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

**Related Organizations and Unrelated Partnerships** 

(e)

(d)

(c)

OMB No. 1545-0047

**Open to Public** Inspection

(f)

Department of the Treasury Internal Revenue Service

Part I

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. ► See separate instructions.

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

(b)

Name of the organization

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

Employer identification number

Name, address, and EIN (if applicable) of disregarded entity	Prim	ary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets			
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 a	answered "Yes" or	Form 990, Par	t IV, line 34 beca	use it ha	ıd
(a) Name, address, and EIN of related organization	Prima	<b>(b)</b> ry activity	(c) Legal domicile (stat or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3)	(f) Direct controlling entity	ing Section 512(b)(1 controlled entity?	
							Yes	No
	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du (a)  Name, address, and EIN of related organization	Identification of Related Tax-Exempt Organizations Coone or more related tax-exempt organizations during the tax-exempt organizations during the tax-exempt organization Prima	Identification of Related Tax-Exempt Organizations Complete if the one or more related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity	Identification of Related Tax-Exempt Organizations Complete if the organization one or more related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (stat or foreign country)	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" or one or more related tax-exempt organizations during the tax year.  (a)  Name, address, and ElN of related organization  Primary activity  (b)  Legal domicile (state or foreign country)  Exempt Code section	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Par one or more related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign country)  Exempt Code section  Public charity state (if section 501(c))3	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 beca one or more related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization  Primary activity  Primary activity  Legal domicile (state or foreign country)  Exempt Code section  Public charity status (if section 501(c)(3))  Direct controlling entity	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.  (a)  Name, address, and ElN of related organization  (b)  Primary activity  Legal domicile (state or foreign country)  Exempt Code section  (c)  (d)  Public charity status (if section 501(c)(3))  Primary activity  Yes

(a)

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	Disprope alloca	ortionate	(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.

Not	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 or m	nore related organi:	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	
	<b>3</b> , <b>3</b> , ,					
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)				1j	
J	Lease of facilities, equipment, of other assets to related organization(s)				',	
l,	Lease of facilities, equipment, or other assets from related organization(s)				1k	
k				<del>-</del>	11	
	Performance of services or membership or fundraising solicitations for related organization(s)					
	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	
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 comp	olete this line, includ	ding covered relations	ships and transaction	n thresi	nolds.
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of determining a	amount ii	nvolved
		type (a-s)				
(1)						
(2)						
<u>-</u> /						
(3)						
<u>(-)</u>						
(4)						
(+)						
<i>(</i> 5)						
(5)						
(C)						
(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	partners ction (c)(3) zations?	(f) Share of total income	(g) 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 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)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														
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Schedule R (Form 990) 2013 Pag									
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).								
	Tronde additional information for responded to questions on confedure in (each include actions).								