SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No. 1545-0047

Open to Public Inspection

(f)

Direct controlling

entity

(d)

Total income

Legal domicile (state

or foreign country)

(e)

End-of-year assets

Department of the Treasury Internal Revenue Service

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

(1)

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Name of the organization **Employer identification number**

(b)

Primary activity

(2)			-						
(3)									
(4)									
(5)									
(6)									
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	ations. Co	I omplete if that ax year.	ne organization	answered "Yes" o	n Form 990, Pa	rt IV, line 34, be	cause it h	ad
	(a) Name, address, and EIN of related organization		(b) ry activity	(c) Legal domicile (state or foreign country)	(d) e Exempt Code section	(e) Public charity statu (if section 501(c)(3	(f) Direct controllir entity	con	(g) 512(b)(13) trolled tity?
(1)								Yes	No
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
For Paperw	vork Reduction Act Notice, see the Instructions for Form 99	0.		Cat	. No. 50135Y	1	Schedule	R (Form 9	90) 2019

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (a) Name, address, and EIN of (b) Primary activity Direct controlling Predominant Share of total Share of end-of- Disproportionate Legal Code V-UBI General or Percentage related organization income (related, amount in box 20 domicile entity income year assets allocations? managing ownership unrelated, (state or of Schedule K-1 partner? excluded from (Form 1065) foreign tax under country) sections 512-514) Yes No Yes No

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.

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								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.			_	Y	es No
1	During the tax year, did the organization engage in any of the following transactions with one o	or more related organ	izations 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	
	C , C , ,					
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)				1i	
,					•	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	
m					1m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
n					10	
0	Sharing of paid employees with related organization(s)				10	
_	Daimburgament noid to valeted avganization(a) for avganage				4	
p	Reimbursement paid to related organization(s) for expenses				1p	
q	Reimbursement paid by related organization(s) for expenses				1q	
_	Other transfer of each or property to related every instinute.				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	l I -I -
2	If the answer to any of the above is "Yes," see the instructions for information on who must con	•	-	•	n thres	noias.
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	amaunt i	nyalyad
	Name of related organization	type (a-s)	Amount involved	Method of determining	amount	rivoiveu
(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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501 organiz	partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging	(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
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(12)														
(13)														
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(16)														
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Schedule R (Form 990) 2019							
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	Page 5					
	Trovide additional information for responses to questions on solicadie 11. See instructions.						