## **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. ► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

Part I	Excess Bene	fit Transaction	s (section 501	(c)(3)	and sect	ion 501(c)(4	4) org	anizations only).			D	, ı:	401		
4		_	n answered "Yes" on Form 990, Part IV, II  (b) Relationship between disqualified person and				ne 25a or 25b, or Form 990-EZ, Part V, lin					v, line	e 40b. (d) Corrected?		
1 (a) Name of disqualified person		person	organization				(c) Description of transaction				1		Yes	No	
(1)															
(2)															
(3)															
(4)															
(5)															
(6)		-6 1 !													
	Enter the amount under section 4958				-	•	•	iea persons au 	_	-					
										,	ф				
<b>3</b> E	Enter the amount o	n tax, ii ariy, ori	iirie 2, above,	reimi	bursed by	r ine organi	Zatioi	1		<b>,</b>	Φ				
Part II	Loans to and	/or From Inter	ested Person	<u> </u>											
rare	Complete if the		answered "Ye	s" on				38a or Form 99	90, Pa	rt IV, I	line 20	6; or i	f the		
		(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amour		(f) Balance due		(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				То	From				Yes	No	Yes	No	Yes	No	
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
Total		<u></u>					<u>.                                    </u>	\$							
Part II		sistance Beneface organization				0, Part IV, li	ine 27	7.							
perso			onship between interested n and the organization		(c) Amount of assistance		(	<b>(d)</b> Type of assistance	e	e (e) Purpose of assistance					
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9) (10)															
(10)															

Part IV	Business Transactions Involving Complete if the organization and	swered "Yes" on Form 99	0, Part IV, line 28a, 2	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 Complete this part to provide a	dditional information for re	esponses to question	ns on Schedule L (see instructio	ns).		
			<u> </u>	,			