

FOR ASSISTANCE PLEASE
WRITE TO US AT:

INTERNAL REVENUE SERVICE
AUSTIN TX 73301

BE SURE TO ATTACH THE
BOTTOM PART OF THIS NOTICE.

OR YOU MAY CALL US AT:

742-2440 LOCAL DALLAS
263-9229 LOCAL FT. WORTH
1-800-829-1040 OTHER TX

TAX FORMS YOU MUST FILE:

Z CLUB OF TEXAS
X MIKE TAYLOR
PO BOX 937
KELLER TX 76248

NOTICE OF NEW EMPLOYER IDENTIFICATION NUMBER ASSIGNED

Thank you for your Tele-Tin phone call. The Employer Identification Number (EIN) assigned to you is shown above. It will be used to identify your business account, tax returns and documents, even if you don't have employees.

1. Keep a copy of the number in your permanent records.
2. Use your name and the number exactly as shown above on all federal tax forms.
3. Use the number on all tax payments and tax-related correspondence or documents.

Using a variation of your name or number may result in delays or errors in posting payments to your account. It also could result in the assignment of more than one Employer Identification Number.

We have established the filing requirements shown above for your account based upon the information provided. If you need help to determine your required tax year, get publication 538, Accounting Periods and Methods, which is available at most IRS offices.

Assigning an Employer Identification Number does not grant tax-exempt status to nonprofit organizations. Any organization, other than a private foundation, having annual gross receipts of \$5,000 or less is exempt by statute if it meets Internal Revenue Code requirements. Such organizations are not required to file Form 1023, Application for Recognition of Exemption, or Form 990, Return of Organization Exempt from Income Tax.

However, if your organization wants to establish its exemption and receive a ruling or determination letter recognizing its exempt status, file Form 1023 with the Key District Director. For details on how to apply for the exemption, see Publication 557, Tax-Exempt Status for Your Organization.

If you haven't done so, please send your completed Form SS-4, Application for Employer Identification Number, to the service center address shown above. Be sure it's properly signed and dated. Also be sure your EIN shown at the top of this notice is written in the upper right-hand corner of the form.

Thank you for your cooperation.

Keep this part for your records,

CP 579 (Rev. 3-90)

Only return this part with your correspondence if you have any questions so we may identify your account. Please correct any errors in your name or address.

CP 579

1817100340

YOUR TELEPHONE NUMBER BEST TIME TO CALL DATE OF THIS NOTICE: 12-18-90
() EMPLOYER IDENTIFICATION NUMBER: 75-2354164

INTERNAL REVENUE SERVICE
AUSTIN TX 73301

Z CLUB OF TEXAS
X MIKE TAYLOR
PO BOX 937
KELLER TX 76248

DEAR MIKE:

I HAVE ENCLOSED THE FOLLOWING:

FORM SS-4 APPLICATION FOR EMPLOYEE IDENTIFICATION NUMBER
FORM 8718 USER FEE FOR EXEMPT ORGANIZATION
FORM 1024 APPLICATION FOR RECOGNITION OF EXEMPTION
A SAMPLE LETTER THAT MAY BE SENT WITH THE APPLICATION

YOU SHOULD REVIEW THESE FORMS FOR ACCURACY.

FORM SS-4

FORM SS-4 SHOULD BE SIGNED AND DATED BY AN OFFICER OF THE CLUB. AN IDENTIFICATION NUMBER CAN THEN BE OBTAINED BY CALLING THE IRS AT (512) 462-7843. THE FORM SS-4 WILL THEN BE READ TO THEM AND AN ID NUMBER ASSIGNED AT THAT TIME OR WITHIN THE NEXT 48 HOURS. THIS NUMBER SHOULD THEN BE ADDED TO TO ITEM NUMBER 2 OF FORM 1024 BEFORE FILING.

FORM 8718

FORM 8718 SHOULD BE SIGNED BY AN OFFICER OF THE CLUB AND A CHECK FOR \$300.00 ATTACHED. THIS FORM WILL BE SENT WITH FORM 1024. THESE FORMS SHOULD BE FILED WITH THE IRS AT:

INTERNAL REVENUE SERVICE
EP/EO DIVISION
MAIL CODE 4950 DAL
1100 COMMERCE STREET
DALLAS, TX 75242

FORM 1024

FORM 1024 SHOULD BE SIGNED BY AN OFFICER OF THE CLUB AND FILED WITH FORM 8718. BE SURE TO ATTACH THE FOLLOWING:

- ✓ SAMPLE COPIES OF SOLICITATION MATERIAL
- ✓ SAMPLE COPIES OF MEMBERSHIP CERTIFICATES

THE ATTACHMENT FOR PART II QUESTION 7 REGARDING THE NUMBER OF MEMBERS MUST BE COMPLETED.

July 17, 1990

M. A. L. 12/15/90

INTERNAL REVENUE SERVICE
EP/EO DIVISION
MAIL CODE 4950 DAL
1100 COMMERCE STREET
DALLAS, TX 75242

GENTLEMEN:

ENCLOSED ARE THE FOLLOWING FORMS COMPRISING THE APPLICATION BY THE Z-CLUB OF TEXAS FOR RECOGNITION UNDER SECTION 501(C)(7):

FORM 1024 AND ATTACHMENTS
FORM SS-4 (COMPLETED BY PHONE AND EIN ASSIGNED)
FORM 8718 (CHECK ATTACHED)
CONSTITUTION AND BY-LAWS

PLEASE ADVISE OF THE ANTICIPATED PROCESSING TIME TO THE CLUB AT THE ADDRESS SHOWN ON THE APPLICATION.

SINCERELY,

MIKE TAYLOR
TREASURER

1 Name of applicant (True legal name. See instructions.)
Z-CLUB OF TEXAS

2 Trade name of business if different from item 1
3 Executor, trustee, "care of name"
Treasurer - Mike Taylor

4 Mailing address (street address) (room, apt., or suite no.)
5 Address of business, if different from item 4. (See instructions.)
P.O. Box 937
Same

4a City, state, and ZIP code
5a City, state, and ZIP code
Keller, TX 76248
Same

6 County and State where principal business is located
Dallas / Tarrant Counties, Texas

7 Name of principal officer, grantor, or general partner. (See instructions.)
President - Steve Vreinkamp

8 Type of entity (Check only one.) (See instructions.)
 Individual SSN
 REMIC
 State/local government
 Other nonprofit organization (specify) IRC Section 501(c)(7) If nonprofit organization enter GEN (if applicable) N/A
 Farmers' cooperative
 Estate
 Other (specify)
 Plan administrator SSN
 Partnership
 Personal service corp.
 Other corporation (specify)
 National guard
 Federal government/military
 Church or church controlled organization
 Trust

8a If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated
Foreign country N/A State

9 Reason for applying (check only one)
 Started new business
 Hired employees
 Created a pension plan (specify type)
 Banking purpose (specify)
 Changed type of organization (specify)
 Purchased going business
 Created a trust (specify)
 Other (specify) Organize tax exempt status

10 Business start date or acquisition date (Mo., day, year) (See instructions.)
November 15, 1986
11 Enter closing month of accounting year (See instructions.)
December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year).
N/A

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."
Nonagricultural 0 Agricultural 0 Household 0

14 Does the applicant operate more than one place of business?
If "Yes," enter name of business.
 Yes No

15 Principal activity or service (See instructions.)
Expansion of Z-Car Knowledge

16 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used.
 Yes No

17 To whom are most of the products or services sold? Please check the appropriate box.
 Public (retail) Other (specify)
 Business (wholesale) N/A

18 Has the applicant ever applied for an identification number for this or any other business?
Note: If "Yes," please answer items 18a and 18b.
 Yes No

18a If the answer to item 18 is "Yes," give applicant's true name and trade name, if different when applicant applied.
True name Trade name

18b Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.
Approximate date when filed (Mo., day, year) City, and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete:
Name and title (please type or print clearly)
(214) 438-8344

Signature TAXPAYER'S COPY Date

Note: Do not write below this line. For official use only.
Please leave blank Geo. Ind. Class Reason for applying

User Fee for Exempt Organization Determination Letter Request

Attach to determination letter applications.

For IRS Use Only

Control number _____

Amount paid _____

User fee screener _____

1 Name of organization

Z-CLUB OF TEXAS

2 Type of request (check only one box and include a check or money order made payable to Internal Revenue Service for the amount of the indicated fee):

Fee

- a Initial request for recognition of tax-exempt status under section 501(a) (except a section 401(a) trust) by an organization whose gross receipts have not exceeded (or are not expected to exceed) \$5,000 annually averaged over its first four taxable years. If you check this box you must complete the income certification below \$ 150

Certification

I hereby certify that the gross receipts of _____ (enter name of organization) have not exceeded (or are not expected to exceed) \$5,000 annually averaged over its first four years of operation.

Signature [Signature] Title Treasurer

- b All other initial requests for recognition of tax-exempt status under section 501(a) or 521 (except a section 401(a) trust) \$ 300
- c Private foundation which has completed a section 507 termination and which seeks a determination letter that it is now a public charity. \$ 200

Instructions

The Revenue Act of 1987 requires payment of a user fee for determination letter requests submitted to the Internal Revenue Service. The fee must accompany each request submitted to a key district office with a postmark date or receipt date (if not mailed) after January 31, 1988.

The fee for each type of request for an exempt organization determination letter is listed in item 2 of this form. Check the block that describes the type of request you are submitting, and attach this form to the front of your request form along with a check or money order for the amount indicated. Make the check or money order payable to the Internal Revenue Service.

Determination letter requests received with no payment or with an insufficient payment will be returned to the applicant for submission of the proper fee. To avoid delays in receiving a determination letter,

be sure that your application is sent to the applicable address shown below. These addresses supersede the addresses listed in Publication 557 and all application forms.

If entity is in this IRS District	Send fee and request for determination letter to this address		
Brooklyn, Albany, Augusta, Boston, Buffalo, Burlington, Hartford, Manhattan, Portsmouth, Providence	Internal Revenue Service EP/EO Division P. O. Box 1680, GPO Brooklyn, NY 11202	Dallas, Albuquerque, Austin, Cheyenne, Denver, Houston, Oklahoma City, Phoenix, Salt Lake City, Wichita	Internal Revenue Service EP/EO Division Mail Code 4950 DAL 1100 Commerce Street Dallas, TX 75242
Baltimore, District of Columbia, Pittsburgh, Richmond, Newark, Philadelphia, Wilmington, any U.S. possession or foreign country	Internal Revenue Service EP/EO Division P. O. Box 17010 Baltimore, MD 21203	Atlanta, Birmingham, Columbia, Ft. Lauderdale, Greensboro, Jackson, Jacksonville, Little Rock, Nashville, New Orleans	Internal Revenue Service EP/EO Division C-1130 Atlanta, GA 30301
Cincinnati, Cleveland, Detroit, Indianapolis, Louisville, Parkersburg	Internal Revenue Service EP/EO Division P. O. Box 3159 Cincinnati, OH 45201	Anchorage, Las Vegas, Boise, Los Angeles, Honolulu, Portland, Laguna Niguel, San Jose, Seattle	Internal Revenue Service EO Application Receiving Room 5127, P. O. Box 486 Los Angeles, CA 90053-0486
		Sacramento, San Francisco	Internal Revenue Service EO Application Receiving Stop SF 4446 P. O. Box 36001 San Francisco, CA 94102
		Chicago, Aberdeen, Des Moines, Fargo, Helena, Milwaukee, Omaha, St. Louis, St. Paul, Springfield	Internal Revenue Service EP/EO Division 230 S. Dearborn DPN 20-5 Chicago, IL 60604

Attach Check or Money Order Here

OK # 3113 10/12/90
\$ 300

Application for Recognition of Exemption
Under Section 501(a)
or for Determination Under Section 120

If exempt status is approved, this application will be open for public inspection

Read the instructions for each Part carefully.
A User Fee must be attached to this application.

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

Complete the Procedural Checklist on page 4 of the instructions.

Part I.—Identification of Applicant (Must be completed by all applicants; also complete appropriate Schedule.)

Check the appropriate box below to indicate the section under which you are applying:

- a Section 501(c)(2)—Title holding corporations (Schedule A, page 6)
- b Section 501(c)(4)—Civic leagues, social welfare organizations (including certain war veterans' organizations), or local associations of employees (Schedule B, page 7)
- c Section 501(c)(5)—Labor, agricultural, or horticultural organizations (Schedule C, page 8)
- d Section 501(c)(6)—Business leagues, chambers of commerce, etc. (Schedule C, page 8)
- e Section 501(c)(7)—Social clubs (Schedule D, page 9)
- f Section 501(c)(8)—Fraternal beneficiary societies, etc., providing life, sick, accident, or other benefits to members (Schedule E, page 11)
- g Section 501(c)(9)—Voluntary employees' beneficiary associations (Schedule F, page 12)
- h Section 501(c)(10)—Domestic fraternal societies, orders, etc., not providing life, sick, accident or other benefits (Schedule E, page 11)
- i Section 501(c)(12)—Benevolent life insurance associations, mutual ditch or irrigation companies, mutual or cooperative telephone companies, or like organizations (Schedule G, page 13)
- j Section 501(c)(13)—Cemeteries, crematoria, and like corporations (Schedule H, page 14)
- k Section 501(c)(15)—Mutual insurance companies or associations, other than life or marine (Schedule I, page 15)
- l Section 501(c)(17)—Trusts providing for the payment of supplemental unemployment compensation benefits (Schedule J, page 16)
- m Section 501(c)(19)—A post, organization, auxiliary unit, etc., of past or present members of the Armed Forces of the United States (Schedule K, page 17)
- n Section 501(c)(20)—Trust/organization for prepaid group legal services (Parts I, II, and Schedule M, page 21)
- o Section 501(c)(25)—Title holding corporations or trusts (Schedule A, page 6)
- p Section 120—Qualified group legal services plans (Parts I, II, and Schedule L, page 19)

1a Full name of organization (as shown in organizing document): Z-Club of Texas 2 Employer identification number (if none, see Specific Instructions) 75-2354164

1b c/o Name (if applicable)

1c Address (number and street) P.O. Box 937

1d City or town, county, state, and ZIP code Keller, TX 76248 3 Name and telephone number (including area code) of person to be contacted during business hours if more information is needed Mike Taylor - Treasurer (214) 438-8344

4 Month the annual accounting period ends December 5 Date incorporated or formed November 1986 6 Activity codes (see back cover) 2 1 8 1 1

7 Did the organization apply for recognition of exemption under this Code section or under any other section of the Code? Yes No
If "Yes," attach an explanation.

8 Has the organization filed Federal income tax returns or exempt organization information returns? Yes No
If "Yes," state the form number(s), years filed, and Internal Revenue office where filed.

9 Check the box for your type of organization. BE SURE TO ATTACH A COMPLETE COPY OF THE CORRESPONDING DOCUMENTS TO THE APPLICATION BEFORE MAILING.

- a Corporation—Attach a copy of your Articles of Incorporation, (including amendments and restatements) showing approval by the appropriate state official; also attach a copy of your bylaws.
- b Trust—Attach a copy of your Trust Indenture or Agreement, including all appropriate signatures and dates.
- c Association—Attach a copy of your Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence that the organization was formed by adoption of the document by more than one person. Include also a copy of your bylaws.

If you are a corporation or an unincorporated association that has not yet adopted bylaws, check here

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization, and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

SIGN HERE TAYLOR'S COPY (Signature) (Title or authority of signer) (Date)

Part II.—Activities and Operational Information (Must be completed by all applicants)

- 1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. Do not merely refer to or repeat the language in your organizational document. Describe each activity separately in the order of importance. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

See Attached

- 2 List the organization's present and future sources of financial support, beginning with the largest source first.

- A. Member Dues*
- B. Rallye Entry Fees*
- C. Newsletter Advertising*
- D. Sale of T-shirts, Caps, Jackets*
- E. Other Miscellaneous Activities*

Part II.—Activities and Operational Information (continued) (Must be completed by all applicants)

3 The membership of the organization's governing body is:

a Names, addresses, and titles of officers, directors, trustees, etc.	b Annual compensation
President - Steve Vorenkamp P.O. Box 70 Bedias, TX 77831	None
Vice President - Bob Bosse 1432 Glenhill Ln. Lewisville, TX 75067	None
Secretary - Mary Reagan 1210 Cardigan Garland, TX 75044	None
Treasurer - Mike Taylor 321 Sioux St. Keller, TX 76248	None

4 If you are the outgrowth or continuation of any form of predecessor(s), state the name of each predecessor, the period during which it was in existence, and the reasons for its termination. Submit copies of all papers by which any transfer of assets was effected.

N/A

5 If you are now, or plan to be connected in any way with any other organization, describe the organization and explain the relationship (such as: financial support on a continuing basis; shared facilities or employees; same officers, directors, or trustees).

N/A

6 If you have capital stock issued and outstanding, state: (1) class or classes of the stock; (2) number and par value of the shares; (3) consideration for which they were issued; and (4) whether any dividends have been paid or whether your creating instrument authorizes dividend payments on any class of capital stock.

N/A

7 State the qualifications necessary for membership in the organization; the classes of membership (with the number of members in each class); and the voting rights and privileges received. If any group or class of persons is required to join, describe the requirement and explain the relationship between those members and members who join voluntarily. Submit copies of any membership solicitation material. Attach sample copies of all types of membership certificates issued.

See Attached

8 Explain how your assets will be distributed on dissolution.

Any assets will be donated to a qualified charitable organization listed under I.R.C. Section 170(c).

Part III. — Financial Data (Must be completed by all applicants)

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

A—Statement of Revenue and Expenses

Revenue	(a) Current Tax Year	3 Prior Tax Years or Proposed Budget for 2 Years			(e) Total
	From <u>1/1/90</u> To <u>10/31/90</u>	(b) 19 <u>89</u> ...	(c) 19 <u>88</u> ...	(d) 19 <u>87</u> ...	
1 Gross dues and assessments of members	7,135	6,435	4,570	1,700	19,840
2 Gross contributions, gifts, etc.					
3 Gross amounts derived from activities related to the organization's exempt purpose <i>RALLY FEES</i> (attach schedule)	600	1,620	2,699	620	5,539
4 Gross amounts from unrelated business activities (attach schedule)					
5 Gain from sale of assets, excluding inventory items (attach schedule)					
6 Investment income (see instructions)					
7 Other revenue (attach schedule) <i>See Attached Detail</i>	1,473	2,149	3,557	350	7,539
8 Total revenue (add lines 1 through 7)	9,218	10,204	10,826	2,670	32,918
Expenses					
9 Expenses attributable to activities related to the organization's exempt purposes	8,545	9,474	9,897	2,623	30,539
10 Expenses attributable to unrelated business activities					
11 Contributions, gifts, grants, and similar amounts paid (attach schedule)					
12 Disbursements to or for the benefit of members (attach schedule)					
13 Compensation of officers, directors, and trustees (attach schedule)					
14 Other salaries and wages					
15 Interest					
16 Occupancy					
17 Depreciation and depletion					
18 Other expenses (attach schedule)					
9 Total expenses. <i>See Attached Detail</i>	<609>	858	318		567
20 Excess of revenue over expenses (line 8 minus line 19)	1,282	<128>	611	47	1,812

B—Balance Sheet (at the end of the period shown)

Assets		Current Tax Year as of <u>10/31/90</u>
1 Cash		1 1,812
2 Accounts receivable, net		2
3 Inventories		3
4 Bonds and notes receivable (attach schedule)		4
5 Corporate stocks		5
6 Mortgage loans (attach schedule)		6
7 Other investments (attach schedule)		7
8 Depreciable and depletable assets (attach schedule)		8
9 Land		9
10 Other assets (attach schedule)		10
11 Total assets		11 1,812
Liabilities		
12 Accounts payable		12
13 Contributions, gifts, grants, etc., payable		13
14 Mortgages and notes payable (attach schedule)		14
15 Other liabilities (attach schedule)		15
16 Total liabilities		16 0-
Fund Balances or Net Assets		
17 Total fund balances or net assets		17 1,812
18 Total liabilities and fund balances or net assets (add line 16 and line 17)		18 1,812

If there has been any substantial change in any aspect of your financial activities since the end of the period shown above, check the box and attach a detailed explanation

Part III Organizations described in section 501(c)(2) or 501(c)(25) (Title holding corporations or trusts)

1 State the complete name, address and employer identification number of each organization for which title to property is held and the number and class(es) of shares of your stock held by each organization.

N/A

2 State whether the annual excess of revenue over expenses is or will be turned over to the organization for which title to property is held and, if not, the purpose for which the excess (income) is or will be held.

N/A

3a In the case of a corporation described in section 501(c)(2), state the purpose(s) of each organization for which title to property is held (as shown in its governing instrument) and the Code section(s) under which each is classified as exempt from income tax.

N/A

3b In the case of a corporation or trust described in section 501(c)(25), state the basis whereby each shareholder is described in section 501(c)(25)(C).

N/A

INSTRUCTIONS

Line 1.—Provide the requested information on each organization for which your organization holds title to property. Also indicate the number and type(s) of shares of your organization's stock that are held by each.

Line 2.—For purposes of this question, "excess of revenue over expenses" is all of the organization's income for a particular tax year less operating expenses.

Line 3a.—Give the exempt purpose of each organization which is the basis for its exempt status and the Internal Revenue Code section that describes the organization (as shown in its IRS determination letter).

Line 3b.—Indicate if the shareholder is one of the following:

- (1) a qualified pension, profit-sharing, or stock bonus plan that meets the requirements of the Code;
- (2) a government plan;
- (3) an organization described in section 501(c)(3); or
- (4) an organization described in section 501(c)(25).

Schedule B

Organizations described in section 501(c)(4) (Civic leagues, social welfare organizations (including posts, councils, etc., of veterans' organizations not qualifying or applying for exemption under section 501(c)(19)) or local associations of employees.)

1 Has the Internal Revenue Service previously issued a ruling or determination letter recognizing you (or any predecessor organization listed in item 4 of Part II) to be exempt under section 501(c)(3) and later revoked that recognition of exemption on the basis that you (or your predecessor) were carrying on propaganda or otherwise attempting to influence legislation or on the basis that you engaged in political activity? N/A
 Yes No

If "Yes," indicate the earliest tax year for which recognition of exemption under section 501(c)(3) was revoked and the IRS district office that issued the revocation.

2 Do you perform or plan to perform (for members, shareholders, or others) services, such as maintaining the common areas of a condominium; buying food or other items on a cooperative basis; or providing recreational facilities or transportation services, job placement, or other similar undertakings? N/A
 Yes No

If "Yes," explain the activities in detail, including income realized and expenses incurred. Also, explain in detail the nature of the benefits to the general public from these activities. (If the answer to this question is explained in Part II (pages 2, 3, and 4), enter the page and item number here.)

3 If you are claiming exemption as a homeowners' association, is access to any property or facilities you own or maintain restricted in any way? Yes No

If "Yes," explain.

N/A

If you are claiming exemption as a local association of employees, state the name and address of each employer whose employees are eligible for membership in the association. If employees of more than one plant or office of the same employer are eligible for membership, give the address of each plant or office.

N/A

Schedule C

Organizations described in section 501(c)(5) (Labor, agricultural, including fishermen's organizations, or horticultural organizations) or section 501(c)(6) (business leagues, chambers of commerce, etc.)

1 Describe any services you perform for members or others. (If the description of the services is contained in Part II, enter the page and item number here.)

N/A

2 Fishermen's organizations only.—What kinds of aquatic resources (not including mineral) are cultivated or harvested by those eligible for membership in your organization?

N/A

3 Labor organizations only.—Are you organized under the terms of a collective bargaining agreement? Yes No

If "Yes," attach a copy of the latest agreement

N/A

