SCHEDULE L (Form 990)

(Rev. December 2024) Department of the Treasury

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

Open to Public Inspection

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Internal Revenue Service Name of the organization

Part III

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

Employer identification number

 Part I
 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

 Complete if the organization answered "Yes" on Form 990, Part IV, line 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 of tax incurred by the organization managers or disgualified persons during the year | | | | | | | |

| | | | | | - | - | - | - | - | - |
|---|-------------------------|----------------------|---------------------|--------------------|---|-------|---|---|---|---|
| 3 | Enter the amount of tax | , if any, on line 2, | above, reimbursed b | y the organization | | | | | | |

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (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 | | | | | | | | | | | | |

Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 50056A

Schedule L (Form 990) (Rev. 12-2024)

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 | (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 responses to questions | on Schedule L. See | e instructions. | | | |
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