### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

▶ 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.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No. 1545-0047

2020

**Open to Public** 

Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
(1)	-				
(2)					
(3)					
(4)					
(6)					

### Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 contr ent	<b>(g)</b> n 512(b)(13) ntrolled entity?	
							Yes	No	
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

#### 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 (e) (g) (i) (k) (c) (d) (f) (h) (i) Direct controlling Predominant Share of total General or Legal Share of end-of- Disproportionate Code V-UBI 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 (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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Section 5 contr enti	i <b>)</b> 512(b)(13) rolled ity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Page 2

Schedule R (Form 990) 2020

Part	<b>Transactions With Related Organizations.</b> Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line 34	l, 35b, or 36.		
Note	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 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	1	
С	Gift, grant, or capital contribution from related organization(s)			<b>1</b> 0	:	
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)					
g	Sale of assets to related organization(s)			<b>1</b> g		
h	Purchase of assets from related organization(s)			1h	1	
i	Exchange of assets with related organization(s)			<b>1i</b>		
j	Lease of facilities, equipment, or other assets to related organization(s)			<b>1</b> j		
k	Lease of facilities, equipment, or other assets from related organization(s) $\ldots$					
I	Performance of services or membership or fundraising solicitations for related organization(s)					
m	Performance of services or membership or fundraising solicitations by related organization(s)				1	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1	
0	Sharing of paid employees with related organization(s)			<b>1</b> 0		
р	Reimbursement paid to related organization(s) for expenses				,	
q	Reimbursement paid by related organization(s) for expenses			<b>1</b> q		
r	Other transfer of cash or property to related organization(s)					
S	Other transfer of cash or property from related organization(s)					
_2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, inclu	uding covered relations	ships and transaction the	nreshol	ds.
	<b>(a)</b> Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amo	unt invo	lund
	Name of related organization	type (a-s)	Amount involved	Method of determining and		iveu
(4)						
(1)						
(0)						
(2)						
(2)						
(3)						
(1)						
(4)						
(5)						
(5)						
(6)						
		I	1			

## 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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all p sec 501 organiz	tion (c)(3) ations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Disprop	h) ortionate ttions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	( Gene mana part	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)		-												
11)		-												
12)		-												
13)		-												
14)		-												
15)		-												
16)														

Schedule R (Form 990) 2020

	Form 990) 2020	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
	Trovide additional information for responses to questions on ochequie n. See instructions.	