Part VII Compens

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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 organization's tax year.

- 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, if any. See the instructions for definition of "key employee."
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

Check this box if neither the experization per any related experization compensated any ourrent efficer director or trustee

See instructions for the order in which to list the persons above.

Check this box if fletther the organization flor any relati	leu organizat	1011 CO	Tipe	เจลเ	e u a	riy cui	IEIIL	officer, director, or	ilusiee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not ch unles er and	Pos eck m ss per d a di	sition nore the rson is rector	nan one s both ar /trustee)	1	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
_(2)										
_(3)										
<u>(4)</u>										
(5)										
_(6)										
(8)										
_(8) _(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
<u>(14)</u>										

(A) Name and title	(B) Average hours per week (list any	box, offic	unleser and	Pos eck mo s pers I a dire	ore the	nan one s both ar /trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			1	nization and I organizations	
<u>(15)</u>												
<u>(16)</u>												
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>												
<u>(20)</u>												
<u>(21)</u>												
(22)												
(23)												
(24)												
<u>(25)</u>												
1b c	Subtotal	ion A .						•				
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to							eceived more th	nan \$100,000 of		
	reportable compensation from the organiza	tion										Yes No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i> .										3	
4	For any individual listed on line 1a, is the sum of reorganization and related organizations greater th	•	•					•				
5	individual										4	
Section	for services rendered to the organization? If "Yes," complete Schedule J for such person									5		
1	Complete this table for your five highest concompensation from the organization. Report	-	-									tax vear.
	(A) Name and business address						(B) Description of services			(C) Compens	-	
	Total number of independent contractors (in	adudina hu										