

Note: The draft you are looking for begins on the next page.

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SCHEDULE L (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

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.

Transactions With Interested Persons

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

| 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 28a or 25b; or Form 990-EZ, Part V, line 40b. 1 (a) Name of discussified person (b) Relationship between frequency acquaintation (c) Description of transaction (e) Persons (e) Persons (e) Part II Cons to and/or From Interested Persons Complete if the organization are mount on Form 990, Part IV, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a, or Form 990, Part IV, line 26; or if the organization and part of the organization an | Name of the organization | | | | | | | | Em | Employer identification number | | | | | | |
|--|--------------------------|--------------------------|-----------------|--|----------|--------|-------------|------------|---------------------------|--------------------------------|----------|--------|----------------|------------|----|--|
| (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10 | Part I | | | | | | | | | | | | | 40b. | | |
| (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10 | 1 | (a) Name of disqualified | | etween disqualified person and (c) D | | | | (c) Descri | escription of transaction | | | | (d) Corrected? | | | |
| (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (14) (15) (15) (16) (17) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19 | | | | | organiza | ation | | | | | | | | Yes | No | |
| (4) (5) (6) (7) (6) (7) (8) (9) (10) (| (1) | | | | | | | | | | | | | | | |
| (4) (5) (6) (7) (6) (7) (8) (9) (10) (| (2) | | | | | | | | | | | | | | | |
| [4] [5] [6] [8] [8] [8] [8] [8] [9] [10] [10] [10] [10] [10] [10] [10] [10 | | | | | | | | | | | | | | | | |
| Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Senter the amount of tax, if any, on line 2, above, relimbursed by the organization Senter the amount of tax, if any, on line 2, above, relimbursed by the organization Senter the amount of tax, if any, on line 2, above, relimbursed by the organization Senter the amount on From Interested Persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 39a, 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 organization (e) Original from the organization (e) Origin | | | | | | | | | | | | | . | | | |
| Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 | | | | | | | | | | | | | - | | | |
| Sample S | | | | | | | | | V | | 71 | | | | | |
| Sample S | 2 E | nter the amount of | tax incurred | by the organi | zation | manage | ers or disa | ualified | persons o | uring the | e vear | | | | | |
| Part II | | | | | | | | | | | | | | | | |
| 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 IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 26; or if the organization (B) Name of interested person (I) Platitionship (I) Purpose of III (I) Loan to or from the organization? (I) | 3 E | nter the amount of | tax, if any, or | | | | | | | | | \$ | | | | |
| With organization Ioan I | Part II | Complete if the | organization | answered "Ye | s" on l | | | | 38a, or Form | n 990, P | art IV, | line 2 | 6; or i | f the | | |
| To From Yes No | (a) Name | | | | fro | m the | | | (f) Balance de | ue (g) In o | default? | by boa | ard or | | _ | |
| (2) (3) (4) (5) (6) (7) (8) (9) (10) Total | | | | | To | From | | | | Yes | No | Yes | No | Yes | No | |
| (2) (3) (4) (5) (6) (7) (8) (9) (10) Total | (1) | | | , | | | 7 | | 7 | | | | | | | |
| (3) (4) (5) (6) (7) (8) (9) (10) Total Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person with the organization and the organization answered ("Yes" on Form 990, Part IV, line 27. (a) Name of interested person and the organization desiration assistance with the organization answered ("Ses" on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization desiration assistance with the organization desiration assistance with the organization desiration assistance with the organization assistance with the organization desiration desiration assistance with the organization desiration desirati | | | | | | | | | 7 | | | | | | | |
| (4) (5) (6) (7) (8) (9) (10) Total Part III 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 assistance (c) Amount of assistance (e) Purpose of assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) | | | | | | | | | | | | | | | | |
| (5) (6) (7) (8) (9) (10) Total | | | | | | | | | | | | | | | | |
| (6) (7) (8) (9) (10) Total Carants 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) | | | | | | | | | | | | | | | | |
| (7) (8) (9) (10) Total | | | | | | | | | | | | | | | | |
| (8) (9) (10) Total | | | | | | | | | | | | | | | | |
| (9) (10) Total | | | | | | | _ | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | |
| Carants or Assistance Benefiting Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 27. | Total | | | | ٠ | · | | 9 | 3 | | | | | | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | Part III | Grants or Assis | stance Bene | efiting Interest | ed Pe | rsons | | ine 27. | | | | | | | | |
| (2) (3) (4) (5) (6) (7) (8) (9) | ' ' | | , , | ' ' ' | | | | | | ssistance (e) Purpose of | | | se of as | assistance | | |
| (2) (3) (4) (5) (6) (7) (8) (9) | | | | | | | | | | | | | | | | |
| (4) (5) (6) (7) (8) (9) | (2) | | | | | | | | | | | | | | | |
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| (9) | | | | | | | | | | | | | | | | |
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Business Transactions Involving Interested Persons

Part IV

| | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organiz | (e) Sharing or organization's revenues? | |
|------------|--------------------------------|---|---------------------------|--------------------------------|---------|---|--|
| | | organization | | | Yes | No | |
| (1) | | | | | | | |
| (2) | THE | | | | | | |
| (3) | | | | | \perp | | |
| (4) | | AUU | + | | 4 | | |
| (5) (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | 1 () () | | | | | |
| (10) | | | | | | | |
| Part V | Supplemental Information | , | | | | | |
| | Provide additional information | tor responses to questions of | on Schedule L. See | e instructions. | | | |
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