

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

**To be completed by organizations that answered "Yes" to
Form 990, Part IV, line 23.**

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Part I Questions Regarding Compensation

	Yes	No								
<p>1a 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> first-class or charter travel</td> <td><input type="checkbox"/> housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> travel for companions</td> <td><input type="checkbox"/> payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> tax indemnification and gross-up payments</td> <td><input type="checkbox"/> health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> discretionary spending account</td> <td><input type="checkbox"/> personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> first-class or charter travel	<input type="checkbox"/> housing allowance or residence for personal use	<input type="checkbox"/> travel for companions	<input type="checkbox"/> payments for business use of personal residence	<input type="checkbox"/> tax indemnification and gross-up payments	<input type="checkbox"/> health or social club dues or initiation fees	<input type="checkbox"/> discretionary spending account	<input type="checkbox"/> personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> first-class or charter travel	<input type="checkbox"/> housing allowance or residence for personal use									
<input type="checkbox"/> travel for companions	<input type="checkbox"/> payments for business use of personal residence									
<input type="checkbox"/> tax indemnification and gross-up payments	<input type="checkbox"/> health or social club dues or initiation fees									
<input type="checkbox"/> discretionary spending account	<input type="checkbox"/> personal services (e.g., maid, chauffeur, chef)									
<p>b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? <i>If "No," complete Part III to explain</i></p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> compensation committee</td> <td><input type="checkbox"/> written employment contract</td> </tr> <tr> <td><input type="checkbox"/> independent compensation consultant</td> <td><input type="checkbox"/> compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> compensation committee	<input type="checkbox"/> written employment contract	<input type="checkbox"/> independent compensation consultant	<input type="checkbox"/> compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> approval by the board or compensation committee				
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<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:</p> <p>a receive a severance payment or change of control payment?</p> <p>b participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c participate in, or receive payment from, an equity-based compensation arrangement?</p> <p><i>If "Yes" to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.</i></p> <p><i>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</i></p>	4a									
	4b									
	4c									
<p>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:</p> <p>a the organization?</p> <p>b any related organization?</p> <p><i>If "Yes," describe in Part III.</i></p>	5a									
	5b									
<p>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:</p> <p>a the organization?</p> <p>b any related organization?</p> <p><i>If "Yes," describe in Part III.</i></p>	6a									
	6b									
<p>7 For persons 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? <i>If "Yes," describe in Part III</i></p>	7									
<p>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)? <i>If "Yes," describe in Part III</i></p>	8									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. 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 (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation (\$)	(D) Nontaxable benefits (\$)	(E) Total of columns (B)(i)–(D) (\$)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation (\$)	(ii) Bonus & incentive compensation (\$)	(iii) Other compensation (\$)				
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(ii)						
	(i)						
	(ii)						

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December 19, 2007
DO NOT FILE

Part III Supplemental Information

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

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