SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

| Par | Excess Bene | fit Transaction | s (section 501 | (c)(3), | section | 501(c)(4), a | nd 50 | 1(c)(29) organiz | ations | only) | | : | 46' | |
|---|--------------------|-----------------------------------|---|---------|---------------------------------|---------------|--|------------------|---------------------|------------------------|-----------------------|------------------------|-------------|------------|
| | Complete if th | | on answered "Yes" on Form 990, Part IV, I | | | | ine ∠5a or ∠5b, or Form 990-E | | | | EZ, Part V, line 40b. | | | ootodo |
| 1 (a) Name of disqualified person | | person | (b) Relationship between disqualified person and organization | | | | (c) Description of transactio | | | | ו | | Yes | No No |
| (1) | | | | | | | | | | | | | 163 | 140 |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| 2 | Enter the amount | | l by the orgar | nizatio | n manag | gers or dis | qualif | ied persons du | ring t | he ye | ar | | | |
| | under section 4958 | | | | | | | | | ! | • \$ | <u> </u> | | |
| 3 | Enter the amount o | f tax, if any, on | line 2, above, | reimb | ursed by | the organ | izatio | ı | |) | ▶ \$ | <u> </u> | | |
| | | | | | | | | | | | | | | |
| Par | | or From Inter | | | Farm 00 | 0 EZ Dort | \/ line | 200 or Form 0 | 00 Da | ا /\ ا ا مر | lina O | 6. 0. : | f tha | |
| | | ie organization eported an amo | | | | | | 38a or Form 99 | 90, Pa | ırt IV, | line 2 | 6; or i | t tne | |
| | | | | 1 | | | | | | | | | | |
| (a) Name of interested person (b) Relationshi with organization | | (b) Relationship | | | | | nal | (f) Balance due | (g) In default? | | | | (i) Written | |
| | | With Organization | loan | 1 | m the principal an principal an | | iourit | | | | | by board or committee? | | agreement? |
| | | | | То | From | | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | 10 | 110 | | | | 1.00 | 110 | 100 | 110 | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| Total | | | | | | | <u>. </u> | \$ | | | | | | |
| Part | | sistance Benet ne organization | | | | 0 Dort IV I | ina 27 | 7 | | | | | | |
| | Complete ii tii | e organization | answered re | 5 0111 | ronn 99 | u, Fait IV, I | 1116 27 | `• | | 1 | | | | |
| | | | ship between inter and the organization | | (c) Amount of assistance | | (d) Type of assistance | | ce (e) Purpose of a | | | | ssistance | |
| (1) | | pordoni | and the organization | ,,, | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |

| Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. | | | | | | | | | | | |
|------------|--|---|---------------------------|--------------------------------|---------|---|--|--|--|--|--|--|
| | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organiz | (e) Sharing of organization's revenues? | | | | | | |
| | | | | | Yes | No | | | | | | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) (4) | | | | | | - | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) (9) | | | | | | - | | | | | | |
| (10) | | | | | | | | | | | | |
| Part V | Supplemental Information. Provide additional information for | or responses to questions | on Schedule L (see | instructions). | · | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |