**SCHEDULE J-1 (Form 990)**

Department of the Treasury
Internal Revenue Service

# Continuation Sheet for Schedule J

**Attach to Schedule J to list additional information regarding compensation.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

**Employer identification number**

**Part I** **Continuation:** Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

| **(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) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Draft as of December 19, 2007 DO NOT FILE



*Printed on recycled paper*