VETERANS PARK CONSERVANCY

95-4214221

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION
SUSAN YOUNG C/O 11661 SAN VICENTE BLVD. SUITE 204	EXECUTIVE 40 HRS/WK	60,375.
LOS ANGELES CA 90049		
TOM SALTARELLI C/O 11661 SAN VICENTE BLVD SUITE 204	PRESIDENT	NONE
LOS ANGELES CA 90049		
WILLIAM BELDING C/O 11661 SAN VICENTE BLVD. SUITE 204	DIRECTOR	NONE
LOS ANGELES CA 90049		
ROBERT MCKIM C/O 11661 SAN VICENTE BLVD. SUITE 204 LOS ANGELES CA 90049	DIRECTOR	NONE
	D.T.D.T.G.T.G.D.	
HARVE BENNETT C/O 11661 SAN VICENTE BLVD. SUITE 204 LOS ANGELES CA 90049	DIRECTOR	NONE
	D.T.D.G.T.O.D.	
FRED COWAN C/O 11661 SAN VICENTE BLVD SUITE 204 LOS ANGELES CA 90049	DIRECTOR	NONE
PAUL EDWARD	DIRECTOR	Morm
INCH TAULT	DIRECTOR	NONE

Form 990 Part V - List of Trustees an			ctors,	State	ement 7
Name and Address	Title an Avrg Hrs/		Compen- sation	Employee Ben Plan Contrib	
Susan Young c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Executive	0.	72,350.	0.	9)
Tom Saltarelli c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	President	0.	0.	0.	0.
Stan Brown c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Director	0.	0.	0.	0.
Robert McKim c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Director	0.	0.	0.	0.
Michele Coyle c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Director	0.	0.	0.	0.
Fred Cowan c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Director	0.	0.	0.	0.
Paul Edward c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Director	0.	0.	0.	0.
Nancy Freedman c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Director	0.	0.	0.	0.
Sandy Krause c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Director	0.	0.	0.	0.

95-4214221

Form 990 Part V - List of Trustees and	Officers, Direc d Key Employees	tors,	State	ement 7
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Susan Young c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Executive Direc	89,081.	0.	
Gwynn Robinson c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	President 0.	0.	0.	0 .
Stan Brown c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Director 0.	0.	0.	0 .
Michele Coyle c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Director 0.	0.	0.	0
Fred Cowan c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Director 0.	0.	0.	0
Paul Edward c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Director 0.	0.	0.	0
Nancy Freedman c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Director 0.	0.	0.	0
Sandy Krause c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Director 0.	0.	0.	0
Gary Maier c/o 11661 San Vicente Blvd. Suite 204 Los Angeles CA 90049	Vice President 0.	0.	0.	0

Form 990	Part V-A - List o	of Officers, Dire	ectors,	State	ement 3
Name and Address	3	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Susan Young		Executive Direct	ctor		
c7o 11661 San Vi 204 Los Angeles, CA	cente Blvd. Suite 90049	40.00	71,300.	0.	3,000.
Gwynn Robinson		President			
	cente Blvd. Suite	0.00	0.	0.	0.
Stan Brown		Director			
c/o 11661 San Vi 204 Los Angeles, CA	cente Blvd. Suite 90049	0.00	0.	0.	0.
Michele Coyle		Director			
	cente Blvd. Suite 90049	0.00	0.	0.	0.
Russ Alben		Director			
c/o 11661 San Vi 204 Los Angeles, CA	cente Blvd. Suite	0.00	0.	0.	0.
Paul Edward		Director			
c/o 11661 San Vi 204	cente Blvd. Suite	0.00	0.	0.	0.
Los Angeles, CA	90049	0.00	•••		
Nancy Freedman		Director			
204	cente Blvd. Suite	0.00	0.	0.	0.
Los Angeles, CA	90049				
Sandy Krause	cente Blvd. Suite	Director			
204 Los Angeles, CA		0.00	0.	0.	0.
Gary Maier		Vice President			
c/o 11661 San Vi 204 Los Angeles, CA	cente Blvd. Suite	0.00	0.	0.	0.

2006 \$10,000 RAISE

orm 990 (2006)

Part II	Statement of	All organizations must complete column (A)
	Functional Expenses	501(c)(3) and (4) organizations and section
	· ····	5 11 (6 11 1 1 1 1

Columns (B), (C), and (D) are required for s 4947(a)(1) nonexempt charitable trusts bu

	for others (See the instructions	.)				
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D)
22a	Grants paid from donor advised funds (attach Schedule) (cash \$	22a				
22b	Other grants and allocations (attach schedule) (cash \$	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	81,300		81,300	
b`	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	33,430		33,430	
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	700		700	
29	Payroll taxes	29	9,849		9,849	
30	Professional fundraising fees	30				
31	Accounting fees	31	8,000		8,000	
32	Legal fees	32	35,000	35,000		
33	Supplies	33				
34	Telephone	34	3,816		3,816	
35	Postage and shipping	35	3,453		3,453	
36	Occupancy	36	15,400		15,400	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	11,469		6,502	
39	Travel	39				
40	Conferences, conventions, and meetings	40	1,174		1,174	
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule) 🕏	42	1,784		1,784	
43	Other expenses not covered above (Itemize)					
а	See Additional Data Table	43a				
b		43b				
C		43c				
d		43d				
e		43e				
f		43f				
~		130				

2007 \$7,000 RAISE

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SUSAN CYOUNG C/O 11661 SAN VICENTE BLVD STE 204 LOS ANGELES, CA 90049	EXECUTIVE DIRECTOR 50 00	85,109	0	3,000
GWYNN H ROBINSON C/O 11661 SAN VICENTE BLVD STE 204 LOS ANGELES, CA 90049	PRESIDENT 20 00	0	0	0
GARY S MAIER C/O 11661 SAN VICENTE BLVD STE 204 LOS ANGELES, CA 90049	VICE PRESIDENT 15 00	0	0	0
ALEXA SCHARFF C/O 11661 SAN VICENTE BLVD STE 204 LOS ANGELES, CA 90049	SECRETARY 10 00	0	0	0
THOMAS M COSTALES C/O 11661 SAN VICENTE BLVD STE 204 LOS ANGELES, CA 90049	TREASURER 5 00	0	0	0
RICHARD ANDERSON C/O 11661 SAN VICENTE BLVD STE 204 LOS ANGELES,CA 90049	DIRECTOR 0 00	0	0	0
CAROLINA WINSTON BARRIE C/O 11661 SAN VICENTE BLVD STE 204 LOS ANGELES,CA 90049	DIRECTOR 5 00	0	0	0
HARVE BENNETT C/O 11661 SAN VICENTE BLVD STE 204 LOS ANGELES,CA 90049	DIRECTOR 10 00	0	0	0
STEPHEN CHABRE C/O 11661 SAN VICENTE BLVD STE 204 LOS ANGELES,CA 90049	DIRECTOR 5 00	0	0	0
MICHELE C COYLE C/O 11661 SAN VICENTE BLVD STE 204 LOS ANGELES, CA 90049	DIRECTOR 5 00	0	0	0

2008 \$15,000 RAISE

orm 990 (2008) VETERANS										221_	
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	oyee	s, aı	nd l	High	<u>est</u>	Compensated Employ	ees (continued)	1	
(A) Name and title	ne and title Average hours (che			Osi Posi all t	tion	app	ly)	(D) Reportable compensation	(E) Reportable compensation	Estin amou	ated ant of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W·2/1099·MISC)	compe from organi and re organi	the zation elated
FLORA GIL KRISILOFF DIRECTOR		x						0.	0.		0
PETER SAVELLO DIRECTOR	1.00	Х						0.	0.		0
MARY JANE WICK DIRECTOR		х						0.	0.		0
SUSAN C. YOUNG	50.00			х				103,650.	_0.		0
WYNN H. ROBINSON PRESID ENT	13.00			х				0.	0.		
GARY S. MAIER VICE PRESIDENT	13.00			х				0.	0.		0
ALEXA SCHARFF SECRETARY	5.00			x				0.	0.		0
CHOMAS M. COSTALES CREASURER	5.00			x				0.	0.		0
1b Total								103,650.	0.		
Total number of individuals (including the compensation from the organization	ose in 1a) who re	ceiv	ed m	ore	tha	ın \$1	00,6	•	>	'	es N
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J fo.			e, key	, em	plo	yee,	or h	nighest compensated er	nployee on	3	X
For any individual listed on line 1a, is the and related organizations greater than \$1	•							•	the organization	4	<u> </u>
5 Did any person listed on line 1a receive of the organization? If "Yes," complete School				rom	any	y unr	elat	ed organization for serv	ices rendered to	5	x
Complete this table for your five highest the organization.	compensated in	dep	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of compen	sation froi	m
the organization (A) Name and busine	ss address							(B) Description of s	ervices	(C) Compens	ation
			-	-							
							1				

2009 \$4,000 RAISE

orm 990 (2009) VETERANS PARK CONSERVANCY		,		- 1 -				d III mb a at Cam	95-42142			Pag		
Part VII Section A. Officers, Directors, Trust	T	(ey	Em			es,	and			pioye		nτ.		
(A) Name and Title	(B) Average	Posit	tion (c	(C check		hat a	pplv)	(D) Reportable	(E) Reportable	(F) Estimated				
Name and little		Individual trustee or director		—		Highest compensated employee		compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)		mount of of compensation from the organization and relate organization	the ion on ed		
Lester Stein Freasurer	5	х		х	_			0.	0					
General Gwynn H. Robinson Goard Chairman	13	Х		х				0.	0					
Gary S. Maier Vice President	13	Х		Х				0.	0					
Alexa Scharff Secretary	5	х		х				0.	0					
Vendy-Sue Rosen Director	5	х						0.	0			_		
Susan C. Young Executive Direc	50				Х			107,250.	0		3,0	00		
										1		_		
					_									
								_						
						_								
							_	107.050		_		_		
2 Total number of individuals (including but not limite from the organization 1	d to tho	se li	sted	abo	ove)) wh	o re	107,250. ceived more than	\$100,000 in repo		3,0 compens			
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust	tee,	key	emp	oloy	ee,	or h	ighest compensati	ed employee		Yes			
 on line 1a? If 'Yes,' complete Schedule J for such it. For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the 	portable	e cor	mpe	nsat	ion	and	d oth	er compensation	from		3	-		
ındıvıðual			•								1	+		
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sciention B. Independent Contractors								_	·	:	5 <u> </u>	<u></u>		
Complete this table for your five highest compensation from the organization	ted inde	pen	dent	con	itra	ctors	s tha	at received more t	han \$100,000 of					
(A) Name and business addres	ss			_				Description o	of Services	Com	(C) pensation	on		
							_					_		
												_		
			-				_	 				_		

Form 990 (2010) VETERANS PARK CONSERVANCY	7								95-421422		Page 8	
	Part VIII Section A. Officers, Directors, Trustees, Key Employees, and (A) (B) (c)											
(A)	(B)	_						(D)	(E)		(F)	
Name and title	Average hours per week (describe hours for related organi zations in Sch O)			Officer		ৰ Highest compensatec ৰ employee		Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	amour comp fro orga and	imated nt of other iensation om the inization I related nizations	
(18) Gary S. Maier												
Vice President (19) Alexa Scharff	13	Х		Х		-		0.	0.		0.	
Secretary	5	X		X				0.	0.		0.	
(20) Wendy-Sue Rosen Director	5	х						0.	0.			
(21) Susan C. Young Executive Direc	50				х			107,250.	0.		3,000.	
(22)												
(23)												
(24)												
(25)					i							
(26)												
(27)							,					
(28)											_	
(29)												
1 b Sub-total	1	•			·		•	107,250.	0.		3,000.	
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).	Α						>	0. 107,250.	0. 0.		3,000.	
2 Total number of individuals (including but not limite from the organization ► 1	d to tho	se li	stec	ab	ove)	wh	o re	ceived more than	\$100,000 in report	able con	npensation	
											Yes No	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust ndıvıdua	tee, al	key	emp	oloy	ee,	or h	ighest compensat	ed employee	3	X	
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	portable han \$15	e co 50,00	mpe	nsa If 'Y	tion 'es'	and com	oth plet	er compensation e Schedule J for	from	4	· X	
such individual5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or a succession of the organization of the or	compens	satio	n fr	om a	any	unre	elate	ed organization or	ındıvıdual	5	X	
Section B. Independent Contractors	complet	- 30	.rieu	uie	J 101	Sui	л р	erson				
Complete this table for your five highest compensation from the organization	ted inde	pen	dent	cor	ntrac	ctors	tha	it received more t	han \$100,000 of			
(A) Name and business addres											nsation	
					-		_					
					_		_					
2 Total number of independent contractors (including	but not	lımı	ited	to ti	nose	e list	ed a	above) who receiv	red more than			
\$100,000 in compensation from the organization										*		

Part VII Section A. Officers, Directors, Trust	artivill Section A. Officers, Directors, Trustees, Key Employees, and Hi								pensated Em	ployees (cont)
(A) Name and title	(B) Average hours per	box. offic	unles er an	Pos heck ss pe	rson	than is bot or/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization	Estimated amount of other compensation
	week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	from the organization and related organizations
(15) Harry L. Macy, Jr Director	5	х						0.		0.
(16) Russ Alben Director	8	х						0.	0	0.
(17) Lester Stein Treasurer	5	х		Х				0.	(0.
(18) Susan C. Young Executive Direc	50	x						107,250.	(3,000.
(49) Gary S. Maier Vice President	13	Х		х				0.		0.
(20) Alexa Scharff Secretary	5	Х		Х				0.	(0. 0.
(21) Wendy-Sue Rosen Director	5	Х						0.	(0.
(22)										
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).	A						> > >	107,250. 0. 107,250.	(3,000 0. 0 0. 3,000
2 Total number of individuals (including but not limite from the organization ► 1	d to th	ose	listed	d ab	ove) wh	o re		\$100,000 of rep	
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to such individual. 	ndıvıdu nortab	<i>ial</i> Ie co	mpe	ensa	ation	and	l oth	ner compensation	•	Yes No 3 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	omper comple	satio	on fr chec	om Iule	any J fo	unre or su	elate ch p	ed organization or person	ındıvıdual	5 X
1 Complete this table for your five highest compensal compensation from the organization Report compe	ed ind	eper	ideni the	t co cale	ntra	ctors	s tha	at received more t	han \$100,000 of in the organization	on's tax year
(A) Name and business addres	-				-			(B Description)	(C) Compensation
					-					
2 Total number of independent contractors (including	_	ot lim	uted	to t	hos	e lis	ted a	above) who receiv	red more than	The second secon
\$100,000 in compensation from the organization	U									mak eline Callat oft manetes . "To

2012 \$5,000 RAISE

Form 990 (2012) VETERANS PARK CONCERVANC	Y								95-4214221			ge 8
Part VII Section A. Officers, Directors, Trus		Key	Em			es, a	and	d Highest Con	pensated Empl	oyee	s (co	nt)
(A) Name and title	Average hours per week (list any hours for related organiza tions below dotted line)	box offi	, unle: cer an	heck ss pe id a d	ition more rson firect	than construction is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	ame cor or a	(F) Estimated punt of old properties the state of the sta	ther ion on ed
	ļ. <u></u> .) trustee	nstitutional trustee		loyee	Highest compensated employee				,		
(15) Ann Petroni Director	$-\frac{3}{0}$	X						0.	0.			0.
(16) Rear Admiral Frank E. Raab Director	- 3 -	Х						0.	0.			0.
(17) Wendy-Sue Rosen Director	<u> </u>	X						0.	0.			0.
(18) Henley Saltzburg Director	- 3-	Х						0.	0.	_	_	0.
(19) Susan Young Executive Dir.	_ <u>40</u> 0	х						112,000.	0.		3,(000.
(20)								•	.,,			
(21)												
(22)												
(23)												
(24)												
(25)										-		
1 b Sub-total]	•	•	112,000.	0.		3,0	000.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to		sted	abov	e) w	/ho r	eceiv	ed	0. 112,000. more than \$100,00	0. 0. 0 of reportable compe	ensatio		0.
from the organization 1											Yes	No
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r or trus ındıvıdu	tee, <i>al</i>	key (emp	oloye	ee, oi	r hi	ghest compensate	ed employee	3		Х
4 For any individual listed on line la, is the sum of r the organization and related organizations greater such individual	eportabl than \$1	e co 50,00	mpei 00? /	nsat If 'Y	ion es	and o	othe lete	er compensation t e Schedule J for	from	4		x
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen comple	satio te Sc	n fro	om a ule .	any <i>J foi</i>	unrel r <i>sucl</i>	ate h pe	d organization or erson	ındıvıdual	5		х
Section B. Independent Contractors									\$100,000 of			
Complete this table for your five highest compensa- compensation from the organization. Report compensa-	ation for t	the ca	alend	lar y	ear	endin	ig w	oth or within the org	ganization's tax year		_,	
Name and business addre	ss							(B) Description of	of services (Comp	C) ensatio	n ——
				-	-							
			•			-						
2 Total number of independent contractors (including but \$100,000 in compensation from the organization ▶		ted to	thos	se lis	sted	abov	e) v	who received more	than			
BAA	<u>_</u>	TEEA0	108L	01/2	4/13			· · · · · · · · · · · · · · · · · · ·		Form	990 ((2012)

2013 \$6,000 RAISE

Form 990 (2013) VETERANS PARK CONCERVANC									95-421422		Page 8	
Rart VII Section A. Officers, Directors, Trus	tees, l	Key	Em	ıplo	oye	es,	and	d Highest Com	pensated Emp	oloyees	(continued)	
(A) Name and title		Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable	(E) Reportable		(F) Estimated	
rand and the	per week (list any hours for related organiza - tions below dotted line)	or direct	-	Officer		employee employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con f org an	amount of other compensation from the organization and related organizations	
(15) Ann Petroni	3_						_				<u></u>	
Director (16) Rear Admiral Frank E. Raab	3_	X						0.	0.	-	0.	
Vice President (17) Wendy-Sue Rosen Director	3_0	X						0.	0.		0.	
(18) Henley Saltzburg Director	- 3 - 0	X						0.	0.			
(19) Susan Young Executive Dir.		X						118,000.	0.		3,000.	
(20) Real Admiral John C. Weaver Director	- 3-	х						0.	0.		0.	
(21)												
(22)										_		
(23)												
(24)												
(25)												
c Total from continuation sheets to Part VII, Section A								0.		3,000.		
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to from the organization ► 1	o those I	ısted	abo	ve) v	who	recei	ived	118,000. more than \$100,00	0 .00 of reportable com	pensatio	3,000. n	
											Yes No	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual									3	X		
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual								from	4	x		
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	comper comple	nsatio	on fr	om dule	any J fo	unre or suc	elate ch p	ed organization or person	ındıvıdual	5	X X	
1 Complete this table for your five highest compensation from the organization. Report compensation	ated ind	epen	den alen	t co	ntra year	ctors	tha	at received more t	han \$100,000 of	ar.		
(A) Name and business address							(B) Description of services		_ ((C) Compensation		
2 Total number of independent contractors (including but not limited to those listed above) v								who received more	than	e uti		

\$100,000 of compensation from the organization