## SCHEDULE L (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**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 G Public

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

Employer identification number

	Part			nd section 501(c)(29) organizations only). ine 25a or 25b, or Form 990-EZ, Part V, line	e 40b.	
1	1	(a) Name of disgualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Cor	rrected?
	•	(a) Name of alsqualmed person	organization			NI-

-	()	organization		Yes	No			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year							
	under section 4958							
3	Enter the amount of tax, if any, o	on line 2, above, reimbursed by the organi	ization					

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>(b)</b> Relationship with organization	<b>(c)</b> Purpose of loan	<b>(d)</b> Loan to or from the organization?		<b>(e)</b> Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?			
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(5) (6)												
(7)												
(8)												
(9)												
(10)												
						\$						
Part III Grants or As	sistance Benef	iting Interest	ed Pers	sons.								

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)				

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Part IV	Business Transactions Involvi Complete if the organization and	swered "Yes" on Form 99	0, Part IV, line 28a, 2			
(a) Name of interested person		(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sharing o organization revenues?	
(1)					Yes	No
(1) (2)						
(3)						
(4)						
(5)						
(6) (7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information. Provide additional information for	or responses to questions	on Schedule I. (see	instructions)		
	Frovide additional information in					

Schedule L (Form 990) 2021