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## **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

6020535

Name of the organization **LEWIS W. HYER TR # 098310C**  Employer identification number

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Pa	t   Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided part VII, Section A, line 1a. Complete Part III to p	vided any of the following to or for a person listed in Form provide any relevant information regarding these items.		**************************************	
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		300	15
	☐ Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			13.6
	LJ Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the or reimbursement or provision of all of the expense explain	organization follow a written policy regarding payment es described above? If "No," complete Part III to	ئىنى مۇ 1b	ia lake	£
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all				
	officers, directors, trustees, and the CEO/Executive		2	- 4 2	<b>√</b>
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	☐ Written employment contract		***	
	☐ Independent compensation consultant	☐ Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:				
а	Receive a severance payment or change-of-control	I payment?	4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b 4c		<b>✓</b>
c	Participate in, or receive payment from, an equity-based compensation arrangement?			. 34	<b>✓</b>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
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:		**	1	
a	The organization?		5a		
	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, compensation contingent on the net earnings of:	line 1a, did the organization pay or accrue any			·溪*:
a	The organization?		6a		
þ	Any related organization?		6b	, i\$	F (4F
	If "Yes" to line 6a or 6b, describe in Part III.			<u> </u>	202.
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"		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	n Regs. section 53.4958-4(a)(3)? If "Yes," describe	8		
9	If "Yes" to line 8, did the organization also follow th	ne rebuttable presumption procedure described in			

Regulations section 53.4958-6(c)?

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