See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Exhibit B

**SCHEDULE J (Form 990)**
Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

OMB No 1545-0047

**2008**

Open to Public Inspection

**Name of the organization**
INTERNATIONAL BOXING FEDERATION INC

**Employer identification number**
55-0798090

## Part I Questions Regarding Compensation

| | | Yes | No |
|---|---|---|---|
| 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 | | |
| | [X] First-class or charter travel | | |
| | [ ] Travel for companions | | |
| | [ ] Tax indemnification and gross-up payments | | |
| | [X] Discretionary spending account | | |
| | [ ] Housing allowance or residence for personal use | | |
| | [ ] Payments for business use of personal residence | | |
| | [ ] Health or social club dues or initiation fees | | |
| | [ ] Personal services (e g , maid, chauffeur, chef) | | |
| 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? If "No," complete Part III to explain | 1b | X |
| 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? | 2 | X |
| 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. | | |
| | [ ] Compensation committee | | |
| | [ ] Independent compensation consultant | | |
| | [ ] Form 990 or other organizations | | |
| | [ ] Written employment contract | | |
| | [ ] Compensation survey or study | | |
| | [ ] Approval by the board or compensation committee | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a | | |
| a | Receive a severance payment or change of control payment? | 4a | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | |
| | **Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.** | | |
| 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: | | |
| a | The organization? | 5a | |
| b | Any related organization? | 5b | |
| | If "Yes" to line 5a or 5b, describe in Part III | | |
| 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: | | |
| a | The organization? | 6a | |
| b | Any related organization? | 6b | |
| | If "Yes" to line 6a or 6b, describe in Part III | | |
| 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? If "Yes," describe in Part III | 7 | |
| 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)? If "Yes," describe in Part III | 8 | |

Exhibit B

Schedule J (Form 990) 2008 INTERNATIONAL BOXING FEDERATION INC 55-0798090 Page 2

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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 column (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 | | | | |
| MARIAN MAHAMMAD | (i) | 152,484. | 9,036. | | | | 161,520. | |
| | (ii) | | | | | | | |
| DARYL PEOPLES | (i) | 107,956. | | | | | 107,956. | |
| | (ii) | | | | | | | |
| LINDSEY TUCKER | (i) | 53,840. | | | | | 53,840. | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2008

Exhibit B



**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 Also complete this part for any additional information

PART 1A FIRST CLASS TRAVEL - ON A FEW OF MANY AIRLINE FLIGHTS BECAUSE OF PHYSICAL DISABILITIES THE PRESIDENT FLEW FIRST CLASS

LINE 1A DISCRETIONARY SPENDING ACCOUNT - AT THIS TIME TERE IS NO WRITTEN POLICY CONCERNING THIS ITEM - IN JUNE 2010 BOARD MEETING THIS WILL BE RECTIFIED

ON FORM 990 PART IV LINE 2 - AFFIANT CHECKED YES AND SHOULD HAVE CHECKED NO - PLEASE ACCEPT THIS AS A NO ANSWER TO THE ABOVE



 