

Compensation of Officers and Others

Information entered on this screen for Form 990 will be used to generate Schedule J, Part II.

Officer Name	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>		
	First Name	MI	Last Name		
	4 <input type="text"/>	5 <input type="text"/>			
	Suffix	Designation			
Title	6 <input type="text"/>				
Address	7 <input type="text"/>	8 <input type="text"/>			
	Use entity address				
City	9 <input type="text"/>				
	State	Zip			
U.S. ONLY	10 <input type="text"/>	11 <input type="text"/>			
	Province/State	Country	Postal Code		
Foreign ONLY	12 <input type="text"/>	13 <input type="text"/>	14 <input type="text"/>		
Phone number	15 <input type="text"/>				
Average Hours Per Week	16 <input type="text"/>	Average hours per week (related organization)	17 <input type="text"/>		
18 <input type="checkbox"/>	Books in care of	22 <input type="checkbox"/>	Officer	26 <input type="checkbox"/>	Individual trustee or director
19 <input type="checkbox"/>	Signs return	23 <input type="checkbox"/>	Key employee	27 <input type="checkbox"/>	Institutional trustee
20 <input type="checkbox"/>	Do not update next year	24 <input type="checkbox"/>	Highest compensated employee	28 <input type="checkbox"/>	Principal officer
21 <input type="checkbox"/>	Former covered employee	25 <input type="checkbox"/>	Former	29 <input type="checkbox"/>	Current Principal Officer if different from tax year's Principal Officer
30 <input type="checkbox"/>	Compensated by any unrelated organization for services rendered				

OFF
1-2

990 Only

	Organization	Related Organization
Base compensation	31 <input type="text"/>	37 <input type="text"/>
Bonus and incentive compensation	32 <input type="text"/>	38 <input type="text"/>
Other reportable compensation	33 <input type="text"/>	39 <input type="text"/>
Deferred compensation	34 <input type="text"/>	40 <input type="text"/>
Nontaxable benefits	35 <input type="text"/>	41 <input type="text"/>
Prior reported compensation	36 <input type="text"/>	42 <input type="text"/>

990-EZ and 990-PF

	Form 990 - EZ	Form 990 - PF
Compensation	43 <input type="text"/>	46 <input type="text"/>
Benefit plan and deferred compensation	44 <input type="text"/>	47 <input type="text"/>
Expense account and other allowances	45 <input type="text"/>	48 <input type="text"/>

Compensation explanation

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990, 990-EZ, 990-PF

	Organization	Related Organization
Remuneration exception	50 <input type="text"/>	51 <input type="text"/>
Excess parachute payment	52 <input type="text"/>	