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Do not enter social security numbers on this form as it may be made public.

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Cumulative e-File History 2018

Federal

Tax Return
43528X

Return Type
990

Application for Automatic Extension of Time To File an Exempt Organization Return

* File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Enter filer's identifying number, see instructions | | |
|---|---|---|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or |

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A diagram consisting of two horizontal black lines. The top line is a single horizontal segment. The bottom line is composed of three segments: a vertical segment on the left, a horizontal segment in the middle, and a vertical segment on the right. Each of these four segments has a small square at its endpoint where it meets the other segment.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

A A A A A A A

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," desic

4 Describe the organization's program service accomplishmts for each of its three largest program services, as mured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including g4100135(a)-27.6(n).2(ts o)-27.6(f)-28.1(\$)-8749.8())27()00135(R)-.5(ev)27.2?enum

4b (Code: _____) (Expenses \$ _____ including g4100135(a)-27.6(n).2(ts o)-27.6(f)-28.1(\$)-8749.8())27(()00135(R)-.5(ev)27.2?enu

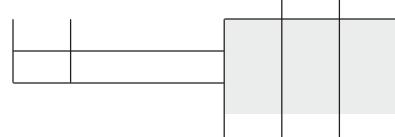
Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | A | A |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | A | A |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | A | A |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | A | A |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | A | A |
| 6 | | |
| 7 the organit(i)27.3(o).2(n-5581(recei)27.3vl)55.2(e)26(or)(i)27.281ts)i.4ervlat(i)27.3((n-5581(eas)-27.4(e)24(m)-74(e)24(n-5581ts)27.5(,)27 eeanvononrichn areas, m)27.3(e)28.2(s)27.6(?)28.2()]TJ /TT26 1 Tf 2705278 0 TD -.0002 Tc 0 Tw [(l)-27.9(f)-277.9(")21.4(Y)27.9(e)28. 8 | | |
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Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|--|-----------------|-------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | A | A A A A A A |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | A A A A A A A A | A A A |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | A A A A A A A A | A A A |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | A | A A |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | A A A A A A A A | A A A |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | A | A A A |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | A A A A | A A A A |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | A A A A A A A A | A A A A |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or | | |
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

A A A A A A

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

- | | | | | | | | | |
|----|--|---|---|---|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | A | A | A | A | A | A | A |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | A | A | A | A | A | A | A |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | A | A | A | A | A | A | A |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | A | A | A | A | A | A | A |
| 5 | Net unrealized gains (losses) on investments | A | A | A | A | A | A | A |
| 6 | Donated services and use of facilities | A | A | A | A | A | A | A |
| 7 | Investment expenses | A | A | A | A | A | A | A |
| 8 | Prior period adjustments | A | A | A | A | A | A | A |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | A | A | A | A | A | A | A |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | A | A | A | A | A | A | A |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | Yes | No |
|--|-----|---------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | A | A 2a |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | A | A 2b |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | 2c |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? A A A A A A A A 3a | A | A 3a |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | 3b |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

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Part IV Supporting Organizations (continued)

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Schedule of Contributors

OMB No. 1545-0047

* Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

ecZa

Name of organization

Employer identification number

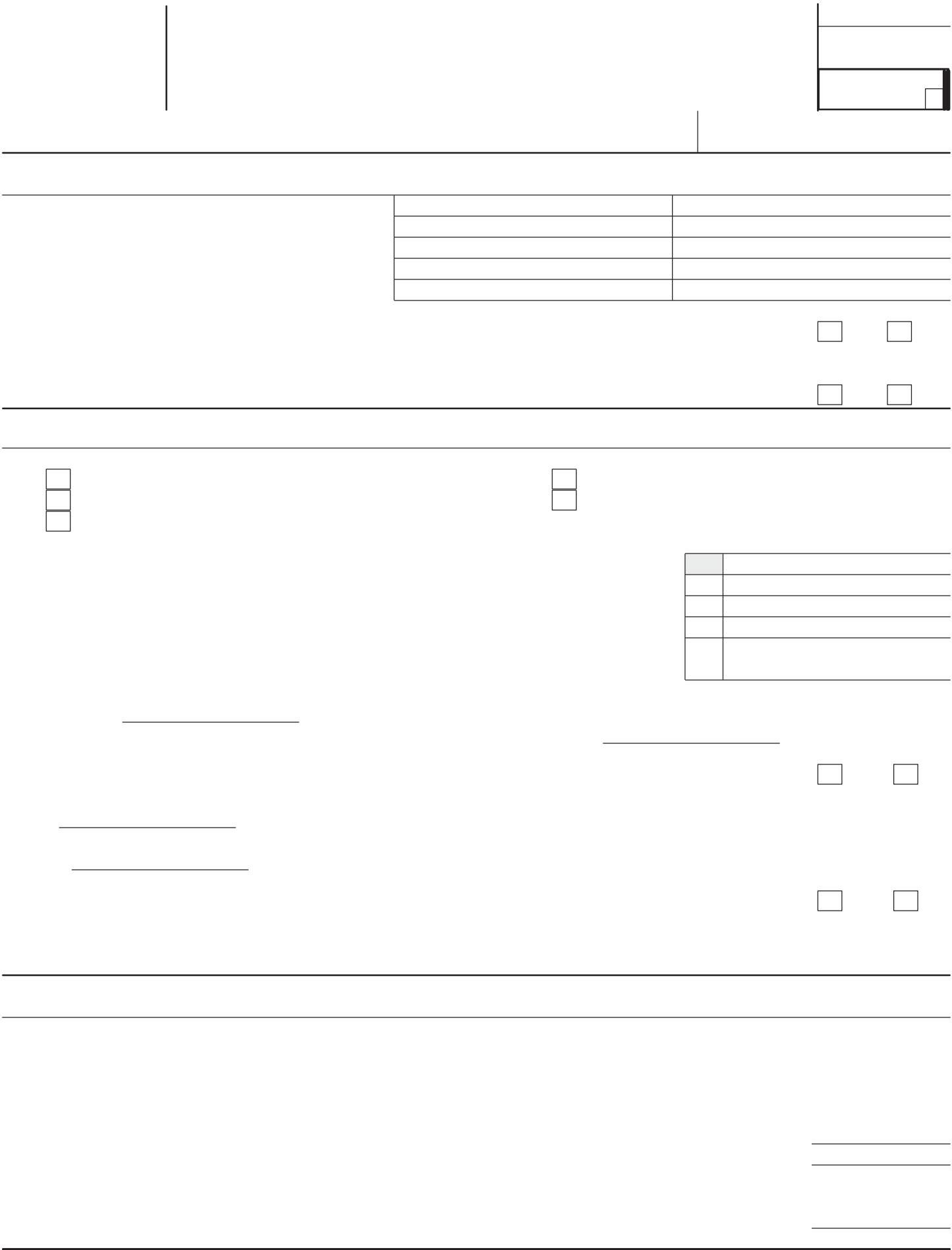
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.



Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets **(continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition

d Loan or exchange programs

b Scholarly research

e Other

c Preservation for future generations

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **A**

A Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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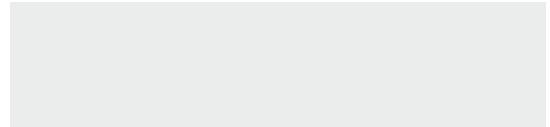
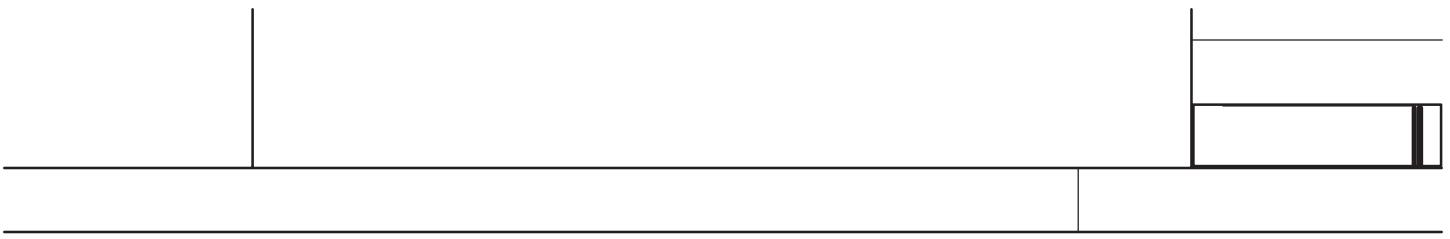


Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|---|--|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | Net unrealized gains (losses) on investments | | |
| | Donated services and use of facilities | | |
| | Recoveries of prior year grants | | |
| | Other (Describe in Part XIII.) | | |
| | Add lines | 2e | |
| 3 | | 3 | |
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Part XIII Supplemental Information (continued)**PART X FIN 48**

CCI APPLIES FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION TOPIC 740, INCOME TAXES (ASC 740), WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS. IT ALSO PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED. THERE IS CURRENTLY NO IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF ASC 740.



Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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(a) A

(b) IRS made (c) Reasons

(a) Name of

| (a) Name of organization | (b) IRS code section and EIN | (c) Region | (d) Amount of grant | (e) Amount of |
|--------------------------|-----------------------------------|------------|---------------------|---------------|
| Organization A | Section 501(c)(3), EIN 12-3456789 | Region B | \$100,000 | \$50,000 |

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(if applicable)

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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
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Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"
the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)

A A A A A A A A Yes A No

- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes,"
the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)

A A Yes A No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"
the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)

A A A A A A A A Yes A No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes,"
the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)

A A A A A A A A Yes A No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"
the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

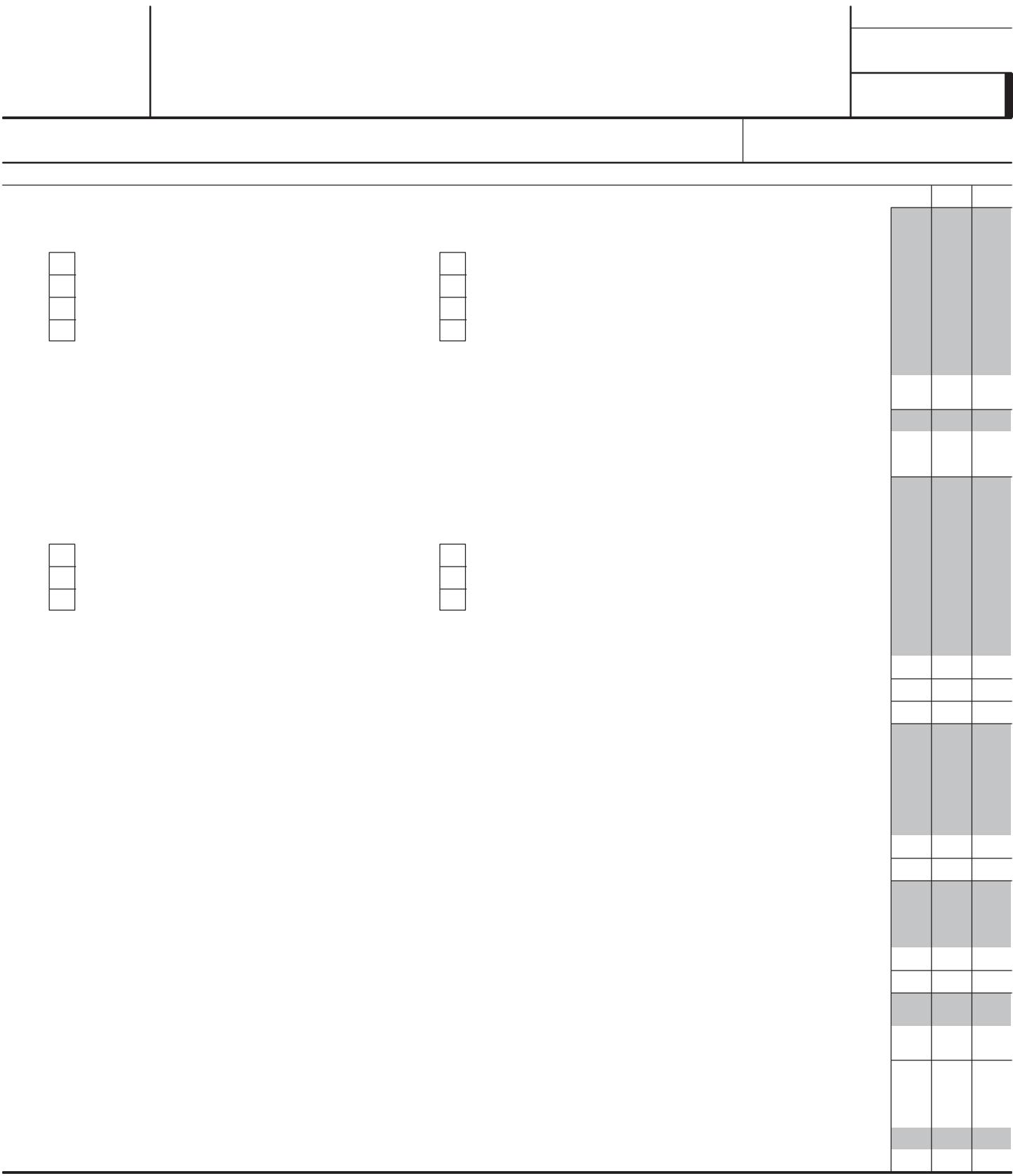
A A A A A A A A Yes A No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes,"
the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)

A A A A A A A A Yes A No

Part V**Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).



THE CARTER CENTER COLLABORATIVE, INC.

20-5704991

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B), reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| MARY ANN PETERS 1 CEO | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| PHILLIP J. WISE 2 SECRETARY, VP-OPERATIONS | (i) 368,799. | 0. | 0. | 24,750. | 1,060. | 394,609. | 0. |
| CHRISTOPHER BROWN 3 TREASURER, VP-FINANCE | (i) 238,955. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 | (i) 0. | 0. | 0. | 21,740. | 0. | 260,695. | 0. |
| 5 | (i) 206,910. | 0. | 0. | 18,659. | 0. | 0. | 0. |
| 6 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 9 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 10 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 12 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 13 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 14 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 15 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
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Schedule J (Form 990) 2018

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

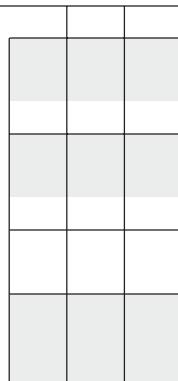
* Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
* Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

ecZa
en to Public
Inspection

Name of the organization

Employer identification number

Part I Types of Property



Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

*

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

ecZa

Open to Public
Inspection

Name of the organization

THE CARTER CENTER COLLABORATIVE, INC.

Employer identification number

20-5704991

FORM 990, PART III, LINE 1

THE CARTER CENTER COLLABORATIVE, INC. WAS ESTABLISHED TO SUPPORT THE
MISSION OF THE CARTER CENTER, INC. THE CARTER CENTER IS GUIDED BY THE
PRINCIPLES OF OUR FOUNDERS, JIMMY AND ROSALYNN CARTER. FOUNDED IN
PARTNERSHIP WITH EMORY UNIVERSITY ON A FUNDAMENTAL COMMITMENT TO HUMAN
RIGHTS AND THE ALLEVIATION OF HUMAN SUFFERING.
THE CENTER SEEKS TO PREVENT AND RESOLVE CONFLICTS, ENHANCE FREEDOM AND
DEMOCRACY, AND IMPROVE HEALTH.

| | |
|--|--|
| | |
|--|--|

Name of the organization

THE CARTER CENTER COLLABORATIVE, INC.

Employer identification number

20-5704991

RELATED SUPPORTED ORGANIZATION, THE CARTER CENTER, INC.

FORM 990, PART VI, SECTION C, LINE 19

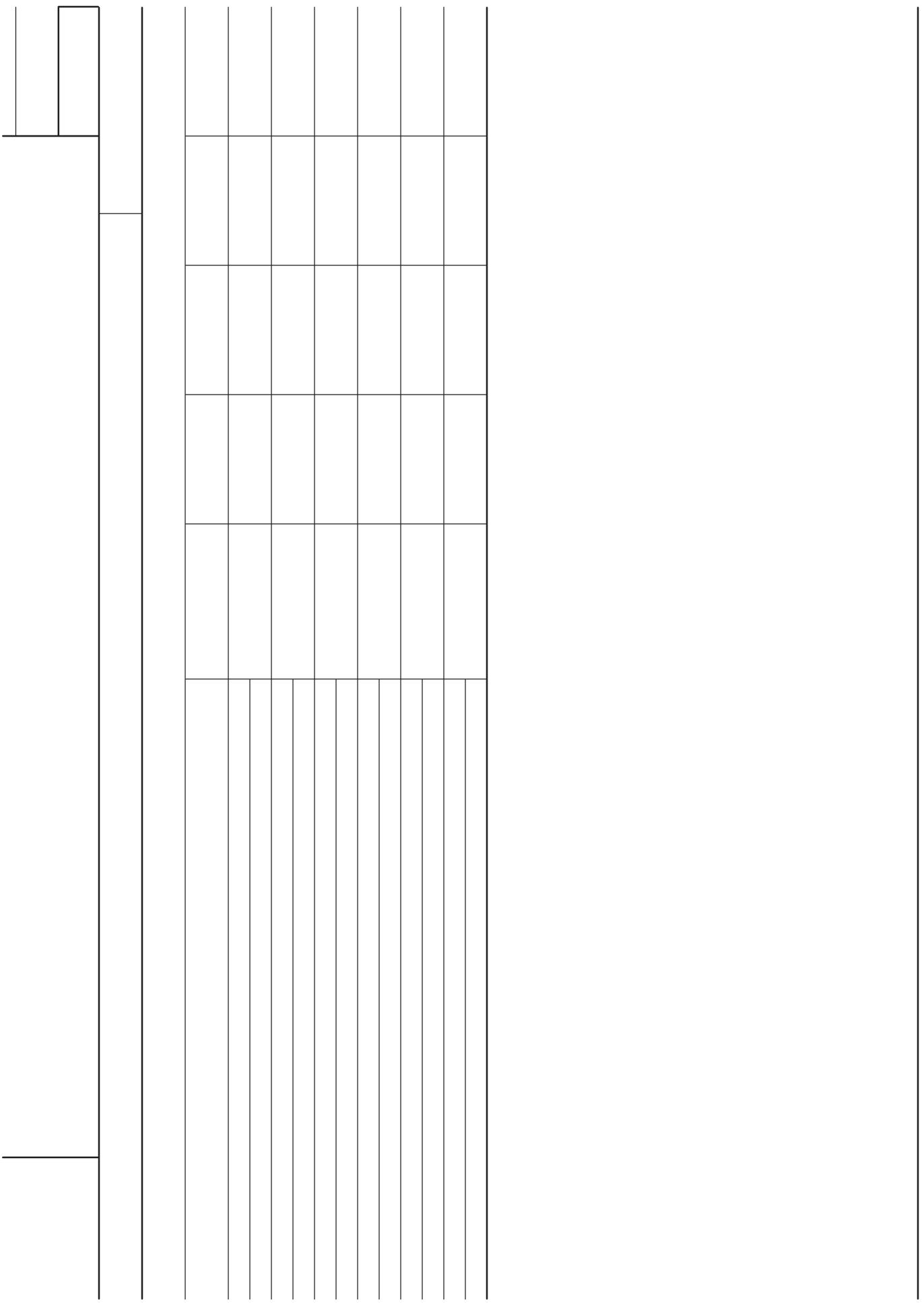
PUBLIC AVAILABILITY OF DOCUMENTS

THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE CARTER CENTER, INC.,

WHICH INCLUDE THE CARTER CENTER COLLABORATIVE, INC., AND THE IRS FORM 990

ARE AVAILABLE ON THE CARTER CENTER'S WEBSITE, WWW.CARTERCENTER.ORG.

DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST.



Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34.

THE CARTER CENTER COLLABORATIVE, INC.

20-5704991

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l 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)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses

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 complete this line, including covered relationships and transaction thresholds.

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (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 sections 512-514) | (e) Are all partners Section 501(c)(3) organizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | | (j) General or managing partner? | (k) Percentage ownership |
|---|-------------------------|--|--|---|---------------------------------|--|---|---|----|---|--------------------------------|
| | | | | | | | | Yes | No | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
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| (14) | | | | | | | | | | | |
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Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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