## 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.

(d)

Total income

(e)

End-of-year assets

(c)

Legal domicile (state

or foreign country)

OMB No. 1545-0047

Open to Public Inspection

(f)

Direct controlling

entity

Department of the Treasury Internal Revenue Service

Part I

► Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(b)

Primary activity

Name of the organization Employer identification number

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 uring the t	mplete if thax year.	ne organization ar	nswered "Yes" on	Form 990, Part I	IV, line 34 beca	use it ha	d
	(a) Name, address, and EIN of related organization		<b>(b)</b> ry activity	(c) Legal domicile (state or foreign country)			(f) Direct controlling	Section cont	(g) 512(b)(13) crolled tity?
(4)								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
	and Destruction And Notice and the Last and Company (co. France)						<del>                                     </del>	D (F	

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) 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)	(j) General or managing partner?		(k) Percentage 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) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) Type of entity (C corp, S corp, or trust)	(f)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti	i) 512(b)(13) rolled 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.				Y	es N	lo.
1	During the tax year, did the organization engage in any of the following transactions with one or m	nore related organiz	zations 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)			<del>-</del>	1e		
	3 (,						
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		
h	Purchase of assets from related organization(s)			<del>-</del>	1h		
ï	Exchange of assets with related organization(s)			<u> </u>	1i		
	Lease of facilities, equipment, or other assets to related organization(s)				1i		
J	Lease of facilities, equipment, of other assets to related organization(s)				')		
l,	Logge of facilities, equipment, or other spects from related organization(s)				1k		
k	Lease of facilities, equipment, or other assets from related organization(s)			<del>-</del>			
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			<del>-</del>	1n		
0	Sharing of paid employees with related organization(s)				10	_	
р	Reimbursement paid to related organization(s) for expenses			<del>-</del>	1p		
q	Reimbursement paid by related organization(s) for expenses				1q	$\perp$	
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 compl	lete this line, includ	ding covered relations	hips and transaction	n thres	holds	
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining a	amount	nvolved	d
		type (a-s)					
(1)							
(2)							
<u>-/</u>							_
(3)							
(J)							
(A)							
(4)							
(E)							
(5)							
(C)							
(6)							

Schedule R (Form 990) 2014 Page 4

## 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 sections 512-514)	Are all sed 501	partners ction (c)(3) zations?	<b>(f)</b> 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	i) ral or aging ner?	(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) 2014 Page									
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	, 135 0							
	Trovido additional information responses to questione on conscident (cost includent).								