## **SCHEDULE L**

(Form 990 or 990-EZ)

## **Transactions with Interested Persons**

➤ Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

OMB No 1545-0047

Department of the Treasury or Form 990-EZ, Part V, lines 38a or 40b. Inspection internal Revenue Service Employer identification number Name of the organization 34-0801310 RABBINICAL COLLEGE OF TELSHE, INC. Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (b) Description of transaction (a) Name of disqualified person Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved by board or (g) Written (e) In (b) Loan to or from (a) Name of interested (d) Balance due (c) Original principal default? agreement? person and purpose the organization? amount committee? Nο Yes No Yes No Yes From To X 152,000 139,283 A. LEVITANSKY х X X 8,000 X X 8.000 M. BARKIN 283 **>** \$ Total Grants or Assistance Benefiting Interested Persons. Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (c) Amount of grant or type (a) Name of interested person (b) Relationship between interested person and of assistance the organization **Business Transactions Involving Interested Persons.** To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c (e) Shanng of (d) Description of (c) Amount of (b) Relationship between interested (a) Name of interested person organization's person and the organization transaction transaction revenues?

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Yes

No

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DLN: 93493133022001

Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

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

OMB No 1545-0047

2009

Department of the Treasury	► Attach to Form 990 or Form 990-EZ. ►See separate instructions.										Open to Public Inspection			
Name of the organization Rabbinical College of Telshe Inc								En	nployer id	ent if icat io	ification number			
						34-0801310								
Part I Excess Benefit T	ran	sacti	ons	(section	501(c)(3)	and section 501	(c)(4	organiz	ations o	nly). Part V. line	40b			
						m 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, lin  (b) Description of transaction						(c) Corrected		
1 (a) Name of disqualified person						(B) Description of the				2110404011				
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2 Enter the amount of tax in section 4958	npose	ed on t	he or	ganızatıon	managers o	r disqualified perso	ons du	iring the y	ear under	\$				
3 Enter the amount of tax, if	fanv.	on line	• 2.a	bove, rein	bursed by t	he organization .			🕨	\$				
Part II Loans to and/	or F	From	Inte	e <b>rested</b> ered "Yes"	P <b>ersons.</b> on Form 99	0, Part IV, line 26	, or Fo	orm 990-E	Z, Part V	, line 38a				
Comprete il tile orga		(b) L							(f)		(a)Writte	g)Written		
(a) Name of interested person and purpose	and	or fro	m the	e (c	O riginal	(d)Balance due	(e) In default?		by board or ag			reement?		
		organizatio			ipal amount				committee?		Yes	No		
		То	Fro	m			Yes	No	Tes	NO	, , ,			
a levitansky		х			219,100	206,383		No		No		No		
			<u> </u>							++				
			-			<del> </del>			<del> </del>					
		······································	T											
										1	i			
Total		· ·		· · ·	. <b>&gt;</b> \$	206,383	<u> </u>					<del>-</del>		
Part III Grants or Assi Complete if the	<b>star</b> orga	nce B	ene: on a	nswered	"Yes" on F	orm 990, Part IV	, line	e 27.						
(b)Relations					ionship betv	p between interested person (c) A mount of grant or ty					ofassis	tance		
(a) Name or interested person				and the organization				<del>                                     </del>						
								<u> </u>				-		
Part IV Business Tran			T	oluina T	otorostod	Persons								
Part IV Business Tran Complete if the	orga	anızatı	on a	nswered	"Yes" on F	orm 990, Part I\	/, line	e 28a, 28	3b, or 28	c				
(a) Name of Interested person				(b) Relat	ionship	(c) A mount of transaction					(e) Sharing of organization			
				between in person a				(d) Desc	Description of transaction			revenues?		
				organiz					Yes	No				