## SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

|   | to award the g<br>ation's procedu<br>sistance to D | rants or assistance<br>ures for monitoring<br>omestic Organia | e?<br>the use of grant fu<br>zations and Don |                                  | States.  ents. Complete if                            | the organization answe                |                                    |
|---|--|---|--|----------------------------------|---|---------------------------------------|------------------------------------|
| Part IV, line 21, for any  1 (a) Name and address of organization or government | (b) EIN  | (c) IRC section (if applicable)                               | (d) Amount of cash grant                     | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1)   |  |   |  |                                  |   |                                       |                                    |
| (2)   |  |   |  |                                  |   |                                       |                                    |
| (3)   |  |   |  |                                  |   |                                       |                                    |
| (4)   |  |   |  |                                  |   |                                       |                                    |
| (5)   |  |   |  |                                  |   |                                       |                                    |
| (6)   |  |   |  |                                  |   |                                       |                                    |
| (7)   |  |   |  |                                  |   |                                       |                                    |
| (8)   |  |   |  |                                  |   |                                       |                                    |
| (9)   |  |   |  |                                  |   |                                       |                                    |
| (10)  |  |   |  |                                  |   |                                       |                                    |
| 11)   |  |   |  |                                  |   |                                       |                                    |
| (12)  |  |   |  |                                  |   |                                       |                                    |

Schedule I (Form 990) (Rev. 12-2024) Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 6 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.