** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning OCT 1 2018 and ending SEP 30 2019 C Name of organization D Employer identification number

В Check if applicable: Address change RARE Name 23-7380563 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1310 NORTH COURTHOUSE RD 110 (703) 522-5070 50,779,127. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ARLINGTON, VA 22201 H(a) Is this a group return return
Application
pending F Name and address of principal officer: BRETT JENKS Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.RARE.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1974 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: RARE INSPIRES CHANGE SO PEOPLE Activities & Governance AND NATURE THRIVE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 Number of voting members of the governing body (Part VI, line 1a) 3 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 95 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 2292 6 262 613. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 7b -36.027.**Prior Year Current Year** 36,591,756. 21,394,396. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. Program service revenue (Part VIII, line 2g) 790,301. 233,881 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 319,230 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 224,336. 11 21,947,507 37 606 393. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,419,471 1,090,096. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,846,617. 16,426,065. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 13 954. **b** Total fundraising expenses (Part IX, column (D), line 25) 9,250,640, 9,396,758. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 24,516,728. 26,926,873. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,679,520. -2,569,221. Revenue less expenses. Subtract line 18 from line 12 or **Beginning of Current Year End of Year** 41,397,121. 36,181,517. Total assets (Part X, line 16) 18,440,811, 12,842,431. 21 Total liabilities (Part X, line 26) ᄪ 17,740,706. 28,554,690. Net assets or fund balances. Subtract line 21 from line 20 22 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 6/20/2020 Signature of officer Date Sign 251E6D90BDF345C NIELS CRONE, CHIEF OPERATIONS OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Miter Bounds 06/19/2020 KRISTEN BARNETT Paid P01234578 self-employed Firm's name RSM US LLP 42-0714325 Preparer Firm's EIN ▶ Firm's address > 1861 INTERNATIONAL DRIVE, SUITE 400 Use Only

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

MCLEAN, VA 22102

May the IRS discuss this return with the preparer shown above? (see instructions)

No

Yes

Phone no.703-336-6400

Form	990 (2018) RARE	23-7380563	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	RARE INSPIRES CHANGE SO PEOPLE AND NATURE THRIVE. FOR EVERY		
	ENVIRONMENTAL CHALLENGE WE FACE, PEOPLE ARE BOTH THE PROBLEM AND THE		
	SOLUTION. IF PEOPLE AND HUMAN BEHAVIOR ARE BEHIND THESE CHALLENGES,		
	THEY SHOULD BE AT THE CENTER OF THE SOLUTION.		
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	X 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? \dots	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured 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, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$12,373,479. including grants of \$907,051.) (Revenue	\$)
	SUSTAINABLE FISHERIES AND AGRICULTURE:		
	THE LIVES AND LIVELIHOODS OF THE WORLD'S MOST VULNERABLE PEOPLE DEPEND		
	ON THE REMAINING FORESTS, WETLANDS AND CORAL REEFSAND BALANCING HOW WE		
	USE AND PRESERVE THESE RESOURCES REQUIRES US TO CHANGE OUR RELATIONSHIP		
	WITH NATURE.		
	FISH FOREVER IS RARE'S COMPREHENSIVE AND COMMUNITY-LED SOLUTION FOR		
	REVITALIZING COASTAL MARINE HABITATS, SUCH AS CORAL REEFS, MANGROVES		
	AND SEAGRASSES, PROTECTING BIODIVERSITY, AND SECURING THE LIVELIHOODS		
	OF FISHER HOUSEHOLDS AND THEIR COMMUNITIES. RARE'S VISION IS TO		
	TRANSFORM THE MANAGEMENT OF COASTAL FISHERIES BY PAIRING A PROVEN LOCAL		
4b	(Code:) (Expenses \$3,184,546. including grants of \$183,045.) (Revenue	\$)
	CLIMATE CHANGE:		
	IN 2019, RARE LAUNCHED A NEW PROGRAM CALLED, "MAKE IT PERSONAL"		
	DESIGNED TO HELP INDIVIDUAL AMERICANS REDUCE THEIR CARBON FOOTPRINT.		
	MAKE IT PERSONAL WILL TARGET SEVEN BEHAVIORS WITH THE GREATEST		
	PRACTICAL POTENTIAL TO REDUCE EMISSIONS IN THE U.S. IF JUST 10% OF THE		
	ADDRESSABLE MARKET OF AMERICANS ADOPT THE SEVEN BEHAVIORS, WE COULD		
	FILL THE GAP BETWEEN OUR CURRENT EMISSIONS TRAJECTORY AND OUR		
	OBLIGATIONS UNDER THE 2015 PARIS CLIMATE AGREEMENT.		
	IN 2019, MAKE IT PERSONAL AND THE CENTER FOR BEHAVIOR & THE ENVIRONMENT		
	PUBLISHED A REPORT, "CHANGING BEHAVIORS TO REDUCE U.S. EMISSIONS,"		
4c	(Code:) (Expenses \$3,129,517. including grants of \$) (Revenue	\$)
	CENTER FOR BEHAVIOR & THE ENVIRONMENT:		
	MUD GENERA DOD DEUNITOR C MUD ENVIDONMENT / DE GENERAL TO MANGLATINO		
	THE CENTER FOR BEHAVIOR & THE ENVIRONMENT (BE.CENTER) IS TRANSLATING		
	SCIENCE INTO PRACTICE AND LEVERAGING THE BEST BEHAVIORAL SCIENCE		
	INSIGHTS AND DESIGN THINKING APPROACHES TO TACKLE SOME OF THE MOST		
	CHALLENGING ENVIRONMENTAL ISSUES. GLOBAL UNDERSTANDING OF HUMAN		
	BEHAVIOR IS EVOLVING QUICKLY. NEW INSIGHTS ACROSS ECONOMICS,		
	PSYCHOLOGY, EVOLUTIONARY BIOLOGY, NEUROSCIENCE, AND MORE HAVE		
	TRANSFORMED OUR UNDERSTANDING OF HOW PEOPLE MAKE DECISIONS. THROUGH		
	PARTNERSHIPS WITH LEADING ACADEMIC AND RESEARCH INSTITUTIONS, WE ARE		
	BRINGING THE RESEARCH INTO THE FIELD TO CONNECT THE NEXT GENERATION OF		
	BEHAVIORAL SCIENTISTS WITH PRACTITIONERS ON THE FRONT LINES OF OUR		
40	Other program services (Describe in Schedule O.)	,	
4 -	(Expenses \$ 3,358,079. including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 22,045,621.		-00

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Form 990 (2018) RARE 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		Х
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	4		Х
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part IV Checklist of Required Schedules (continued)

	continued)		T.,	
22	Did the expenization report more than \$5,000 of grants or other assistance to or for democtic individuals on		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	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
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	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		Х
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	25b		X
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 disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	October 1 to M. Do J. H.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Х
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2018) RARE 23-7380563 Page **5**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)									
			Yes	No						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a	х							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE 0									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		х						
L	any contributions that were not tax deductible as charitable contributions?	6a								
α	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	61-								
7	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	7-		х						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b								
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70								
C	to file Form 8282?	7c		Х						
Ч		70								
e	Did the appropriation was in any funder disease, as indicate, as indicate, to provide a provide	7e		Х						
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h								
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans That the arrest of recovery and band									
	Enter the amount of reserves on hand	40-		X						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		х						
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
.5	If "Yes," complete Form 4720, Schedule O.	10								

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	21		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?			Х
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
~	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	. 05		
•	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses in Schedule O</i>	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 5		
	This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	110
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	i ia		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	. 120		
·	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	. 14		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	1	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
160				
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160	Х	
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	21	
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h	Х	
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b	21	
17 10	List the states with which a copy of this Form 990 is required to be filed AZ, AK, CA, CT, CO, DC, FL, GA, HI, IL, IN, KS	3/0 02/1-/	ove:let	alo.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(olila)	avallat	JIE
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain in Schedule O)	ad #:	اما	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	ia financ	iai	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CATHERINE STEWART - (703) 522-5070 1310 NORTH COURTHOUSE RD NO. 110 ARITHMETON VA. 22201			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organizat (A) Name and Title	(B) Average	(do	Position (do not check more than one box, unless person is both an			l than o	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated
	hours per week (list any	offic	officer and a director/trustee)		from the	from related organizations	amount of other compensation			
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) SCOTT AMERO	3.50	_			_		_			
CHAIRMAN		Х		х				0.	0.	0.
(2) STEVE GAINES	2.50									
SECRETARY		х		х				0.	0.	0.
(3) TOM PATTERSON	2.50									
TREASURER		х		х				0.	0.	0.
(4) AMANDA PAULSON	2.50									
TRUSTEE		Х						0.	0.	0.
(5) DOROTHY BATTEN	2.50									
TRUSTEE		х						0.	0.	0.
(6) MEHRDAD BAGHAI	2.50									
TRUSTEE		Х						0.	0.	0.
(7) MICHAEL BONNEY	2.50									
TRUSTEE		Х						0.	0.	0.
(8) RANDY BROWN	2.50									
TRUSTEE		Х						0.	0.	0.
(9) PAUL BUTLER	7.00									
TRUSTEE		Х						106,110.	0.	0.
(10) ALICE FARMER	2.50									
TRUSTEE		Х						0.	0.	0.
(11) LIZANNE GALBREATH	2.50									
TRUSTEE		Х						0.	0.	0.
(12) AVI GARBOW	2.50									
TRUSTEE		Х						0.	0.	0.
(13) SARAH STEIN GREENBERG	2.50								•	
TRUSTEE	0.50	Х						0.	0.	0.
(14) SVEN LINDBLAD	2.50	.,						0	0	•
TRUSTEE	2.50	Х						0.	0.	0.
(15) JOSE ROBERTO MARINHO TRUSTEE	2.30	x						0.	0.	_
(16) NANCY MACKINNON	2.50							0.	0.	0.
TRUSTEE	2.30	x						0.	0.	
(17) ED SOULE	2.50	Λ						0.	0.	0.
TRUSTEE	2.30	x						0.	0.	0.

Form 990 (2018) RARE									23-738056	3 Page b
Part VII Section A. Officers, Directors, To		oloy	ees,			ghes	t Co	pmpensated Employee	s (continued)	
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		re than one n is both an		Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) JAN PORTMAN	2.50									
TRUSTEE		Х						0.	0.	0.
(19) VADIM NIKITINE	2.50									
TRUSTEE		Х						0.	0.	0.
(20) DAVID MCCORMICK	2.50									
TRUSTEE		Х						0.	0.	0.
(21) BRETT JENKS	40.00									
PRESIDENT AND CEO		Х		Х				443,702.	0.	99,242.
(22) NIELS CRONE	40.00									
CHIEF OPERATING OFFICER				Х				146,229.	0.	35,129.
(23) MARTHA PIPER	40.00									
MANAGING DIR., GLOBAL SOLUTIONS					Х			150,875.	0.	39,265.
(24) DALE GALVIN	40.00									
MANAGING DIR., SUSTAINABLE					х			327,230.	0.	77,278.
(25) CARYN PERRELLI TRIVETT	40.00									
VICE PRESIDENT, TALENT					х			226,956.	0.	15,862.
(26) KAREN ZIFFER	40.00									
CHIEF DEVELOPMENT OFFICER					х			287,160.	0.	74,509.
1b Sub-total							▶	1,688,262.	0.	341,285.
c Total from continuation sheets to Part							•	1,018,090.	0.	178,234.
d Total (add lines 1b and 1c)							•	2,706,352.	0.	519,519.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Pes No

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

30

rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JANINE MARIE WILKIN, 1819 N INGLEWOOD	PROGRAM DEVELOPMENT AND	
STREET, ARLINGTON, NV 22205	OVERSIGHT	111,401.

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form 990 (2018)

Total number of independent contractors (including but not limited to those listed above) who received more than

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Form 990 RARE									23-73805	663
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(cl	(check all that apply)		ly)	compensation	compensation	amount of		
	per							from	from related	other
	week (list any	 - -				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099****100)	organization
	related	ee or	stee			nsate		(** 2) 1000 111100)		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	itutio	Je.	empl	hest c	ner			
	line)	Indi	Inst	Officer	Key	Hig	Former			
(27) STEPHEN BOX	40.00									
SENIOR VICE PRESIDENT					Х			203,788.	0.	41,283
(28) ESTEBAN CHAVARRIA	40.00									
VP FINANCE & ACCOUNTING						Х		165,888.	0.	36,483
(29) ANNA BARTLETT	40.00									
VP, IND. GIVING & BOARD RELATIONS						Х		169,008.	0.	27,629
(30) BRIAN ULLMAN	40.00									
VP, MARKETING & COMMUNICATIONS						Х		162,595.	0.	6,186
(31) CYNTHIA MAYORAL	40.00									
SR. DIRECTOR, FOUNDATION RELATIONS	40.00					Х		162,906.	0.	46,536
(32) MANUEL BUENO VERA	40.00					37		152 005	0	20 117
SR. DIR., SUSTAINABLE MARKETS & FIN.						Х		153,905.	0.	20,117
		1								
	1									
Total to Part VII, Section A, line 1c								1,018,090.		178,234

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 7,342,903. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 29,248,853. 660,151. g Noncash contributions included in lines 1a-1f: \$ 36,591,756 h Total. Add lines 1a-1f \triangleright **Business Code** 2 a Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 687,203. 687,203. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 168,393. 6 a Gross rents 206,670. **b** Less: rental expenses -38,277. c Rental income or (loss) -38,277, -38,277. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 13,069,162. assets other than inventory b Less: cost or other basis 12,966,064. and sales expenses 103,098. c Gain or (loss) 103,098, 103,098. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MANAGEMENT FEE REVENUE 541610 262,613, 262,613, b d All other revenue 262,613. e Total. Add lines 11a-11d 37,606,393. 0. 262,613. 752,024. Total revenue. See instructions 12

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). Х Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 324,720. 324,720. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,800 2,800. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 762,576. 762,576. Benefits paid to or for members Compensation of current officers, directors, 509,863. 799.892. 476,186, trustees, and key employees 1,785,941. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,575,763. 761,708. 815,506. Other salaries and wages 9,998,549. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 737,938 414,818. 182,516. 140,604. 99,975. 1,119,404 925,956. 93,473 Other employee benefits 9 1,207,019 832,366. 177,106. 197,547. 10 Payroll taxes 11 Fees for services (non-employees): Management 280,019. 209 699. 70,320, Legal 185,849. 83,134. 102,715. Accounting Lobbying 13,954. 13,954. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,777,314. 2,682,434 94,880. column (A) amount, list line 11g expenses on Sch O.) 59,446. 59,446. Advertising and promotion 12 292,389. 206,164. 18,109. 68,116. Office expenses 13 136,575. 1,045,747. 698,635. 210,537. Information technology 14 15 Royalties 1,394,338, 1,080,811. 176,471, 137,056. 16 Occupancy 54,763. 1,947,349. 1,800,687. 91,899. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,053,049. 1,053,049. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 133,375. 133,375 Depreciation, depletion, and amortization 22 104,510. 46,597. 57,913. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PERMITS AND LICENSES 66,667. 51,972. 13,240, 1,455. GAIN/LOSS ON CURRENCY 37,708. 37,708 BANK FEES 18,998. 18,998. С d All other expenses е 2,331,385. Total functional expenses. Add lines 1 through 24e 26,926,873 22,045,621, 2,549,867 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X Balance Sheet RARE 23-7380563 Page **11**

Part X	Balance Sheet				
	Check if Schedule O contains a response or note to any	line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		6,018,907.	1	2,466,173
2	Savings and temporary cash investments		2,307,850.	2	5,025,170
3	Pledges and grants receivable, net		11,470,419.	3	19,092,68
4	Accounts receivable, net			4	
5	Loans and other receivables from current and former office				
	trustees, key employees, and highest compensated emp	loyees. Complete			
	Part II of Schedule L			5	
6	Loans and other receivables from other disqualified person				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c				
νį .	employees' beneficiary organizations (see instr). Complet	-		6	
Sies 7	Notes and loans receivable, net			7	239,10
g 8	Inventories for sale or use			8	
9	Donata del como como estado de forma de de como e		575,305.	9	415,50
10:	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D 10a	1,433,293.			
	Less: accumulated depreciation 10b	1,227,728.	286,100.	10c	205,56
11	Investments - publicly traded securities		13,726,332.	11	12,367,78
12	Investments - other securities. See Part IV, line 11			12	
13				13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		1,796,604.	15	1,585,13
16	Total assets. Add lines 1 through 15 (must equal line 34	36,181,517.	16	41,397,12	
17	Accounts payable and accrued expenses	3,242,235.	17	3,403,29	
18	Grants payable			18	
19	Deferred revenue		8,304,591.	19	4,794,13
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of			21	
ຼ 22	Loans and other payables to current and former officers,	directors, trustees,			
Liabilities	key employees, highest compensated employees, and di	squalified persons.			
aD	Complete Part II of Schedule L			22	
[⊒] 23	Secured mortgages and notes payable to unrelated third			23	
24	Unsecured notes and loans payable to unrelated third pa	ırties		24	
25	Other liabilities (including federal income tax, payables to	related third			
	parties, and other liabilities not included on lines 17-24).	Complete Part X of			
	Schedule D		6,893,985.	25	4,645,00
26	Total liabilities. Add lines 17 through 25		18,440,811.	26	12,842,43
	Organizations that follow SFAS 117 (ASC 958), check	here ▶ X and			
တ္ထ	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		8,771,524.	27	9,893,69
28	Temporarily restricted net assets		8,969,182.	28	18,661,00
29				29	
בַּ	Organizations that do not follow SFAS 117 (ASC 958),	check here			
5	and complete lines 30 through 34.				
2 30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment			31	
Net Assets or Fund Balances 2	Retained earnings, endowment, accumulated income, or	other funds		32	
00			17,740,706.	33	28,554,69
34	Total liabilities and net assets/fund balances		36,181,517.	34	41,397,12

Form **990** (2018)

-orm	n 990 (2018) KARE	23-738056) 3	Pa	ge IZ
Pa	rt 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)	1			393.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,	926,	873.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,	679,	520.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,	740,	706.
5	Net unrealized gains (losses) on investments	5		134,	464.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	28,	554,	690.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Employer identification number** 23-7380563 RARE Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

Part II 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 Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and				-		
	membership fees received. (Do not						
	include any "unusual grants.")	20,190,469.	18,744,535.	32,487,459.	21,394,396.	36,591,756.	129,408,615.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	20,190,469.	18,744,535.	32,487,459.	21,394,396.	36,591,756.	129,408,615.
	The portion of total contributions	, , ,	, , ,	, , ,	, , ,	, , ,	, , ,
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						40 102 006
_	**						49,102,996. 80,305,619.
	Public support. Subtract line 5 from line 4.						80,303,619.
		(a) 2014	(b) 201E	(a) 2016	(4) 0017	(a) 0010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014 20,190,469.	(b) 2015 18,744,535.	(c) 2016 32,487,459.	(d) 2017 21,394,396.	(e) 2018 36,591,756.	(f) Total 129,408,615.
	Amounts from line 4	20,130,403.	10,744,555.	32,407,433.	21,351,350.	30,331,730.	123,400,013.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	220 045	100 640	176 005	220 267	055 506	1 602 442
	and income from similar sources	230,845.	189,649.	176,985.	230,367.	855,596.	1,683,442.
9	Net income from unrelated business						
	activities, whether or not the				_		
	business is regularly carried on				0.	0.	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	39,491.			41,276.		80,767.
11	Total support. Add lines 7 through 10						131,172,824.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stor	here	·····				
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (li	ine 6, column (f) div	rided by line 11, co	olumn (f))		14	61.22 %
15	Public support percentage from 2017	Schedule A, Part I	I, line 14			15	56.31 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or me	ore, check this box	and
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				\ X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2018. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization		>
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organizatio			•			
				,,,, // 2	,		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	low, please comp	,				_
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1		1	1	
Calendar year (or fiscal year beginning in) 🕨 📙	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	•			•	. , . ,	
check this box and stop here						>
Section C. Computation of Public					T I	
15 Public support percentage for 2018 (lir					15	%
16 Public support percentage from 2017 Section D. Computation of Invest	<u></u>				16	%
<u> </u>					47	
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18 23 1/3% and line 1	7 is not
19a 33 1/3% support tests - 2018. If the c						▶ □
more than 33 1/3%, check this box and	-	-				
b 33 1/3% support tests - 2017. If the cline 18 is not more than 33 1/3%, chec	•			•	•	
20 Private foundation. If the organization			•		ŭ	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	Yes	No
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Page 6

The 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. Section A - Adjusted Net Income 1	Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 4 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income (see instructions) 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (poptional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 b Average monthly value of securities 1 b Average monthly value of securities 1 c Fair market value of other non-exempt-use assets 1 c c 1 Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1 d 2 Cash deemed held for exempt use. Enter 1-1/296 of line 3 (for greater amount, see instructions) 4 Cash deemed held for exempt use. Enter 1-1/296 of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to energency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4 unless subject to energency temporary reduction (see instru	1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. Al
Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 Tale and the income (see instructions) 1 Aggregate fair market value of all non-exempt-use assets 1 Tale 1 Agregate fair market value of all non-exempt-use assets 1 Tale 1 Average monthly cash balances 1 Tale 2 Average monthly cash balances 1 Tale 3 Average monthly cash balances 1 Tale 4 Total (add lines 1a, 1b, and 1c) 1 Tale 5 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount for prior year (from Section A, line 8, Column A) 1 Aglusted net income for prior year (from Section A, line 8, Column A) 2 Enter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6		other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
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4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Aggregate fair market value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 Total (add lines 1a, 1b, and 1c) 1 Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	2	Recoveries of prior-year distributions	2		
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6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 10 to 1 to	4	Add lines 1 through 3	4		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 b Average monthly value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) 1 D Exount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 C Cadd demed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Not value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Income tax imposed in prior year (from Section B, line 8, Column A) 3 Hence greater of line 2 or line 3 5 Income tax imposed in prior year (from Section B, line 8, Column A) 6 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	5	Depreciation and depletion	5		
maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 a	6	Portion of operating expenses paid or incurred for production or			
7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 b Average monthly value of securities 1 b Average monthly use of securities 1 c d Total (add lines 1a, 1b, and 1c) 1 d Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 A Subtract line 2 from line 1 d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Cash deemed held for exempt use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 2 Enter 85% of line 1 3 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)		collection of gross income or for management, conservation, or			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 a b Average monthly value of securities 1 b c Fair market value of other non-exempt-use assets 1 b c Fair market value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedeness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Section C non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Agiusted net income for prior year (from Section B, line 8, Column A) 2 Enter 85% of line 1 2 Canter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)		maintenance of property held for production of income (see instructions)	6		
Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 6 Multiply line 5 by .035 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	7	Other expenses (see instructions)	7		
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see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	3	Subtract line 2 from line 1d	3		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Enter 85% of line 1 2 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Inter 85% of line 1 2 Inter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6		see instructions)	4		
7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
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Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Current Year Current Year	7	Recoveries of prior-year distributions	7		
1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	8	Minimum Asset Amount (add line 7 to line 6)	8		
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3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	2	Enter 85% of line 1	2		
5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	4		4		
emergency temporary reduction (see instructions) 6	5	Income tax imposed in prior year	5		
	6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see		emergency temporary reduction (see instructions)	6		
officer field in the edition year is the organization's mist as a flori unctionally integrated Type in supporting organization (see	7	Check here if the current year is the organization's first as a non-functional	ly integrated	d Type III supporting orga	anization (see
instructions).		instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Page 7

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	· · · · ·		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	2.0000			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 RARE	23-7380563	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Section (/, Section B, line 1e; Part	C, t V,
SCHEDULE	A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
AMOUNT BI	LLED TO INSURANCE COMPANY FOR FIRE DAMAGE:		
2014 AMOU	NT: \$ 39,491.		
OTHER REV	ENUE		
2017 AM OU	NT: \$ 41,276.		

JRE COPY **

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

RA	RE	23-7380563			
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount Z, line 1. Complete Parts I and II.	or 16b, and that received from			
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educated to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the column (b)	ational purposes, or for the			
year, contributions is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled mether the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>			
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Foundard form 1990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)			Page 2
Name of organization		Employ	yer identification number	
RARE			23	3-7380563
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 contribution	าร	(d) Type of contribution

ı artı	Oonthibutors (see instructions). Ose duplicate copies of Part I if additional	a space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,188,389.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$6,835,906.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,650,747.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$2,642,452.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,111,785.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,000,076.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of o	ganization	Emplo	yer identification number
ARE		2	3-7380563
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 873,981.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization	Employer identification number
RARE	23-7380563

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

lame of or	ganization		Employer identification numbe		
ARE			23-7380563		
Part III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, charused uplicate copies of Part III if additional sparents.	rough (e) and the following line entrible, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
———					
		(e) Transfer of gif	t		
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	*		
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	it		
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I		(0, 000 00 000			
	(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 23-7380563 RARE

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	÷ 6.		·
		(a) Donor advised funds	(b) Fui	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds	
_	are the organization's property, subject to the organization's e	-		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
_	for charitable purposes and not for the benefit of the donor or			
				Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization		· · · · · · · · · · · · · · · · · · ·	
-	Preservation of land for public use (e.g., recreation or ed		torically impo	rtant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conserva	ation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а			2a	
b				
c	Number of conservation easements on a certified historic structure.			
d	Number of conservation easements included in (c) acquired af			
-	listed in the National Register			
3	Number of conservation easements modified, transferred, rele			during the tax
_	year >	acca, changaichea, ch ionniaice a' an	ga <u>-</u> -a	
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	· · · · · · · · · · · · · · · · · · ·		
_	violations, and enforcement of the conservation easements it I			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	>	3		3 4 7
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	ation easemer	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)	
				Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organization	•	•	,
	conservation easements.		Ü	9
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Simila	nr Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue stater	nent and bala	ance sheet works of art,
	historical treasures, or other similar assets held for public exhi			
	the text of the footnote to its financial statements that describe	es these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	t and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	blic service, p	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
				\$
2	If the organization received or held works of art, historical treat			
	the following amounts required to be reported under SFAS 11	•		
а	Revenue included on Form 990, Part VIII, line 1	· ·		\$
	Assets included in Form 990, Part X			

	dule D (Form 990) 2018 RARE					011	0:	23-738			age ∠
Pai	t III Organizations Maintaining Co	ollections of Art	t, Histo	orical Tre	asures, o	Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	n, and other records	s, check	any of the f	ollowing that	are a sig	ınificant u	se of its c	ollection	items	;
	(check all that apply):										
а	Public exhibition	d	ı 🔲 I	Loan or exc	hange progra	ıms					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	how the	ev further th	ne organizatio	n's exem	not purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	· ·		•	-						
•	to be sold to raise funds rather than to be mai								Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Part)	organizatio	11 4110110104	100 011		, , , , , ,			
12	Is the organization an agent, trustee, custodia		iary for c	ontribution	s or other ass	ets not i	ncluded				
ıa	on Form 990, Part X?								Yes		No
L	If "Yes," explain the arrangement in Part XIII a								_ 1es		_ NO
D	if "Yes," explain the arrangement in Part XIII a	ina complete the fol	lowing ta	abie:					A		
	5								Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or cu	ıstodial accoı	unt liabili	ty?	L	Yes	L	No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete if	the organization an	swered '	"Yes" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curre	ant year end halance	line 1a	column (a)) hold ac.						
	Board designated or quasi-endowment		%	i, coluitii (a)	i) field as.						
		%									
b	Permanent endowment										
С	Temporarily restricted endowment	%									
_	The percentages on lines 2a, 2b, and 2c should be a sh										
За	Are there endowment funds not in the posses	sion of the organiza	ition that	are held ar	nd administer	ed for the	e organiza	ation	Г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pai	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o		. ,	or other (other)	٠,	ccumulate preciation	ed	(d) Bool	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements				258,515.		317,	602.		-59,	087.
	Equipment				761,438.		661,	421.		100,	017.
	Other				413,340.		248,				635.
	. Add lines 1a through 1e. (Column (d) must ed	·	V och ::=	n (D) line 1							565.
ıota	Aud iiiles Ta tiliough Te. (Column (d) must ec	iuai Form 990, Part i	x, colum	ıп (в), line 1	UC.)					,	

Schedule D (Form 990) 2018 RARE			23-7380563	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11b. See Form 990, I	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-of-year mai	ket value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-of-year mai	ket value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, I	Part X, line 15.	
(a)	Description		(b) Bo	ok value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	4=1			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>9 75.) </u>		······	
	on Form 000 Dort IV lin	a 11a ar 11f Caa Farm	2000 Dart V line 05	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, IIII	(b) Book value	1990, Part X, line 25.	
		(b) book value		
(1) Federal income taxes		1 256 255		
(2) DEFERRED COMPENSATION LIABILITY		1,376,255.		
(3) INVESTED FUNDS DUE TO RELATED PARTY		3,268,750.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	4,645,005.		
2. Liability for uncertain tax positions. In Part XIII, provide		to the organization's fir	nancial statements that reports t	ne
organization's liability for uncertain tax positions under				

Schedule D (Form 990) 2018

832054 10-29-18

_	edule D (Form 990) 2018 RARE			23-73805	63 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With R	evenue per Re	turn.	
	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	38,841,722.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		134,464.		
b	Donated services and use of facilities		133,449.		
С	Recoveries of prior year grants				
d	7	2d	760,746.		
е	Add lines 2a through 2d			2e	1,028,659.
3	Subtract line 2e from line 1			3	37,813,063.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		226 672	-	
b	, , , , , , , , , , , , , , , , , , , ,	4b	-206,670.		006 670
С	Add lines 4a and 4b			4c	-206,670.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	omonto With E	vnonoso nor F	5	37,606,393.
Pai	rt XII Reconciliation of Expenses per Audited Financial State		xpenses per F	teturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				27 207 561
1	Total expenses and losses per audited financial statements			1	27,387,561.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	122 440		
a	Donated services and use of facilities		133,449.		
b	Prior year adjustments	_			
С.	Other losses		120 560		
d		·	120,569.		254 019
e	Add lines 2a through 2d			2e	254,018.
3	Subtract line 2e from line 1			3	27,133,543.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b		-206,670.	-	
b	,			10	-206,670.
	Add lines 4a and 4b			4c 5	26,926,873.
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	20,320,073.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h ar	nd 2h: Part V line 4	· Part X line 2	Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			, 1 (110)	-, r arc 70,
	,				
PART	YX, LINE 2:				
RARE	E IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE	E INTERNAL			
REVE	ENUE CODE (IRC). RARE IS SUBJECT TO UNRELATED BUSINESS INCO	ME TAXES			
UNDE	ER SECTION 511 OF THE IRC; HOWEVER, IN THE OPINION OF MANAGE	EMENT, NO			
PROV	VISION FOR INCOME TAXES IS REQUIRED TO BE MADE.				
RARE	E FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTA.	INTY IN			
TNCC	ME MAYES WUTCU ADDESSES WUS DEMEMBENAMION OF WUSHINGTON ON	DENEGTAG			
INCC	OME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX	DENEFIIS			
CLAI	MED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RE	CORDED IN			
THE	CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, RAI	RE MAY			
	-				
RECO	OGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY	IF IT IS			
MORE	E LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED OF	N			

Schedule D (Form 990) 2018 RARE		23-7380563	Page 5
Part XIII Supplemental Information (continued)			
EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS	S OF THE		
POSITION. THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCE	CIAL		
STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGES	ST BENEFIT		
THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON U	TIMATE		
SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOM	E TAXES		
ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENA	ALTIES ON		
INCOME TAXES AND ACCOUNTING IN INTERIM PERIODS.			
MANAGEMENT EVALUATED RARE'S TAX POSITIONS AND CONCLUDED THAT RAI	RE HAD		
TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE			
CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS	OF THIS		
GUIDANCE. GENERALLY, RARE IS NO LONGER SUBJECT TO INCOME TAX EX	AMINATIONS		
BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BE	EFORE 2016.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
PORTFOLIO INTEREST MELOY FUND I LP INCLUDED IN CONSOL.			
FINANCIAL STATEMENT	218,315.		
CONTRIBUTION BY LIMITED PARTNERS TO MELOY FUND I LP			
INCLUDED IN CONSOL. FS	663,000.		
CHANGE IN UNREALIZED LOSS ON PRIVATELY HELD SECURITIES	142,044.		
ELIMINATION ENTRY INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	-262,613.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	760,746.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
RENTAL EXPENSES INCLUDED IN PART VIII	-206,670.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			

Schedule D (Form 990) 2018 RARE		23-7380563	Page 5
Schedule D (Form 990) 2018 RARE Part XIII Supplemental Information (continued)			
EXPENSES OF MELOY FUND I LP INCLUDED IN CONSOLIDATED			
FINANCIAL STATEMENTS	383,182.		
ELIMINATION ENTRY INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	-262,613.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	120,569.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
RENTAL EXPENSES INCLUDED IN PART VIII	-206,670.		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Name of the organization

Employer identification number

RARE					23-7380563	
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered "Y	'es" on
Form 990, Part IV			·			
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ints and other	· ·	
the grantees' eligibility f	or the grants or a	ssistance, and	the selection criteria used to award the	grants or assis	stance? X	Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outsi	de the
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	eeded.)		1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
					SHERIES MARINE OGRAM DESIGN	
SOUTH AMERICA	2	23	PROGRAM SERVICES	AND BEHAVIO	OR CHANGE	2,209,409.
EUROPE (INCLUDING				NEAR SHORE CONSERVATIO DESIGN AND	ON PROGRAM	
ICELAND & GREENLAND)	1	2	PROGRAM SERVICES	CHANGE. TEA	ACHING	262,202.
				NEAR SHORE	FISHERIES	
				CONSERVATION	N PROGRAM	
EAST ASIA AND THE				DESIGN AND	BEHAVIOR	
PACIFIC	3	52	PROGRAM SERVICES	CHANGE. TEA	ACHING	5,458,920.
EAST ASIA AND THE	0	1	PROGRAM SERVICES	GLOBAL CONS EVENTS AND AWARENESS		475,216.
				COASTAL FIS	ON PROGRAM	,
CENTRAL AMERICA AND		_		DESIGN AND	BEHAVIOR	
THE CARIBBEAN	1	2	PROGRAM SERVICES	CHANGE		155,586.
		_		NEAR SHORE PROGRAM DES BEHAVIOR CH	SIGN AND HANGE.	
SUB-SAHARAN AFRICA	1	9	PROGRAM SERVICES	CAMPAIGNING		895,413.
				RESEARCH AN COLLECTION ONLINE WORI	FOR THE	
SOUTH AMERICA	0	1	PROGRAM SERVICES	MARINE FISH	HERIES CATCHES	309,075.
CENTRAL AMERICA AND						
THE CARIBBEAN	1	2	GRANTS TO RECIPIENTS			220,423.
3 a Subtotal	9	92				9,986,244.
b Total from continuation sheets to Part I	5	38				1,175,686.
c Totals (add lines 3a and 3b)	14	130				11,161,930.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2018

Schedule F (Form 990) RARE 23-7380563 Page 1 Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) Part I (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region agents in program services, grants to describe specific type for region region recipients located in the region) of service(s) in region EAST ASIA AND THE PACIFIC 0 GRANTS TO RECIPIENTS 120,213. EUROPE (INCLUDING ICELAND & GREENLAND) 1 GRANTS TO RECIPIENTS 104,854. SOUTH AMERICA 2 23 GRANTS TO RECIPIENTS 227,512. 0 NORTH AMERICA GRANTS TO RECIPIENTS 29,038. 1 GRANTS TO RECIPIENTS SUB-SAHARAN AFRICA 1 60,536. EUROPE (INCLUDING ICELAND & GREENLAND) FUNDRAISING 1 633,533. 5 38 1,175,686. **Totals**

Part II

Schedule F (Form 990) 2018 RARE 23-7380563 Page **2**

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			ADOPT SUSTAINABLE AND					
			CLIMATE SMART					
		CENTRAL AMERICA	 FISHERIES AD					
		AND THE CARIBBEAN	AGRICULTURAL	220,423.	WIRE PAYMENT	0.		
			ADOPT SUSTAINABLE					
			LIFESTYLES THAT					
		EAST ASIA AND THE	REDUCE GREENHOUSE GAS					
		PACIFIC	EMISSIONS	12,360.	WIRE PAYMENT	0.		
			ADOPTION OF					
			SUSTAINABLE AND					
		EAST ASIA AND THE	CLIMATE FRIENDLY					
		PACIFIC	FARMING AND FISHING	107,853.	WIRE PAYMENT	0.		
			ADOPTION OF					
		EUROPE (INCLUDING	SUSTAINABLE AND					
		ICELAND &	CLIMATE FRIENDLY					
		GREENLAND)	FARMING AND FISHING	104,854.	WIRE PAYMENT	0.		
			RESEARCH AND					
			STATISTICAL REPORTING					
			ON COASTAL FISHERIES	29 038.	WIRE PAYMENT	0.		
			ADOPTION OF					
			SUSTAINABLE AND					
			CLIMATE FRIENDLY					
		SOUTH AMERICA	FARMING AND FISHING	223 382.	WIRE PAYMENT	0.		
			PROVIDE TRAINING AND	, -				
			MENTORING IN WATER					
			HYACINTH COMPOSTING					
		AFRICA	AND AGRO ECOLOGICAL	60,536.	WIRE PAYMENT	0.		
				,				

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

	11	_
•	9)

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 RARE 23-7380563 Page **3**

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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2018 RARE 23-7380563 Page 4

| Part IV | Foreign Forms

rait	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)	Yes	X 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)	Yes	X 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)	Yes	X 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)	Yes	X 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)	Yes	X 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)	Yes	X No

Schedule F (Form 990) 2018

RARE 23-7380563 Schedule F (Form 990) 2018 Page 5 **Supplemental Information** Part V 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. PART I, LINE 2: THE PROCESS FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE UNITED STATES INVOLVES SITE VISITS, FREQUENT CORRESPONDENCE WITH GRANTEE MONTHLY FINANCIAL AND NARRATIVE PROGRESS REPORTS THAT SUPPORTS THE CONTRACT AGREEMENT, AND EXAMINATION OF INVOICES AND EXPENSE RECEIPTS. PART I, LINE 3: THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN FOREIGN REGIONS. PART I, LINE 3, COLUMN (E): REGION: EUROPE (INCLUDING ICELAND & GREENLAND) (E) SPECIFIC TYPES OF SERVICES IN REGION: NEAR SHORE FISHERIES CONSERVATION PROGRAM DESIGN AND BEHAVIOR CHANGE. TEACHING SUSTAINABLE AND CLIMATE COMPATIBLE FARMING PRACTICES. REGION: EAST ASIA AND THE PACIFIC (E) SPECIFIC TYPES OF SERVICES IN REGION: NEAR SHORE FISHERIES CONSERVATION PROGRAM DESIGN AND BEHAVIOR CHANGE. TEACHING SUSTAINABLE AND CLIMATE COMPATIBLE FARMING PRACTICES. REGION: SUB-SAHARAN AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION: NEAR SHORE FISHERIES PROGRAM DESIGN AND BEHAVIOR CHANGE. CAMPAIGNING FOR CONSERVATION EDUCATION AND BEHAVIOR CHANGE

Schedule F (Form 990) 2018

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

Schedule F (Form 990) 2018 RARE 23-7380563	Page 5
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.	
(D) PURPOSE OF GRANT: ADOPT SUSTAINABLE AND CLIMATE SMART FISHERIES AD	
AGRICULTURAL PRACTICES	
REGION: EAST ASIA AND THE PACIFIC	
(D) DUDDOGE OF GRANE. ADODETON OF GUGENTNADIE AND GLIMARE EDIENDLY	
(D) PURPOSE OF GRANT: ADOPTION OF SUSTAINABLE AND CLIMATE FRIENDLY	
FARMING AND FISHING PRACTICES	
- IAMING AND FIBRING INACITOES	
REGION: EUROPE (INCLUDING ICELAND & GREENLAND)	
(D) PURPOSE OF GRANT: ADOPTION OF SUSTAINABLE AND CLIMATE FRIENDLY	
FARMING AND FISHING PRACTICES	
REGION: SOUTH AMERICA	
(D) DUDDOGE OF CRANT ADODUTON OF GUGULTNADIE AND GLIMAND EDITINDIA	
(D) PURPOSE OF GRANT: ADOPTION OF SUSTAINABLE AND CLIMATE FRIENDLY	
FARMING AND FISHING PRACTICES	
INMING IMD TIGHTNG IMCTICED	
REGION: SUB-SAHARAN AFRICA	
(D) PURPOSE OF GRANT: PROVIDE TRAINING AND MENTORING IN WATER HYACINTH	
COMPOSTING AND AGRO ECOLOGICAL PRACTICES ALONG WITH SOME MATERIALS TO	
FARMERS AS AN ALTERNATIVE TO PESTICIDES	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Name of the organization							Employer identification number
RARE							23-7380563
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records		-			-		
criteria used to award the grants or assis	stance?						Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	=				anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than S		1	· ·		(f) Method of	1	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SMITHSONIAN INSTITUTION							
1000 JEFFERSON DRIVE SW							BEHAVIOR CHANGE
WASHINGTON, DC 20560	53-0206027	501(C)(3)	161,628.	0.			CONSERVATION STUDIES
WILDLIFE CONSERVATION SOCIETY							
2300 SOUTHERN BOULEVARD							CONSERVATION RESEARCH AND
BRONYX, NY 10460	13-1740011	501(C)(3)	136,788.	0.			DATA COLLECTION
SOLAR SISTER, INC							DISTRIBUTION OF
94 INTERPROMONTORY ROAD							ALTERNATIVE LIGHTING IN
GREAT FALLS, VA 22066	27-1185128	501(C)(3)	12,500.	0.			3RD WORLD COUNTRIES
2 Enter total number of section 501(c)(3) a	nd government er	ganizations listed in th	o line 1 table				3.
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations	-	-					
Enter total number of other organizations	s iisteu iii tile iille	ı tabi e					············ • • • • • • • • • • • • •

Schedule I (Form 990) (2018) RARE					23-7380563	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncas	sh assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	ie 2; Part III, columr	(b); and any other ac	dditional information.		
PART I, LINE 2:						
THE PROCESS FOR MONITORING THE USE OF GRANT FUNDS	OUTSIDE OF TH	HE UNITED				
STATES INCLUDES SITE VISITS, FREQUENT CORRESPONDEN	CE WITH GRANT	PEES,				
EXAMINATION OF EXPENDITURES, PERIODIC FINANCIAL AN		-				
REPORTS THAT SUPPORTS THE CONTRACT AGREEMENT.						

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2018

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

RARE

Employer identification number
23-7380563

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only anation 504(a)(0) 504(a)(4) and 504(a)(00) agreement an anathra lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	Eo.		Х
	The organization? Any related organization?	5a 5b		X
IJ	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	JU		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of:			
а	The organization?	6a		Х
		6b		Х
J	If "Yes" on line 6a or 6b, describe in Part III.	OD.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7	х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 RARE 23-7380563 Page **2**

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.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) BRETT JENKS	(i)	352,184.	40,000.	51,518.	71,291.	27,951.	542,944.	50,113.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NIELS CRONE	(i)	126,155.	18,040.	2,034.	5,646.	29,483.	181,358.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARTHA PIPER	(i)	0.	0.	150,875.	30,901.	8,364.	190,140.	150,661.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DALE GALVIN	(i)	266,182.	31,628.	29,420.	49,990.	27,288.	404,508.	28,504.
MANAGING DIR., SUSTAINABLE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CARYN PERRELLI TRIVETT	(i)	194,787.	28,991.	3,178.	11,484.	4,378.	242,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KAREN ZIFFER	(i)	258,085.	26,753.	2,322.	47,699.	26,810.	361,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(-)	(i)	180,559.	22,510.	719.	13,239.	28,044.	245,071.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ESTEBAN CHAVARRIA	(i)	143,822.	21,741.	325.	10,141.	26,342.	202,371.	0.
VP FINANCE & ACCOUNTING	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANNA BARTLETT	(i)	141,671.	27,044.	293.	10,479.	17,150.	196,637.	0.
VP, IND. GIVING & BOARD RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BRIAN ULLMAN	(i)	145,381.	15,574.	1,640.	6,186.	0.	168,781.	0.
VP, MARKETING & COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CYNTHIA MAYORAL	(i)	148,447.	13,981.	478.	11,087.	35,449.	209,442.	0.
SR. DIRECTOR, FOUNDATION RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MANUEL BUENO VERA	(i)	143,115.	10,003.	787.	10,062.	10,055.	174,022.	0.
SR. DIR., SUSTAINABLE MARKETS & FIN.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

RARE 23-7380563 Schedule J (Form 990) 2018 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINE 4B: DURING 2011, UPON BOARD APPROVAL, RARE ESTABLISHED A NON-QUALIFIED DEFERRED COMPENSATION PLAN, A 457(F) PLAN FOR CERTAIN KEY EMPLOYEES. THE AMOUNTS CONTRIBUTED FOR THE YEAR ENDING DECEMBER 31, 2018 WERE AS FOLLOWS: BRETT JENKS- \$50,000 MARTHA PIPER- \$30,901 DALE GALVIN- \$31,133 KAREN ZIFFER- \$28,959 THESE AMOUNTS HAVE BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C), RETIREMENT AND OTHER DEFERRED COMPENSATION AMOUNTS. PART I LINE 7: THE PAYMENT STRUCTURE IS BASED ON ANNUAL INDIVIDUAL PERFORMACE GOALS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

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Department of the Treasury Internal Revenue Service ▶ 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.

Name of the organization RARE Employer identification number 23-7380563

Par	TI Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi		_	;
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	5	660,151.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	_	•					
	for which the organization completed Form 828	3, Part IV, [Oonee Acknowledg	ement 29				
	5					Y	es	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date					20-		X
L	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance po	alicy that so	quires the review o	of any nonetandard contribut	ions?	24	X	
31 222	Does the organization have a gift acceptance por Does the organization hire or use third parties o	•	•	•		31	-	
J∠ḋ		· ·	3	, , , , , , , , , , , , , , , , , , ,		32a		х
h	If "Yes," describe in Part II.					JZa		
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is che	rked			
55	describe in Part II.	1011111 (C) 101	a type or property	ior writer column (a) is chec	ncu,			
	accommo mir dit m							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

Schedule M	(Form 990) 2018 RARE	23-7380563	Page 2
Part II	(Form 990) 2018 RARE Supplemental Information. Provide the information required by Part I, lines 30b, 32b is reporting in Part I, column (b), the number of contributions, the number of items received, o this part for any additional information.	, and 33, and whether the organ or a combination of both. Also co	nization

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018
Open to Public

Open to Public Inspection

Employer identification number Name of the organization RARE 23-7380563 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RARE IS THE LEADING BEHAVIOR CHANGE ORGANIZATION IN CONSERVATION AND SUSTAINABLE DEVELOPMENT. IN OUR MORE THAN FOUR DECADES OF WORK, RARE HAS LAUNCHED OVER 450 BEHAVIOR CHANGE CAMPAIGNS (KNOWN AS "PRIDE") IN MORE THAN 60 COUNTRIES, INSPIRING LOCAL COMMUNITIES TO ADOPT MORE SUSTAINABLE FISHING HABITS, END DEFORESTATION, PRESERVE HABITAT, AND SAVE SPECIES. PRIDE INCREASES AND ACCELERATES THE ADOPTION OF CONSERVATION SOLUTIONS - AND THE CHANGE LASTS. RARE'S PEOPLE-CENTERED, PARTICIPATORY APPROACH TO CONSERVATION EMPOWERS LOCAL LEADERS AND ELEVATES THE ROLE OF FISHERS, FARMERS, AND OTHER PEOPLE WHO DEPEND ON NATURE IN LOCAL DECISION-MAKING AND GOVERNANCE. THIS COMMUNITY-LED APPROACH IS BUOYED BY PARTNERSHIPS WITH OFFICIALS AT ALL LEVELS OF GOVERNMENTFROM MAYORS TO MINISTERSAND WITH PUBLIC AND PRIVATE INSTITUTIONS. UNIVERSITIES AND OTHER ORGANIZATIONS CAPABLE OF REMOVING BARRIERS AND PAVING THE WAY FOR ENDURING SOLUTIONS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SOLUTION, COMMUNITY-BASED MANAGEMENT, WITH A UNIQUE DELIVERY METHOD BASED ON BEHAVIORAL INSIGHTS AND SOCIAL MARKETING PRINCIPLES TO ENGAGE AND MOBILIZE THOSE COMMUNITIES, OUR WORK HAS LED TO MORE ABUNDANT MARINE LIFE AND HEALTHIER COASTAL HABITATS. FOR THE COMMUNITIES WE SERVE, OUR WORK HELPS ENSURE MORE SUSTAINABLE FOOD SUPPLY. IMPROVED SOCIAL EQUITY. AND GREATER RESILIENCE TO EXTERNAL IMPACTSESPECIALLY THOSE RELATED TO CLIMATE CHANGE.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization RARE	Employer identification number 23-7380563
IN 2019, RARE CONTINUED TO EXPAND ITS FISH FOREVER FOOTPRINT TO 824	
COMMUNITIES IN EIGHT COUNTRIES, ENGAGING 97 LOCAL GOVERNMENTS. THE	
PROGRAM FOCUSED ON BUILDING NETWORKS WITHIN AND ACROSS COUNTRIES,	
INCLUDING UNPRECEDENTED NETWORKS OF MARINE RESERVES, SOCIAL NETWORKS OF	
LOCAL LEADERS AND THEIR COMMUNITIES CO-MANAGING COASTAL RESOURCES AND	
POLITICAL NETWORKS OF SUBNATIONAL, PROVINCIAL, AND STATE AUTHORITIES	
EXECUTING AGAINST THE SAME PLAN FOR COASTAL FISHERIES REFORM. TO DATE,	
THE PROGRAM HAS HELPED REGISTER OVER 40,000 FISHERS, PLACE MORE THAN	
6,000 SQUARE MILES OF COASTAL SEAS UNDER SUSTAINABLE MANAGEMENT, AND	
TRACK THOUSANDS OF TONS OF FISH TRANSACTIONS BY FISH BUYERS.	
TO SCALE THE IMPACT, RARE HAS ALSO LED INITIATIVES TO SECURE	
PRIVATE-SECTOR SUPPORT THROUGH OUR CONSERVATION FINANCE PROGRAM. THE	
PROGRAM IS HELPING DEPLOY PRIVATE CAPITAL AND PUBLIC FINANCE FOR	
CONSERVATION AND DEVELOPMENT. IN 2019, RARE DEVELOPED A	
FIRST-OF-ITS-KIND FINANCING STRUCTURE WITH THE GOVERNMENT OF INDONESIA.	
THIS VEHICLE WILL CHANNEL FUNDS TO SUPPORT THE MARINE AND COASTAL	
ECONOMY ACROSS THREE PROVINCES.	
WE ALSO DEPLOY OUR BEHAVIOR-CENTERED APPROACH TO PROMOTE SUSTAINABLE	
FARMING PRACTICES IN COLOMBIA. THROUGH OUR LANDS FOR LIFE PROGRAM, WE	
ARE BUILDING A SCALABLE APPROACH TO INCREASING THE ADOPTION OF	
CLIMATE-COMPATIBLE AGRICULTURAL PRACTICES THAT DELIVER ON SOIL HEALTH,	
WATERSHED MANAGEMENT, AGROFORESTRY, AND RESTORATION OBJECTIVES. LANDS	
FOR LIFE WORKS AT VARIOUS LEVELS, FROM VILLAGES AND MUNICIPALITIES TO	
THE NATIONAL LEVEL, MOBILIZING EXTENSION AGENTS, LOCAL LEADERS, AND	
SMALL-SCALE FARMERS TO ADDRESS CONSERVATION AND DEVELOPMENT CHALLENGES	Schodulo O (Form 990 or 990 E7) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization RARE	Employer identification number 23-7380563
AND EMPOWERS THEM TO BECOME AGENTS FOR CHANGE.	
IN 2019, RARE LED CAPACITY-BUILDING AND BEHAVIOR-CENTERED DESIGN	
TRAININGS FOR AGRICULTURAL EXTENSION AGENTS, EQUIPPING THEM WITH PROVEN	
TECHNIQUES FOR ENGAGING AND MOBILIZING FARMERS TO ADOPT SUSTAINABLE	
PRACTICES.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
WHICH IDENTIFIED THE BEHAVIORS INDIVIDUAL PEOPLE CAN ADOPT WITH THE	
GREATEST POTENTIAL FOR CLIMATE IMPACT.	
MAKE IT PERSONAL ALSO LAUNCHED PILOT PROGRAMS TO ENGAGE AMERICANS	
THROUGH THEIR BANKS, THEIR COMMUNITIES AND THEIR WORKPLACES. RARE IS	
CURRENTLY DEVELOPING A TECHNOLOGY TO ALLOW BANKS TO HELP THEIR	
CUSTOMERS PURCHASE CARBON OFFSETS, AS WELL AS WORKING WITH FORTUNE 500	
COMPANIES TO PROMOTE CLIMATE FRIENDLY ACTIONS AMONGST THEIR EMPLOYEES.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
GREATEST ENVIRONMENTAL CHALLENGES.	
IN 2019, THE BE.CENTER-LED "SOLUTION SEARCH" (A WORLDWIDE CONTEST	
DESIGNED TO SOURCE, REWARD, AND PROMOTE INNOVATIVE CONSERVATION	
SOLUTIONS BUILT ON BEHAVIORAL SCIENCE) CONCLUDED ITS LATEST CONTEST,	
"CLIMATE CHANGE NEEDS BEHAVIOR CHANGE," WHICH HAD 200 ENTRIES FROM OVER	
40 COUNTRIES. THE CENTER PUBLISHED FOUR NEW REPORTS. FURTHER, THE	
BE.CENTER HOSTED TWO DAY-LONG SUMMITS BE.HIVE AND BE.HIVE ON CAMPUS	
WHICH BROUGHT TOGETHER THOUGHT LEADERS FROM CONSERVATION, CLIMATE	
ADVOCACY, ACADEMIA, AND THE PRIVATE SECTOR TO EXPLORE BEHAVIORAL	
000010 10 10 10	shodula () (Form 000 or 000 E7) (2018)

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	INFORMATION ON ANY SUCH POTENTIAL CONFLICT MUST BE FULLY DISCLOSED ON THE	
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	UPDATES.	
EODM 000 DADM VI CECUTON D IINE 15.	FORM 990 PART VI SECTION B LINE 15:	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization RARE	Employer identification number 23-7380563
ANNUALLY, RARE STAFF COMPILES DATA FROM CURRENT MARKET COMPENSATION SURVEYS	
AND OTHER RELEVANT RESEARCH IN ADDITION TO A SELF EVALUATION OF THE CEO AND	
COO TO BE SUBMITTED TO THE FINANCE AND HR COMMITTEE FOR REVIEW. THE FINANCE	
AND HR COMMITTEE, BASED ON THE INFORMATION RECEIVED, RECOMMENDS	
COMPENSATION ADJUSTMENTS FOR THE CEO AND COO TO THE FULL BOARD OF TRUSTEES	
FOR FINAL APPROVAL. RARE HIRES A FIRM TO REVIEW THE COMPENSATION OF THOSE	
IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE WITH RESPECT TO RARE'S	
AFFAIRS TO PROVIDE AN OPINION ON THE REASONABLENESS OF THEIR COMPENSATION.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AZ,AK,CA,CT,CO,DC,FL,GA,HI,IL,IN,KS,MA,MD,MI,MN,ME,MT,NJ,NC,NH,NY,OH,OR,PA	
SC,TN,VA,VT,WA,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
RARE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF	
DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES 2,682,434.	
MANAGEMENT AND GENERAL EXPENSES 0.	
FUNDRAISING EXPENSES 94,880.	
TOTAL EXPENSES 2,777,314.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,777,314.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization RARE	Employer identification number 23-7380563
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL	
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.	
FORM 990, PART I, LINE 5:	
PART I, LINE 5 ONLY REFLECTS THE NUMBER OF EMPLOYEES RECEIVING FORM W-2	
(80). THE TOTAL NUMBER OF WORLDWIDE EMPLOYEES IS 172.	

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

name of the	En	23-7380563				
Part I	dentification of Disregarded Entities. Complete	e if the organization answered "Yes" or	n Form 990, Part IV, line 33.			
	(a)	(b)	(a)	(4)	(0)	(f)

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
ASSOCIACAO RARE DO BRASIL	SOCIAL WELFARE,				
RUA VISCONDE DE PIRAJA, 177- SALA 801, IPANE	ENVIRONMENT, FISHERIES,				
RIO DE JANEIRO, RIO DE JANEIRO, BRAZIL	FUNDRAISING	BRAZIL	0.	0.	RARE
RARE VENTURES, LLC					
1310 NORTH COURTHOUSE ROAD, STE 110					
ARLINGTON, VA 22201	IMPACT INVESTING	DELAWARE	0.	0.	RARE
THE MELOY FUND I GP, LLC - 82-4210549					
1310 NORTH COURTHOUSE ROAD, STE 110					
ARLINGTON, VA 22201	IMPACT INVESTING	DELAWARE	318,065.	3,890,942.	RARE
RARE GERMANY GGMBH	SOCIAL WELFARE,				
AN DER BUCHT 63	ENVIRONMENT, FISHERIES,				
BERLIN, BERLIN, GERMANY 10317	FUNDRAISING	GERMANY	0.	66,332.	RARE

Part II 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 EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
		, , , , , , , , , , , , , , , , , , ,				Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 RARE 23-7380563

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)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	
	-										
THE MELOY FUND I, L.P											
81-4201883, 1310 N COURTHOUSE	IMPACT		THE MELOY FUND								
RD, ARLINGTON, VA 22201	INVESTING	DE	I GP, LLC	RELATED	0.	0.		X	N/A	Х	.00%
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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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	()	i)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(t contr	tion b)(13) rolled tity?				
		country)						Yes	No				
	-												
	1												
		1	1										
	1												

Page 2

(4)

(5)

Page 3

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.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		х	
	Gift, grant, or capital contribution to related organization(s)				1b		х	
	Gift, grant, or capital contribution from related organization(s)				1c		х	
	Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k	k Lease of facilities, equipment, or other assets from related organization(s)							
	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)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)								
р	Reimbursement paid to related organization(s) for expenses				1p		Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r		Х	
s	Other transfer of cash or property from related organization(s)				1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instruction of the above is "Yes," and "Yes," are the second of the above is "Yes," and "Yes	ho must complete th	nis line, including covered i	relationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved			
(1) ^T	HE MELOY FUND I, G.P.	L	262,613.	613. EXPENSES INCURRED				
(2)								
(3)								

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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)	(e) Are all artners sec. 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General manage partner	(k) Al or Percentage ing ownership
	-									
	-									
	-									
	-									
	-									
	-									
	-									
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Schedule R (Form 990) 2018 RARE Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART I, IDENTIFICATION OF DISREGARDED ENTITIES:		
NAME AND ADDRESS OF DISREGARDED ENTITY:		
ASSOCIAÇÃO RARE DO BRASIL		
RUA VISCONDE DE PIRAJA, 177- SALA 801, IPANEMA		
DIO DE TAMBIDO DES DE TAMBIDO DELETA COMO		
RIO DE JANEIRO, RIO DE JANEIRO, BRAZIL 22410		