SCHEDULE 7 Complete if the organization is a			s.gov/Form990 for I	SCHEDU (Form 99) Department of the Internal Revenue Name of the organic	0) De Treasury		► Atta	ich +-	_ rovide an	Form 990-E	90 or 990-EZ ecific questions or information.
3 A hos		m 990								ormation.	
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	В	Check if applicable: Address change	C Name of organization Doing business as							D Employ	
Schedule B (Form 990) Department of the Treasury Internal Revenue Service Name of the organization		Name change Initial return Final return/terminated	Number and street (or P.O. box if mail is not delivered to street address) Room/suite City or town, state or province, country, and ZIP or foreign postal code							E Telephc	
Organization type (check on Filers of:		Amended return Application pending	F Name and address of principal officer: H(a) Is this a grown of the principal officer. H(b) Are all so						ubordinates	SCHEDUL -	
Form 990 or 990-EZ	I Tax-exempt status: J Website: ▶ K Form of organization:		501(c)(3)501(c) (attach a list xemption n	Do-	
Form 990-PF	P	Pari Summary								the organization ansv Section 501(c)(3) org	