

EXTENDED TO JULY 17, 2023

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4017(a)(4) of the Internal Revenue Code (except private foundations)

Form 990
[Redacted content]

▶ Do not enter social security numbers on this form as it may be made public.

[Redacted content]

A For the 2021 calendar or tax year SEP 1 2021 and AUG 31 2022
B Check if applicable: **C** Name of organization **D** Employer identification number

Address: [Redacted]
[Redacted content]

07/12/2023



If "Yes," complete Schedule A

Schedule B, Schedule of Contributors

If "Yes," complete Schedule C, Part I

If "Yes," complete Schedule C, Part II

If "Yes," complete Schedule C, Part III

If "Yes," complete Schedule D, Part I

If "Yes," complete Schedule D, Part II

If "Yes," complete

Schedule D, Part III

If "Yes," complete Schedule D, Part IV

If "Yes," complete Schedule D, Part V

If "Yes," complete Schedule D,

Part VI

If "Yes," complete Schedule D, Part VII

If "Yes," complete Schedule D, Part VIII

If "Yes," complete Schedule D, Part IX

If "Yes," complete Schedule D, Part X

If "Yes," complete Schedule D, Part X

If "Yes," complete

Schedule D, Parts XI an

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If "Yes," cf

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If "Yes," cG

If "Yes," cG

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If "Yes," cG

If "Yes," cH



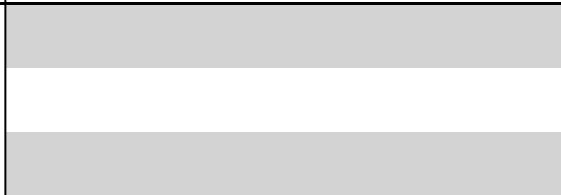
For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

If "Yes," provide the names and addresses on Schedule O

(This Section B requests information about poli1

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