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

2012

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Par	t Excess Bene	fit Transaction	s (section 501	I (c)(3)	and sect	ion 501(c)(4	4) org	anizations only).					401	
	Complete if th	ne organization	n answered "Yes" on Form 990, Part IV, li				ine 25a or 25b, or Form 990-EZ, Part V, line 40b.							
1 (a) Name of disqualified person			(b) Relationship between disqualified person and				(c) Description of transaction					(d) Corrected?		
			organization										Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount													
	under section 4958									!				
3	Enter the amount o	of tax, if any, on	line 2, above,	reimb	ursed by	the organ	izatio	n		!	▶ \$	<u> </u>		
Par		/or From Inter			C 00	0 EZ Daut	\	. 00- au Faura 00	00 D-	.4 N/	l: 0	C:	4 41	
		ne organization eported an amo						38a or Form 99	90, Pa	πıν,	line 2	b; or i	t tne	
	Organization i	T	Tour of the order	1	art A, iii k	1	۷.	Г	1		1		1	
		(b) Relationship			oan to or	(e) Origin		(f) Balance due	(g) In c	(g) In default?		(h) Approved		ritten
		with organization	loan	from the organization?		principal an	ount				by board or committee?		agreement?	
						1					-		1	
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
<u>(7)</u>														
(8)														
(9)														
(10)								Φ.						
Total		<u></u> .					.▶	\$						
Part		sistance Beneration ne organization				0 Part IV I	ina 27	7						
	· · · · · · · · · · · · · · · · · · ·	T T		1						1				
			ship between inter and the organization	(c) Amount of assistance		(d) Type of assistanc		ce (e) Purpose of a			ssistance			
(1)		polociii	aa	-										
<u>(1)</u> (2)														
(3)														
<u>(4)</u>														
(5)														
(6) (7)														
(8)														
(9)														
(10)														
(10)							I .			I .				

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>	,			