

Return of Organization Exempt From Income Tax

2021

Open to Public Inspection

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

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20

Form sections B through M including Employer identification number, Website, and other organizational details.

Part I Summary

Table with columns for Revenue, Expenses, and Net Assets or Fund Balances, and rows 1 through 22.

Part II Signature Block

Signature block area for the organization and the paid preparer.

Part IV Checklist of Required Schedules

	Yes	No
1 <input type="checkbox"/> If 'Yes,' complete Schedule A	<input type="checkbox"/>	<input type="checkbox"/>
2 <input type="checkbox"/> Schedule B, Schedule of Contributors	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="checkbox"/> If 'Yes,' complete Schedule C, Part I	<input type="checkbox"/>	<input type="checkbox"/>
4 Section 501(c)(3) organizations. <input type="checkbox"/> If 'Yes,' complete Schedule C, Part II	<input type="checkbox"/>	<input type="checkbox"/>
5 <input type="checkbox"/> If 'Yes,' complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
6 <input type="checkbox"/> If 'Yes,' complete Schedule D, Part I	<input type="checkbox"/>	<input type="checkbox"/>
7 <input type="checkbox"/> If 'Yes,' complete Schedule D, Part II	<input type="checkbox"/>	<input type="checkbox"/>
8 <input type="checkbox"/> If 'Yes,' complete Schedule D, Part III	<input type="checkbox"/>	<input type="checkbox"/>
9 <input type="checkbox"/> If 'Yes,' complete Schedule D, Part IV	<input type="checkbox"/>	<input type="checkbox"/>
10 <input type="checkbox"/> If 'Yes,' complete Schedule D, Part V	<input type="checkbox"/>	<input type="checkbox"/>
11 <input type="checkbox"/>		
a <input type="checkbox"/> If 'Yes,' complete Schedule D, Part VI	<input type="checkbox"/>	<input type="checkbox"/>
b <input type="checkbox"/> If 'Yes,' complete Schedule D, Part VII	<input type="checkbox"/>	<input type="checkbox"/>
c <input type="checkbox"/> If 'Yes,' complete Schedule D, Part VIII	<input type="checkbox"/>	<input type="checkbox"/>
d <input type="checkbox"/> If 'Yes,' complete Schedule D, Part IX	<input type="checkbox"/>	<input type="checkbox"/>
e <input type="checkbox"/> If 'Yes,' complete Schedule D, Part X	<input type="checkbox"/>	<input type="checkbox"/>
f <input type="checkbox"/> If 'Yes,' complete Schedule D, Part X	<input type="checkbox"/>	<input type="checkbox"/>
12a <input type="checkbox"/> If 'Yes,' complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input type="checkbox"/>
b <input type="checkbox"/> If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	<input type="checkbox"/>	<input type="checkbox"/>
13 <input type="checkbox"/> If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input type="checkbox"/>
14a <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b <input type="checkbox"/> If 'Yes,' complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input type="checkbox"/>
15 <input type="checkbox"/> If 'Yes,' complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input type="checkbox"/>
16 <input type="checkbox"/> If 'Yes,' complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input type="checkbox"/>
17 <input type="checkbox"/> If 'Yes,' complete Schedule G, Part I	<input type="checkbox"/>	<input type="checkbox"/>
18 <input type="checkbox"/> If 'Yes,' complete Schedule G, Part II	<input type="checkbox"/>	<input type="checkbox"/>
19 <input type="checkbox"/> If 'Yes,' complete Schedule G, Part III	<input type="checkbox"/>	<input type="checkbox"/>
20a <input type="checkbox"/> If 'Yes,' complete Schedule H	<input type="checkbox"/>	<input type="checkbox"/>
b <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 <input type="checkbox"/> If 'Yes,' complete Schedule I, Parts I and II	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1 a <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

1 a

- Current
Former
Former directors or trustees

Table with 6 columns: (A) Name, (B) Title, (C) Role (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Salary, (E) Bonus, (F) Other compensation.

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a					
	b					
	c					
	d					
	e					
	f					
	g					
	h Total.					
	Business Code					
Program Service Revenue	2 a					
	b					
	c					
	d					
	e					
	f					
	g Total.					
Other Revenue	3					
	4					
	5					
	6 a	6 a				
		b				
		c				
		d				
	7 a	7 a				
		b				
		c				
		d				
	8 a	8 a				
		b				
		c				
	9 a	9 a				
b						
c						
10 a	10 a					
	b					
	c					
Business Code						
Miscellaneous Revenue	11 a					
	b					
	c					
	d					
	e Total.					
12 Total revenue.						

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).

Table with 5 columns: (A), (B), (C), (D) and a description column. Rows include categories like 'Programs and services', 'Management and general', and 'Fundraising'. Row 26 is labeled 'Joint costs'.

Part X Balance Sheet

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		(A)	(B)	
Assets	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10a	10a		
	b	10b	10c	
	11			
	12			
	13			
	14			
	15			
16	Total assets.			
Liabilities	17			
	18			
	19			
	20			
	21			
	22			
	23			
	24			
	25			
	26	Total liabilities.		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27			
	28			
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29			
30				
31				
32				
33				

Part XI Reconciliation of Net Assets

<input type="checkbox"/>			
1	<input type="checkbox"/>	1	<input type="checkbox"/>
2	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>
5	<input type="checkbox"/>	5	
6	<input type="checkbox"/>	6	
7	<input type="checkbox"/>	7	
8	<input type="checkbox"/>	8	
9	<input type="checkbox"/>	9	<input type="checkbox"/>
10	<input type="checkbox"/>	10	<input type="checkbox"/>

Part XII Financial Statements and Reporting

<input type="checkbox"/>			Yes	No
1	<input type="checkbox"/>	<input type="checkbox"/>		
2 a	<input type="checkbox"/>	<input type="checkbox"/>	2 a	<input type="checkbox"/>
b	<input type="checkbox"/>	<input type="checkbox"/>	2 b	<input type="checkbox"/>
c	<input type="checkbox"/>	<input type="checkbox"/>	2 c	<input type="checkbox"/>
3 a	<input type="checkbox"/>	<input type="checkbox"/>	3 a	<input type="checkbox"/>
b	<input type="checkbox"/>	<input type="checkbox"/>	3 b	<input type="checkbox"/>

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

1545010

2021

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Name of the organization

Employer identification number

Part I Reason for Public Charity Status.

- 1 section 170(b)(1)(A)(i).
- 2 section 170(b)(1)(A)(ii).
- 3 section 170(b)(1)(A)(iii).
- 4 section 170(b)(1)(A)(iii).
- 5 section 170(b)(1)(A)(iv).
- 6 section 170(b)(1)(A)(v).
- 7 section 170(b)(1)(A)(vi).
- 8 section 170(b)(1)(A)(vi).
- 9 section 170(b)(1)(A)(ix).
- 10 section 509(a)(2).
- 11 section 509(a)(4).
- 12 section 509(a)(1) section 509(a)(2) section 509(a)(3).
- a **Type I.** You must complete Part IV, Sections A and B.
- b **Type II.** You must complete Part IV, Sections A and C.
- c **Type III functionally integrated.** You must complete Part IV, Sections A, D, and E.
- d **Type III non-functionally integrated.** You must complete Part IV, Sections A and D, and Part V.
- e
- f
- g

	(i) <input type="checkbox"/>	(ii) <input type="checkbox"/>	(iii) <input type="checkbox"/>		(iv) <input type="checkbox"/>		(v) <input type="checkbox"/>	(vi) <input type="checkbox"/>
			Yes	No	Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Section A. Public Support

Table with 7 columns: (a) through (f). Rows include 'Calendar year (or fiscal year beginning in)', '1', '2', '3', '4 Total', '5', and '6 Public support'.

Section B. Total Support

Table with 7 columns: (a) through (f). Rows include 'Calendar year (or fiscal year beginning in)', '7', '8', '9', '10', '11 Total support', '12', and '13 First 5 years'.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number and description. Rows include '14', '15', '16a 33-1/3% support test 2021', 'b 33-1/3% support test 2020', '17a 10%-facts-and-circumstances test 2021', 'b 10%-facts-and-circumstances test 2020', and '18 Private foundation'.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Section A. Public Support

	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4						
5						
6 Total.						
7a						
b						
c						
8 Public support.						

Section B. Total Support

	(a)	(b)	(c)	(d)	(e)	(f)
9						
10a						
b						
c						
11						
12						
13 Total support.						
14 First 5 years.						

Section C. Computation of Public Support Percentage

15	15	
16	16	

Section D. Computation of Investment Income Percentage

17	2021	17	
18	2020	18	
19a	33-1/3% support tests 2021.		
b	33-1/3% support tests 2020.		
20	Private foundation.		

Part IV Supporting Organizations

Section A. All Supporting Organizations

	Yes	No
<p>1 <input type="checkbox"/> If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</p>		
<p>2 <input type="checkbox"/> If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</p>		
<p>3a <input type="checkbox"/> If 'Yes,' answer lines 3b and 3c below.</p>		
<p>b <input type="checkbox"/> If 'Yes,' describe in Part VI when and how the organization made the determination.</p>		
<p>c <input type="checkbox"/> If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</p>		
<p>4a <input type="checkbox"/> If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</p>		
<p>b <input type="checkbox"/> If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</p>		
<p>c <input type="checkbox"/> If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</p>		
<p>5a <input type="checkbox"/> If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</p>		
<p>b Type I or Type II only. <input type="checkbox"/></p>		
<p>c Substitutions only. <input type="checkbox"/></p>		
<p>6 <input type="checkbox"/> If 'Yes,' provide detail in Part VI.</p>		
<p>7 <input type="checkbox"/> If 'Yes,' complete Part I of Schedule L (Form 990).</p>		
<p>8 <input type="checkbox"/> If 'Yes,' complete Part I of Schedule L (Form 990).</p>		
<p>9a <input type="checkbox"/> If 'Yes,' provide detail in Part VI.</p>		
<p>b <input type="checkbox"/> If 'Yes,' provide detail in Part VI.</p>		
<p>c <input type="checkbox"/> If 'Yes,' provide detail in Part VI.</p>		
<p>10a <input type="checkbox"/> If 'Yes,' answer line 10b below.</p>		
<p>b <input type="checkbox"/> (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</p>		

Part IV Supporting Organizations (continued)

		Yes	No
11	<input type="checkbox"/> []		
a	<input type="checkbox"/> []	11a	
b	<input type="checkbox"/> []	11b	
c	<input type="checkbox"/> [] Part VI.	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	<input type="checkbox"/> [] If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax []	1	
2	<input type="checkbox"/> [] If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

		Yes	No
1	<input type="checkbox"/> [] If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	<input type="checkbox"/> []	1	
2	<input type="checkbox"/> [] If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	<input type="checkbox"/> [] If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	<input type="checkbox"/> [] Complete line 2 below.			
b	<input type="checkbox"/> [] Complete line 3 below.			
c	<input type="checkbox"/> [] Describe in Part VI how you supported a governmental entity (see instructions).			
2	<input type="checkbox"/> [] Answer lines 2a and 2b below.			
a	<input type="checkbox"/> [] If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	<input type="checkbox"/> [] If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	<input type="checkbox"/> [] Answer lines 3a and 3b below.			
a	<input type="checkbox"/> [] If 'Yes' or 'No,' provide details in Part VI.	3a		
b	<input type="checkbox"/> [] If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 See instructions.

Section A <input type="checkbox"/> Adjusted Net Income			
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8	Adjusted Net Income	8	

Section B <input type="checkbox"/> Minimum Asset Amount			
1			
a		1a	
b		1b	
c		1c	
d	Total	1d	
e	Discount (explain in detail in Part VI)		
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8	Minimum Asset Amount	8	

Section C <input type="checkbox"/> Distributable Amount			
1			
2			
3			
4			
5			
6	Distributable Amount.	6	
7			

Section D <input type="checkbox"/> Distributions		Current Year
1	<input type="checkbox"/> <small>Provide details in Part VI.</small>	1
2	<input type="checkbox"/> <small>Provide details in Part VI.</small>	2
3	<input type="checkbox"/> <small>Provide details in Part VI.</small>	3
4	<input type="checkbox"/> <small>Provide details in Part VI.</small>	4
5	<input type="checkbox"/> <small>Provide details in Part VI.</small>	5
6	<input type="checkbox"/> <small>Provide details in Part VI.</small>	6
7	Total annual distributions. <input type="checkbox"/> <small>Provide details in Part VI.</small>	7
8	<input type="checkbox"/> <small>Provide details in Part VI.</small>	8
9	<input type="checkbox"/> <small>Provide details in Part VI.</small>	9
10	<input type="checkbox"/> <small>Provide details in Part VI.</small>	10

Section E <input type="checkbox"/> Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 <input type="checkbox"/> <small>Provide details in Part VI.</small>			
2 <input type="checkbox"/> <small>Provide details in Part VI.</small>			
3 <input type="checkbox"/> <small>Provide details in Part VI.</small>			
a <input type="checkbox"/> <small>Provide details in Part VI.</small>			
b <input type="checkbox"/> <small>Provide details in Part VI.</small>			
c <input type="checkbox"/> <small>Provide details in Part VI.</small>			
d <input type="checkbox"/> <small>Provide details in Part VI.</small>			
e <input type="checkbox"/> <small>Provide details in Part VI.</small>			
f Total <input type="checkbox"/> <small>Provide details in Part VI.</small>			
g <input type="checkbox"/> <small>Provide details in Part VI.</small>			
h <input type="checkbox"/> <small>Provide details in Part VI.</small>			
i <input type="checkbox"/> <small>Provide details in Part VI.</small>			
j <input type="checkbox"/> <small>Provide details in Part VI.</small>			
4 <input type="checkbox"/> <small>Provide details in Part VI.</small>			
a <input type="checkbox"/> <small>Provide details in Part VI.</small>			
b <input type="checkbox"/> <small>Provide details in Part VI.</small>			
c <input type="checkbox"/> <small>Provide details in Part VI.</small>			
5 <input type="checkbox"/> <small>Provide details in Part VI.</small>			
6 <input type="checkbox"/> <small>Provide details in Part VI.</small>			
7 Excess distributions carryover to 2022. <input type="checkbox"/> <small>Provide details in Part VI.</small>			
8 <input type="checkbox"/> <small>Provide details in Part VI.</small>			
a <input type="checkbox"/> <small>Provide details in Part VI.</small>			
b <input type="checkbox"/> <small>Provide details in Part VI.</small>			
c <input type="checkbox"/> <small>Provide details in Part VI.</small>			
d <input type="checkbox"/> <small>Provide details in Part VI.</small>			
e <input type="checkbox"/> <small>Provide details in Part VI.</small>			

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2021

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Name of the organization

Employer identification number

Name of the organization input field

Employer identification number input field

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Table with 3 columns: Line number, (a) Description, (b) Amount. Includes rows 1-4 and summary rows 5-6 with Yes/No checkboxes.

Part II Conservation Easements.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year (2a-2d). Includes rows 1-9 with Yes/No checkboxes.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Table with 3 columns: Line number, Description, Amount. Includes rows 1a, 1b, 2, 2a, 2b.

Part VII Investments Other Securities.

Table with 3 columns: (a) Description, (b) Cost or other basis, (c) Fair market value. Includes a Total row at the bottom.

Part VIII Investments Program Related.

Table with 3 columns: (a) Description, (b) Cost or other basis, (c) Fair market value. Includes a Total row at the bottom.

Part IX Other Assets.

Table with 2 columns: (a) Description, (b) Fair market value. Includes a Total row at the bottom.

Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)

Part X Other Liabilities.

Table with 2 columns: (a) Description, (b) Amount. Includes a Total row at the bottom.

2. Total of other liabilities reported on Form 990, Schedule D, Part X, column (B) line 15.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

1			1	
2			2 e	
a	2 a			
b	2 b			
c	2 c			
d	2 d			
e	2 a	2 d	2 e	
3			3	
4			4 c	
a	4 a			
b	4 b			
c	4 a	4 b	4 c	
5	3		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

1			1	
2			2 e	
a	2 a			
b	2 b			
c	2 c			
d	2 d			
e	2 a	2 d	2 e	
3			3	
4			4 c	
a	4 a			
b	4 b			
c	4 a	4 b	4 c	
5	3		5	

Part XIII Supplemental Information.

Supplemental information regarding the reconciliation of revenue and expenses per audited financial statements with revenue and expenses per return.

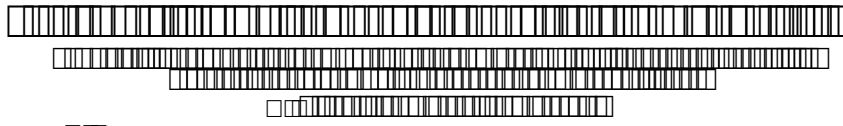
**Schedule D, Part XI, Line 2d
Other Revenue Included In F/S But Not Included On Form 990**

Other revenue included in financial statements but not included on Form 990: \$ _____

**Schedule D, Part XII, Line 2d
Other Expenses And Losses Per Audited F/S**

Other expenses and losses per audited financial statements: \$ _____

SCHEDULE G
(Form 990)



XXXXXXXXXXXX

2021

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

Employer identification number
XXXXXXXXXX

Employer identification number
XXXXXXXXXX

Part I

Fundraising Activities.

- 1 a b c d e f g

- 2 a Yes No
b

(i) <input type="checkbox"/>	(ii) <input type="checkbox"/>	<input type="checkbox"/>		(iv) <input type="checkbox"/>	(v) <input type="checkbox"/>	(vi) <input type="checkbox"/>
		Yes	No			
1 <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

3

		(a) <input type="checkbox"/>	(b) <input type="checkbox"/>	(c) <input type="checkbox"/>	(d) <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revenue	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 <input type="checkbox"/>				
	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Direct Expenses	4 <input type="checkbox"/>				
	5 <input type="checkbox"/>				
	6 <input type="checkbox"/>				
	7 <input type="checkbox"/>				
	8 <input type="checkbox"/>				
	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	10 <input type="checkbox"/>				<input type="checkbox"/>
	11 <input type="checkbox"/>				<input type="checkbox"/>

Part III Gaming. 2

		(a) <input type="checkbox"/>	(b) <input type="checkbox"/>	(c) <input type="checkbox"/>	(d) <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revenue	1 <input type="checkbox"/>				
Direct Expenses	2 <input type="checkbox"/>				
	3 <input type="checkbox"/>				
	4 <input type="checkbox"/>				
	5 <input type="checkbox"/>				
	6 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 <input type="checkbox"/>				
	8 <input type="checkbox"/>				

9

a Yes No

b

10 a Yes No

b

11 Yes No
12 Yes No

13
a 13a
b 13b
14

15a Yes No
b
c

16

17
a Yes No
b

Part I Supplemental Information.

Part I, Line 2b - Fundraiser Additional Information

