## **SCHEDULE R** (Form 990)

Part I

**Related Organizations and Unrelated Partnerships** 

OMB No. 1545-0047

Open to Public Inspection

(f)

Direct controlling

entity

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **Employer identification number** 

(b)

Primary activity

(c)

Legal domicile (state

or foreign country)

(d)

Total income

(e)

End-of-year assets

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (1)     |  |            |                           |   |                  |                    |                               |              |                                       |
|---------|--|------------|---------------------------|---|------------------|--------------------|-------------------------------|--------------|---------------------------------------|
| (2)     |  |            |                           |   |                  |                    |                               |              |                                       |
| (3)     |  |            |                           |   |                  |                    |                               |              |                                       |
| (4)     |  |            |                           |   |                  |                    |                               |              |                                       |
| (5)     |  |            |                           |   |                  |                    |                               |              |                                       |
| (6)     |  |            |                           |   |                  |                    |                               |              |                                       |
| Part II | Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du | ations. Co | omplete if tax year.      | he organization a                             | nswered "Yes" or | n Form 990, Part I | V, line 34, beca              | ause it h    | ad                                    |
|         | (a) Name, address, and EIN of related organization   |            | <b>(b)</b><br>ry activity | (c) Legal domicile (state or foreign country) |                  |                    | (f) Direct controlling entity | Section cont | (g)<br>512(b)(13)<br>crolled<br>tity? |
| (1)     |  |            |                           |   |                  |                    |                               | Yes          | No                                    |
| (2)     |  |            |                           |   |                  |                    |                               |              |                                       |
| (3)     |  |            |                           |   |                  |                    |                               |              |                                       |
| (4)     |  |            |                           |   |                  |                    |                               |              |                                       |
| (5)     |  |            |                           |   |                  |                    |                               |              |                                       |
| (6)     |  |            |                           |   |                  |                    |                               |              |                                       |
| (7)     |  |            |                           |   |                  |                    |                               |              |                                       |
|         |  |            |                           | 1   | <u> </u>         | 1                  | ·                             | _            |                                       |

Name, address, and EIN (if applicable) of disregarded entity

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 – 514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | Disprop<br>alloca | h)<br>ortionate<br>ations? | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? |    | (k)<br>Percentage<br>ownership |
|--|----------------------|---|-------------------------------|---|---------------------------------|--|-------------------|----------------------------|---|----------------------------------|----|--------------------------------|
|  |                      |   |                               |   |                                 |  | Yes               | No                         |   | Yes                              | No |                                |
| (1)  |                      |   |                               |   |                                 |  |                   |                            |   |                                  |    |                                |
| (2)  |                      |   |                               |   |                                 |  |                   |                            |   |                                  |    |                                |
| (3)  |                      |   |                               |   |                                 |  |                   |                            |   |                                  |    |                                |
| (4)  |                      |   |                               |   |                                 |  |                   |                            |   |                                  |    |                                |
| (5)  |                      |   |                               |   |                                 |  |                   |                            |   |                                  |    |                                |
| (6)  |                      |   |                               |   |                                 |  |                   |                            |   |                                  |    |                                |
| (7)  |                      |   |                               |   |                                 |  |                   |                            |   |                                  |    |                                |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)  Name, address, and EIN of related organization | (b)<br>Primary activity | (c) Legal domicile (state or foreign country) | (e) Type of entity (C corp, S corp, or trust) | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | Section 5<br>contr<br>enti | )<br>12(b)(13)<br>rolled<br>ity? |
|---|-------------------------|---|---|---------------------------------------|--------------------------------|----------------------------|----------------------------------|
|   |                         |   |   |                                       |                                | Yes                        | No                               |
| (1)   |                         |   |   |                                       |                                |                            |                                  |
| (2)   |                         |   |   |                                       |                                |                            |                                  |
| (3)   |                         |   |   |                                       |                                |                            |                                  |
| (4)   |                         |   |   |                                       |                                |                            |                                  |
| (5)   |                         |   |   |                                       |                                |                            |                                  |
| (6)   |                         |   |   |                                       |                                |                            |                                  |
| (7)   |                         |   |   |                                       |                                |                            |                                  |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Note  | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |      | Yes      | No          |
|-------|--|------|----------|-------------|
| 1     | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?              |      |          |             |
| а     | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  | 1a   |          |             |
| b     | Gift, grant, or capital contribution to related organization(s)  | 1b   |          |             |
| С     | Gift, grant, or capital contribution from related organization(s)  | 1c   |          |             |
| d     | Loans or loan guarantees to or for related organization(s)   | 1d   |          |             |
| е     | Loans or loan guarantees by related organization(s)  | 1e   |          |             |
|       |  |      |          |             |
| f     | Dividends from related organization(s)   | 1f   |          |             |
| g     | Sale of assets to related organization(s)  | 1g   |          |             |
| h     | Purchase of assets from related organization(s)  | 1h   |          |             |
| i     | Exchange of assets with related organization(s)  | 1i   |          |             |
| i     | Lease of facilities, equipment, or other assets to related organization(s)   | 1j   |          |             |
| •     |  |      |          |             |
| k     | Lease of facilities, equipment, or other assets from related organization(s)   | 1k   |          |             |
| - 1   | Performance of services or membership or fundraising solicitations for related organization(s)   | 11   |          |             |
| m     |  | 1m   |          |             |
| n     | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n   |          |             |
| 0     | Sharing of paid employees with related organization(s)   | 10   |          |             |
| •     |  |      |          |             |
| n     | Reimbursement paid to related organization(s) for expenses   | 1p   |          |             |
| q     | Reimbursement paid by related organization(s) for expenses   | 1q   |          |             |
| ٦     |  | - 4  |          |             |
| r     | Other transfer of cash or property to related organization(s)  | 1r   |          |             |
| s     | Other transfer of cash or property from related organization(s)  | 1s   |          |             |
| 2     | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction |      | eshol    | ds.         |
|       | (a) (b) (c) (d)  | )    | 001101   | <del></del> |
|       | Name of related organization Transaction Amount involved Method of determining   | amou | nt invol | ved         |
|       | type (a-s)   |      |          |             |
|       |  |      |          |             |
| (1)   |  |      |          |             |
| .,    |  |      |          |             |
| (2)   |  |      |          |             |
| . , _ |  |      |          |             |
| (3)   |  |      |          |             |
| . , _ |  |      |          |             |
| (4)   |  |      |          |             |
| •     |  |      |          |             |
| (5)   |  |      |          |             |
|       |  |      |          |             |
| (6)   |  |      |          |             |

## Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

|      | (a) Name, address, and EIN of entity | (b)<br>Primary activity | (c) Legal domicile (state or foreign country) | c) (d) omicile foreign ntry) (d) Predominant income (related, unrelated, excluded from tax under |     | (e) (f) re all partners Share of total income 501(c)(3) rganizations? |  | (g)<br>Share of<br>end-of-year<br>assets | (h) Disproportionate allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |      | (k)<br>Percentage<br>ownership |
|------|--------------------------------------|-------------------------|---|--|-----|---|--|--|-----------------------------------|----|---|---|------|--------------------------------|
|      |                                      |                         |   | sections 512-514)  | Yes | No  |  |  | Yes                               | No |   | Yes                                       | s No |                                |
| (1)  |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (2)  |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (3)  |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (4)  |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (5)  |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (6)  |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (7)  |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (8)  |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (9)  |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (10) |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (11) |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (12) |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (13) |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (14) |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (15) |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
| (16) |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      |                                |
|      |                                      |                         |   |  |     |   |  |  |                                   |    |   |   |      | 200) 2010                      |

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|--------------|--|
| Part VII     | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. |
|              | Provide additional information for responses to questions on schedule n. See instructions.                           |
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