990

Return of Organization Exempt From Income Tax

Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , and ending

B

C

D Employer identification number

E

G

F

H(a) Yes No

H(b) Yes No

I

J Website:

H(c)

K **L** **M**

Part I Summary

1

2

3

4

5

6

7a

b

H(Tj /Tb

3

4

5

6

7a

7b

Part III Statement of Program Service Accomplishments

X

1
See Schedule O

2 Yes X No

3 Yes X No

4

4a	82,909	5,114

See Schedule O

4b
N/A

4c
N/A

4d

4e 82,909

Part IV Checklist of Required Schedules

1	*If "Yes," complete Schedule A*			
2	*Schedule B, Schedule of Contributors*			
3	*If "Yes," complete Schedule C, Part I*			
4	**Section 501(c)(3) organizations.** *If "Yes," complete Schedule C, Part II*			
5	*If "Yes," complete Schedule C, Part III*			
6				
7				

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
22	*If "Yes," complete Schedule I, Parts I and III*	22		X
23	*If "Yes," complete Schedule J*	23		X
24a	*If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b		24b		
c		24c		
d		24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** *If "Yes," complete Schedule L, Part I*	25a		X
b	*If "Yes," complete Schedule L, Part I*	25b		X
26	*If "Yes," complete Schedule L, Part II*	26		X
27	*If "Yes," complete Schedule L, Part III*	27		X
28				
a	*If "Yes," complete Schedule L, Part IV*	28a		X
b	*If "Yes," complete Schedule L, Part IV*	28b		X
c	*If "Yes," complete Schedule L, Part IV*	28c		X
29	*If "Yes," complete Schedule M*	29		X
30	*If "Yes," complete Schedule M*	30		X
31	*If "Yes," complete Schedule N, Part I*	31		X
32	*If "Yes," complete Schedule N, Part II*	32		X
33	*If "Yes," complete Schedule R, Part I*	33		X
34	*If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a		35a		X
b	*If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	*If "Yes," complete Schedule R, Part VI*	37		X
38	**Note:**	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

				Yes	No
1a		1a	6		
b		1b	0		
c					
		1c			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Section A. Governing Body and Management

			Yes	No
1a	1a			
b	1b			
2		2		
3				
4				
5				
6				
7a				
b				
8				
a				
b				
9				
10a				
11a				

Section C. Disclosure

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Part VIII Statement of Revenue

	(A)	(B)	(C)	(D)
1a				
b				
c				
d				
e				
f				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
a				
b				
c				
d				
e				
f				
g				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
a				
b				
c				
d				
e				
25				
26				

Part X Balance Sheet

		(A)		(B)
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10a			
	b			
	11			
	12			
	13			
	14			
	15			
	16			
	17			
	1T(9)Tj75			