEA3504 07/06/09

BAA

Schedule **F** (Form 990) 2009

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

Employer identification number

Tec	chnical Assn. of the Pulp and Paper Industry, Inc. 13-1370140			
Par				
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	, ,		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	olf any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply.	,	,	
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment?	4a		x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If 'Yes' to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If 'Yes' to line 6a or 6b, describe in Part III			
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		х_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		х
	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Page 2

Schedule J (Form 990) 2009 Technical Assn. of the Pulp and Paper Industry, Inc. 13-1370140

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

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

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

-	reported in prior Form 990 or Form 990-EZ	317,65	0.	 				 	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1	 		 		 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1		 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 				Schedule J (Form 990) 2009
(E) Total of columns	(D)-(I)(B)	7608		1		 		 			 		 		 		1 1		1 1 1				1 1		! ! ! !		 		! ! ! !	- 1	 		
(D) Nontaxable	benefits	<u> </u>		; ; ; ;		: 		1 1 1 1 1											 		1						1 1 1 1 1 1 1 1 1	- 1			1		
(C) Retirement and	other deferred compensation	0	0.					 									; ; ; ; ; ;		1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1					05/02/10
compensation	(III) Other reportable compensation	-0	0.			1 1 1																	1 1 1		! ! ! !						1		TEEA4102 02/0
(B) Breakdown of W-2 and/or 1099-MISC compensation	(ii) Bonus and incentive compensation	60,255	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				 		 	1 1					 	1	; 			 		1 1 1		1 1 1						1 1 1 1 1 1		
(B) Breakdown of	(I) Base compensation	248,874.	0					! ! ! ! ! !				 											1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
		Θ	(ii)	€ (€ (≘ €	(€	€	(ii)	(0)	(ii)	ω	(ii)](i)	(ii)	Θ	(ii)	-](ι)	⊕	Θ	(ii)]ω	(E	Θ	⊕	J ()	(ii)	(0)	(E)	Ξ	(ii)	
	(A) Name		LARRY MONTAGUE																														ВАА

Schedule J (Form 990) 2009 Technical Assn. of the Pulp and Paper Industry, Inc. Part III Supplemental Information	13-1370140 Page 3
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.	5a, 5b, 6a, 6b, 7, and 8. Also complete
! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	1
;;;।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।	1
	1
)
ВАА	Schedule J (Form 990) 2009

·

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

► Attach to Form 990.

Name of the organization	Employer identification number
Technical Assn. of the Pulp and Paper Industry, Inc.	13-1370140
Pt_VI-A, Line 6 THE ORGANIZATION HAS MEMBERS	
Pt VI-B, Line 11A REVIEWED BY PRESIDENT AND ACCOUNTANT	
Pt_VI-A, Line_7a DIRECTORS_ELECTED_BY_MEMBERS	
Pt_VI-B, Line 15 REVIEWED BY PRESIDENT	
	_

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Technical Assn.

Name of the organization

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

•

Open to Public Inspection

Employer identification number 13-1370140 Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. Inc. the Pulp and Paper Industry, of

(F)
Direct controlling
entity **(F)** Direct controlling Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because of had one or more related tax-exempt organizations during the tax year.) N/A (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets TYPE (**D)** Exempt Code section (**D)** Total income 501(C)(3) (C)
Legal domicile (state or foreign country) Legal domicile (state or foreign country) છ GA 30092 SCIENTIFIC ASSISTANCE CHARITABLE, EDUCATIONAL (B) Primary activity (B) Primary activity TECHNOLOGY PARKWAY SO., NORCROSS GA (A) (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity TAPPI FOUNDATION, INC. 58-1886221 1 1 Part II ß

Schedule R (Form 990) (2009)

TEEA5001 02/05/10

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

13-1370140 Schedule R (Form 990) 2009 Technical Assn. of the Pulp and Paper Industry, Inc.

Page 2

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under	(F) Share of total income	Share of total income Share of end-of-year assets	(H) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	Gene mana partu	(J) General or managing partner?
		country)		sections 512-514)			Yes No		Yes	£
	•									
							-			
1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cor	rporation or Tru treated as a co	ust (Complete	if the organiz	ation answered 'Ye tax year.)	ss' to Form 990, Pa	ırt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	Primary Activity Legal domicile Direct Type of entity (State or foreign controlling entity or trust)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) (G) Share of total income share of end-of-year assets	(G) Share of end-of-year assets	(H) Percentage ownership
							1

Schedule R (Form 990) (2009)

TEEA5002 02/05/10

BAA

13-1370140

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

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Υ.	Yes No	اہ
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	×	1
b Gift, grant, or capital contribution to other organization(s)		1 b	×	1
c Gift, grant, or capital contribution from other organization(s)		1c	×	
d Loans or loan guarantees to or for other organization(s)		1 d	×	
e Loans or loan guarantees by other organization(s)		1e	×	1
f Sale of assets to other organization(s)		1	×	
q Purchase of assets from other organization(s)		19	×	Ι.,
h Exchange of assets		- - -	×	11
i Lease of facilities, equipment, or other assets to other organization(s)		17	×	1
j Lease of facilities, equipment, or other assets from other organization(s)		1j	×	1
		_	×	1.
l Performance of services or membership or fundraising solicitations by other organization(s)		L	×	.1
m Sharing of facilities, equipment, mailing lists, or other assets		4	×	1
n Sharing of paid employees .		<u>-</u>	×	1
o Reimbursement paid to other organization for expenses		10	×	ı
p Reimbursement paid by other organization for expenses		9	×	l
q Other transfer of cash or property to other organization(s)		- -	× >	l.
_	ploduced to contract bear	-	< - 	.1
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction trresholds	and transaction thresholds	S		1
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	volved	i
(1) TAPPI FOUNDATION, INC.	Ж	5(50,000	_:
(2) TAPPI FOUNDATION, INC.	Σ	5(50,000	_:
(3) TAPPI FOUNDATION, INC.	Z	51	79,370	
TAPPT FOUNDATION.	0		5,918	ا
				i
(5)				1
(9)				ĺ
BAA TEEA5003 02/05/10	Schedul	Schedule R (Form 990) (2009)	3 0) (200	<u>ත</u>

Page 4

13-1370140

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

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

revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships	ling exclusion for ce	rtain investment partr	erships		1		
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign	Are all partners section	(E) Share of end-of-year assets	(F) Disproportionate	Code V-UBI amount in box 20 of	(H) General or managing
			organizations?		allocations	Form (1065)	המו וופו .
			Yes No		Yes No		Yes No
	_						
1 1							
							-
							_
					_		
							_
							_
		!					-
			•				
			_		_		2000
BAA		TEEA5004 02/05/10				סכוופחחום בי ייי	رمصع) رمحد ۱۱۱