

Form 990
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019
Open to Public Inspection

▶ 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 **2019** calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RARE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1310 NORTH COURTHOUSE RD 110 City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22201 F Name and address of principal officer: BRETT JENKS SAME AS C ABOVE	D Employer identification number 23-7380563 E Telephone number (703) 522-5070 G Gross receipts \$ 27,389,268. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.RARE.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1974 M State of legal domicile: VA		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: RARE INSPIRES CHANGE SO PEOPLE AND NATURE THRIVE.				
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17		
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	113		
	6	Total number of volunteers (estimate if necessary)	6	2708		
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	268,289.	
7b		Net unrelated business taxable income from Form 990-T, line 39	7b	-23,224.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 36,591,756.	Current Year 21,067,563.		
	9	Program service revenue (Part VIII, line 2g)	0.	1,051,660.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	790,301.	223,832.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	224,336.	574,025.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,606,393.	22,917,080.		
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,090,096.	883,277.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,426,065.	15,887,355.		
16a		Professional fundraising fees (Part IX, column (A), line 11e)	13,954.	0.		
17		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,066,921.				
18		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,396,758.	8,410,122.		
19		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,926,873.	25,180,754.		
Net Assets or Fund Balances	20	Revenue less expenses. Subtract line 18 from line 12	10,679,520.	-2,263,674.		
			Beginning of Current Year	End of Year		
			21	Total assets (Part X, line 16)	41,397,121.	36,999,177.
			22	Total liabilities (Part X, line 26)	12,842,431.	10,627,762.
	22	Net assets or fund balances. Subtract line 21 from line 20	28,554,690.	26,371,415.		

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.

Sign Here	 Signature of officer NIELS CRONE, CHIEF OPERATING OFFICER Type or print name and title	May 26, 2021 Date															
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Print/Type preparer's name KRISTEN BARNETT</td> <td style="width:25%;">Preparer's signature </td> <td style="width:15%;">Date 05/26/21</td> <td style="width:10%;">Check if self-employed <input type="checkbox"/></td> <td style="width:15%;">PTIN P01234578</td> </tr> <tr> <td colspan="3">Firm's name ▶ RSM US LLP</td> <td colspan="2">Firm's EIN ▶ 42-0714325</td> </tr> <tr> <td colspan="3">Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102</td> <td colspan="2">Phone no. 703-336-6400</td> </tr> </table>			Print/Type preparer's name KRISTEN BARNETT	Preparer's signature 	Date 05/26/21	Check if self-employed <input type="checkbox"/>	PTIN P01234578	Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325		Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102			Phone no. 703-336-6400
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Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102			Phone no. 703-336-6400														

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1** Briefly describe the organization's mission:
 RARE IS THE GLOBAL LEADER IN DRIVING SOCIAL CHANGE TO PROTECT THE ENVIRONMENT. WE HAVE HELPED THOUSANDS OF PEOPLE ACROSS HUNDREDS OF COMMUNITIES IN OVER 60 COUNTRIES SHIFT THEIR BEHAVIORS AND PRACTICES TO PROTECT THE NATURE THAT SUSTAINS THEIR LIVES, LIVELIHOODS, AND
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code:) (Expenses \$ 10,911,521. including grants of \$ 658,445.) (Revenue \$)
 SUSTAINABLE FISHERIES
- THE LIVES AND LIVELIHOODS OF THE WORLD'S MOST VULNERABLE PEOPLE DEPEND ON THE REMAINING FORESTS, WETLANDS AND CORAL REEFS AND 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 \$ 3,598,879. including grants of \$ 15,606.) (Revenue \$)
 CENTER FOR BEHAVIOR & THE ENVIRONMENT:
- 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
- 4c** (Code:) (Expenses \$ 3,026,536. including grants of \$ 49,612.) (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 2020, WE CONTINUED TO MAKE THE CASE FOR INSPIRING PERSONAL CLIMATE ACTION AS AN IMPORTANT PIECE OF THE CLIMATE PUZZLE. IF THE COVID-19
- 4d** Other program services (Describe on Schedule O.)
 (Expenses \$ 3,197,286. including grants of \$ 159,614.) (Revenue \$ 1,091,660.)
- 4e** Total program service expenses **20,734,222.**

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
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	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	54
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a 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	2a 113		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country ► SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c 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 any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a 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:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
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	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a 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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.	19			
b Enter the number of voting members included on line 1a, above, who are independent		17		
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	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a 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	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

Section C. Disclosure

17 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**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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, ARLINGTON, VA 22201

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.
- See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOROTHY BATTEN CHAIR	3.50	X		X				0.	0.	0.
(2) NANCY MCKINNON SECRETARY	2.50	X		X				0.	0.	0.
(3) TOM PATTERSON TREASURER	2.50	X		X				0.	0.	0.
(4) AMANDA PAULSON VICE CHAIR	2.50	X		X				0.	0.	0.
(5) SCOTT M. AMERO TRUSTEE	2.50	X						0.	0.	0.
(6) MEHRDAD BAGHAI TRUSTEE	2.50	X						0.	0.	0.
(7) MICHAEL BONNEY TRUSTEE	2.50	X						0.	0.	0.
(8) RANDY BROWN TRUSTEE	2.50	X						0.	0.	0.
(9) PAUL BUTLER TRUSTEE	2.50	X						218,923.	0.	0.
(10) ALICE FARMER TRUSTEE	2.50	X						0.	0.	0.
(11) LIZANNE GALBREATH TRUSTEE	2.50	X						0.	0.	0.
(12) AVI GARROW TRUSTEE	2.50	X						0.	0.	0.
(13) SARAH STEIN GREENBERG TRUSTEE	2.50	X						0.	0.	0.
(14) SVEN LINDBLAD TRUSTEE	2.50	X						0.	0.	0.
(15) JOSE ROBERTO MARINHO TRUSTEE	2.50	X						0.	0.	0.
(16) DR. ELKE WEBER TRUSTEE	2.50	X						0.	0.	0.
(17) ED SOULE TRUSTEE	2.50	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR. STEVE GAINES TRUSTEE	2.50	X						0.	0.	0.
(19) BRETT JENKS PRESIDENT AND CEO	40.00	X		X				470,885.	0.	94,587.
(20) NIELS CRONE CHIEF OPERATING OFFICER	40.00			X				272,287.	0.	56,602.
(21) DALE GALVIN MANAGING DIRECTOR	40.00				X			330,022.	0.	86,964.
(22) KAREN ZIFFER CHIEF DEVELOPMENT OFFICER	40.00				X			292,819.	0.	85,083.
(23) PAULA CABALLERO VICE PRESIDENT	40.00				X			254,712.	0.	29,027.
(24) STEPHEN BOX MANAGING DIRECTOR	40.00				X			235,481.	0.	44,909.
(25) CARYN PERELLI VICE PRESIDENT	40.00				X			234,701.	0.	46,227.
(26) ESTEBAN CHAVARRIA VICE PRESIDENT	40.00					X		185,110.	0.	39,765.
1b Subtotal								2,494,940.	0.	483,164.
c Total from continuation sheets to Part VII, Section A								707,762.	0.	126,547.
d Total (add lines 1b and 1c)								3,202,702.	0.	609,711.

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 **▶**

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **▶**
- 4** 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* **▶**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **▶**

	Yes	No
3		X
4	X	
5		X

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
TAOTI CREATIVE 530 8TH STREET, SE, WASHINGTON, DC 20003	WEBSITE DESIGN AND DEVELOPMENT	203,710.

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

1

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

Part VII

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

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	96,912.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	20,970,651.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 366,163.			
	h	Total. Add lines 1a-1f		21,067,563.			
Program Service Revenue	2 a	PROGRAM SERVICES	Business Code	900099	1,051,660.	1,051,660.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,051,660.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		252,707.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	169,602.			
b		Less: rental expenses ...	(ii) Personal	319,425.			
c		Rental income or (loss)		-149,823.			
d		Net rental income or (loss)		-149,823.			-149,823.
7 a		Gross amount from sales of assets other than inventory	(i) Securities	4,123,888.			
b		Less: cost or other basis and sales expenses	(ii) Other	4,152,763.			
c		Gain or (loss)		-28,875.			
d		Net gain or (loss)		-28,875.			-28,875.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19					
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	11 a	OTHER REVENUE	Business Code	900099	455,559.	40,000.	415,559.
	b	MANAGEMENT FEE REVENUE		541610	268,289.	268,289.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		723,848.			
	12	Total revenue. See instructions		22,917,080.	1,091,660.	268,289.	489,568.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	174,128.	174,128.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,500.	1,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	707,649.	707,649.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,909,496.	2,509,501.	667,055.	732,940.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,327,339.	7,956,727.	686,629.	683,983.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	405,740.	320,814.	41,494.	43,432.
9 Other employee benefits	1,160,460.	917,564.	118,676.	124,220.
10 Payroll taxes	1,084,320.	857,360.	110,890.	116,070.
11 Fees for services (nonemployees):				
a Management				
b Legal	660,417.	603,049.	57,368.	
c Accounting	151,431.	65,931.	85,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	16,476.		16,476.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,149,837.	3,122,043.		27,794.
12 Advertising and promotion	44,146.	44,146.		
13 Office expenses	367,733.	231,480.	68,445.	67,808.
14 Information technology	797,503.	528,936.	190,017.	78,550.
15 Royalties				
16 Occupancy	1,213,411.	1,001,643.	59,730.	152,038.
17 Travel	867,189.	773,356.	58,341.	35,492.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	786,743.	786,743.		
20 Interest	6,800.		6,800.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	106,669.	86,690.	15,385.	4,594.
23 Insurance	75,967.	44,962.	31,005.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GAIN/LOSS ON CURRENCY	128,101.		128,101.	
b BANK FEES	37,699.		37,699.	
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	25,180,754.	20,734,222.	2,379,611.	2,066,921.
26 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)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,466,173.	1	4,581,509.
	2 Savings and temporary cash investments	5,025,170.	2	7,421,840.
	3 Pledges and grants receivable, net	19,092,688.	3	13,322,597.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	239,108.	7	527,305.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	415,507.	9	453,811.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,433,293.		
	b Less: accumulated depreciation	10b 1,334,397.		
	11 Investments - publicly traded securities	205,565.	10c	98,896.
	12 Investments - other securities. See Part IV, line 11	12,367,780.	11	9,249,635.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,585,130.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	41,397,121.	15	1,343,584.	
17 Accounts payable and accrued expenses	3,403,291.	16	36,999,177.	
18 Grants payable		17	1,122,833.	
19 Deferred revenue	4,794,135.	18		
20 Tax-exempt bond liabilities		19	5,388,192.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23	1,673,982.	
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	4,645,005.	24		
26 Total liabilities. Add lines 17 through 25	12,842,431.	25	2,442,755.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	10,627,762.	
28 Net assets without donor restrictions	9,893,690.			
29 Net assets with donor restrictions	18,661,000.			
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
31 Capital stock or trust principal, or current funds		27	10,360,342.	
32 Paid-in or capital surplus, or land, building, or equipment fund		28	16,011,073.	
33 Retained earnings, endowment, accumulated income, or other funds		29		
34 Total net assets or fund balances	28,554,690.	30		
35 Total liabilities and net assets/fund balances	41,397,121.	31		
		32	26,371,415.	
		33	36,999,177.	

Form **990** (2019)

Part XI Reconciliation of Net AssetsCheck 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	22,917,080.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,180,754.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,263,674.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,554,690.
5	Net unrealized gains (losses) on investments	5	80,399.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	26,371,415.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form **990** (2019)

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

2019

**Open to Public
Inspection**

Name of the organization

RARE

Employer identification number

23-7380563

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ 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).**
- 4 ☐ 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: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **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).**
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 university: _____
- 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ 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.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,744,535.	32,487,459.	21,394,396.	36,591,756.	21,067,563.	130,285,709.
2 Tax revenues levied for the organization'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	18,744,535.	32,487,459.	21,394,396.	36,591,756.	21,067,563.	130,285,709.
5 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)						48,398,652.
6 Public support. Subtract line 5 from line 4.						81,887,057.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	18,744,535.	32,487,459.	21,394,396.	36,591,756.	21,067,563.	130,285,709.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	189,649.	176,985.	230,367.	855,596.	422,309.	1,874,906.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			41,276.		415,559.	456,835.
11 Total support. Add lines 7 through 10						132,617,450.
12 Gross receipts from related activities, etc. (see instructions)					12	1,091,660.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	61.75 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	61.22 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019

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

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
12 Other income. Do not include gain 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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		
5 Depreciation and depletion	5		
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)	6		
7 Other expenses (see instructions)	7		
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	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
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		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
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		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 and 2; Part IV, Section C, 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 B, line 1e; 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 additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2017 AMOUNT: \$ 41,276.

2019 AMOUNT: \$ 415,559.

Schedule B

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

Department of the Treasury
Internal Revenue Service

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

2019

Name of the organization

RARE

Employer identification number

23-7380563

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

RARE

23-7380563

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 contributions	(d) Type of contribution
1		\$ 5,749,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,116,705.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,013,764.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 776,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 764,068.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

RARE

23-7380563

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 contributions	(d) Type of contribution
7		\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 489,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 475,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 467,431.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 458,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

23-7380563

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization

Employer identification number

RARE

23-7380563

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

RARE

Employer identification number

23-7380563

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		258,515.	251,226.	7,289.
d Equipment		761,438.	715,307.	46,131.
e Other		413,340.	367,864.	45,476.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				98,896.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market 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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(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, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION LIABILITY	1,312,504.
(3) DEFERRED RENT	1,130,251.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,442,755.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	23,956,555.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	80,399.
b	Donated services and use of facilities	2b	64,043.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	592,084.
e	Add lines 2a through 2d	2e	736,526.
3	Subtract line 2e from line 1	3	23,220,029.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,476.
b	Other (Describe in Part XIII.)	4b	-319,425.
c	Add lines 4a and 4b	4c	-302,949.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	22,917,080.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	25,293,240.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	64,043.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-254,506.
e	Add lines 2a through 2d	2e	-190,463.
3	Subtract line 2e from line 1	3	25,483,703.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,476.
b	Other (Describe in Part XIII.)	4b	-319,425.
c	Add lines 4a and 4b	4c	-302,949.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	25,180,754.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

RARE IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE (IRC). RARE IS SUBJECT TO UNRELATED BUSINESS INCOME TAXES

UNDER SECTION 511 OF THE IRC; HOWEVER, IN THE OPINION OF MANAGEMENT, NO

PROVISION FOR INCOME TAXES IS REQUIRED TO BE MADE. NET OPERATING LOSS FOR

THE YEAR ENDED SEPTEMBER 30, 2020 AND 2019 WAS \$121,119 AND \$36,027,

RESPECTIVELY.

RARE FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN

INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS

CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN

THE CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, RARE MAY

Part XIII Supplemental Information (continued)

RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS
 MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON
 EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE
 POSITION. THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL
 STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT
 THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE
 SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
 ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON
 INCOME TAXES AND ACCOUNTING IN INTERIM PERIODS. AS OF SEPTEMBER 30, 2019,
 RARE HAD NO CUMULATIVE UNRELATED BUSINESS TAXABLE LOSS.

MANAGEMENT EVALUATED RARE'S TAX POSITIONS AND CONCLUDED THAT RARE 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 EXAMINATIONS
 BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PORTFOLIO INTEREST MELOY FUND I LP INCLUDED IN CONSOL.

FINANCIAL STATEMENT	287,239.
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CONTRIBUTION BY LIMITED PARTNERS TO MELOY FUND I LP

INCLUDED IN CONSOL. FS	2,143,700.
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CHANGE IN UNREALIZED LOSS ON PRIVATELY HELD SECURITIES	-1,133,007.
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ELIMINATION ENTRY INCLUDED IN CONSOLIDATED FINANCIAL

STATEMENTS	-705,848.
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TOTAL TO SCHEDULE D, PART XI, LINE 2D	592,084.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

RENTAL EXPENSES INCLUDED IN PART VIII -319,425.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF MELOY FUND I LP INCLUDED IN CONSOLIDATED

FINANCIAL STATEMENTS 451,342.

ELIMINATION ENTRY INCLUDED IN CONSOLIDATED FINANCIAL

STATEMENTS -705,848.

TOTAL TO SCHEDULE D, PART XII, LINE 2D -254,506.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES INCLUDED IN PART VIII -319,425.

**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.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Employer identification number

RARE

23-7380563

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH AMERICA	1	5	PROGRAM SERVICES	TARGETING MULTIPLE BEHAVIORS AND PRACTICES TO IMPROVE SOIL HEALTH AND WATER QUALITY. THESE	1,003,547.
SOUTH AMERICA	1	9	PROGRAM SERVICES	COASTAL FISHERIES MARINE RESERVE PROGRAM DESIGN AND INDIVIDUAL BEHAVIORS PEOPLE CAN ADOPT WITH	950,149.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	4	PROGRAM SERVICES	POLICY DEVELOPMENT FOR GLOBAL RESOURCE MANAGEMENT AND CLIMATE	583,708.
EAST ASIA AND THE PACIFIC	3	52	PROGRAM SERVICES	EMPOWERING MARGINALIZED, FISHERIES-DEPENDENT COMMUNITIES IN THE ASIA PACIFIC REGION TO ADAPT	5,174,462.
EAST ASIA AND THE PACIFIC	1	1	PROGRAM SERVICES	TARGETING MULTIPLE BEHAVIORS AND PRACTICES TO IMPROVE SOIL HEALTH AND WATER QUALITY. THESE	167,153.
CENTRAL AMERICA AND THE CARIBBEAN	1	3	PROGRAM SERVICES	COASTAL FISHERIES MARINE RESERVE PROGRAM DESIGN AND INDIVIDUAL BEHAVIORS PEOPLE CAN ADOPT WITH	746,412.
SUB-SAHARAN AFRICA	1	9	PROGRAM SERVICES	NEAR SHORE FISHERIES PROGRAM DESIGN AND BEHAVIOR CHANGE. CAMPAIGNING FOR	1,043,941.
NORTH AMERICA	0	2	PROGRAM SERVICES	IDENTIFYING AND PROMOTING INDIVIDUAL BEHAVIORS PEOPLE CAN ADOPT WITH THE GREATEST	218,873.
3 a Subtotal	9	85			9,888,245.
b Total from continuation sheets to Part I	9	88			1,145,188.
c Totals (add lines 3a and 3b)	18	173			11,033,433.

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

Schedule F (Form 990) 2019

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	1	9	GRANTS TO RECIPIENTS LOCATED IN REGION		2,248.
NORTH AMERICA	0	2	GRANTS TO RECIPIENTS LOCATED IN REGION		60,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	4	GRANTS TO RECIPIENTS LOCATED IN REGION		41,464.
SOUTH AMERICA	2	14	GRANTS TO RECIPIENTS LOCATED IN REGION		9,076.
EAST ASIA AND THE PACIFIC	3	52	GRANTS TO RECIPIENTS LOCATED IN REGION		286,387.
CENTRAL AMERICA AND THE CARIBBEAN	1	3	GRANTS TO RECIPIENTS LOCATED IN REGION		308,474.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	4	FUNDRAISING		437,539.
Totals	9	88			1,145,188.

Part II **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)
		CENTRAL AMERICA AND THE CARIBBEAN	MANAGED ACCESS + NO-TAKE RESERVES IN THE MAR DELIVERED THROUGH A NEW	134,592.	WIRE PAYMENT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT IMPROVING SMALL SCALE FISHERIES MANAGEMENT AND COMPLIANCE TO SUPPORT	173,882.	WIRE PAYMENT	0.		
		EAST ASIA AND THE PACIFIC	ESTABLISH FISHERIES ACCESS AREAS, LOCAL POLICY DEVELOPMENT TO SUPPORT CLIMATE SMART	12,227.	WIRE PAYMENT	0.		
		EAST ASIA AND THE PACIFIC	SOLUTION SEARCH AWARDED GRANT FOR INNOVATIVE CLIMATE CONTROL MEASURES IN	12,500.	WIRE PAYMENT	0.		
		EAST ASIA AND THE PACIFIC	ESTABLISH MANAGED FISHERIES ACCESS AREAS, LOCAL POLICY DEVELOPMENT TO	52,475.	WIRE PAYMENT	0.		
		EAST ASIA AND THE PACIFIC	WOMEN'S EMPOWERMENT IN FISH VALUE CHAINS IN INDONESIA	72,600.	WIRE PAYMENT	0.		
		EAST ASIA AND THE PACIFIC	ESTABLISH MANAGED FISHERIES ACCESS AREAS, LOCAL POLICY DEVELOPMENT TO	136,585.	WIRE PAYMENT	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ADOPTION OF SUSTAINABLE AND CLIMATE FRIENDLY FARMING AND FISHING	41,464.	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 10

3 Enter total number of other organizations or entities 17

Schedule F (Form 990) 2019

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	DATA COLLECTION, RESEARCH AND STATISTICAL REPORTING ON COASTAL FISHERIES	60,000.	WIRE PAYMENT	0.		
		SOUTH AMERICA	TEACHING FARMERS AND CATTLE RANGERS OF SESQUIL AND GUATAVITA REGIONS IN COLOMBIA	8,101.	WIRE PAYMENT	0.		

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.

[illegible]

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ No

Schedule F (Form 990) 2019

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.

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: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TARGETING MULTIPLE BEHAVIORS

AND PRACTICES TO IMPROVE SOIL HEALTH AND WATER QUALITY. THESE

"CLIMATE-COMPATIBLE" PRACTICES INCREASE CARBON STORAGE IN SOIL, ENCOURAGE

NATIVE TREE PLANTING, PROTECT NATURAL HABITATS (THROUGH REDUCED

DEFORESTATION), AND SHIFT HOW FARMERS AND THEIR FAMILIES INTERACT WITH

BIODIVERSITY

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: COASTAL FISHERIES MARINE

RESERVE PROGRAM DESIGN AND INDIVIDUAL BEHAVIORS PEOPLE CAN ADOPT WITH THE

GREATEST POTENTIAL FOR CLIMATE IMPACT

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: EMPOWERING MARGINALIZED,

FISHERIES-DEPENDENT COMMUNITIES IN THE ASIA PACIFIC REGION TO ADAPT TO

CLIMATE CHANGE

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.

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: TARGETING MULTIPLE BEHAVIORS

AND PRACTICES TO IMPROVE SOIL HEALTH AND WATER QUALITY. THESE

"CLIMATE-COMPATIBLE" PRACTICES INCREASE CARBON STORAGE IN SOIL, ENCOURAGE

NATIVE TREE PLANTING, PROTECT NATURAL HABITATS (THROUGH REDUCED

DEFORESTATION), AND SHIFT HOW FARMERS AND THEIR FAMILIES INTERACT WITH

BIODIVERSITY

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: COASTAL FISHERIES MARINE

RESERVE PROGRAM DESIGN AND INDIVIDUAL BEHAVIORS PEOPLE CAN ADOPT WITH THE

GREATEST POTENTIAL FOR CLIMATE IMPACT

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

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: IDENTIFYING AND PROMOTING

INDIVIDUAL BEHAVIORS PEOPLE CAN ADOPT WITH THE GREATEST POTENTIAL FOR

CLIMATE IMPACT

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: MANAGED ACCESS + NO-TAKE RESERVES IN THE MAR

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.

DELIVERED THROUGH A NEW MUNICIPAL NETWORK MODEL

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: SUPPORT IMPROVING SMALL SCALE FISHERIES MANAGEMENT

AND COMPLIANCE TO SUPPORT THE EXPANSION OF MARINE RESERVES FOR THE

MESOAMERICAN REEF- BELIZE, INCLUDING REGISTRATION APP BASED SYSTEM FOR

COLLECTING FISHER DATA; STREAMLINE REGISTRATION PROCESS; INCORPORATE QR

CODE FOR LICENSES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: ESTABLISH FISHERIES ACCESS AREAS, LOCAL POLICY

DEVELOPMENT TO SUPPORT CLIMATE SMART FISHERIES MANAGEMENT AND WIDESPREAD

ADOPTION OF SUSTAINABLE FISHERIES PRACTICES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: SOLUTION SEARCH AWARDED GRANT FOR INNOVATIVE

CLIMATE CONTROL MEASURES IN LOCAL COMMUNITY

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: ESTABLISH MANAGED FISHERIES ACCESS AREAS, LOCAL

POLICY DEVELOPMENT TO SUPPORT CLIMATE SMART FISHERIES MANAGEMENT AND

WIDESPREAD ADOPTION OF SUSTAINABLE FISHERIES PRACTICES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: ESTABLISH MANAGED FISHERIES ACCESS AREAS, LOCAL

POLICY DEVELOPMENT TO SUPPORT CLIMATE SMART FISHERIES MANAGEMENT AND

WIDESPREAD ADOPTION OF SUSTAINABLE FISHERIES PRACTICES

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.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: ADOPTION OF SUSTAINABLE AND CLIMATE FRIENDLY

FARMING AND FISHING PRACTICES

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TEACHING FARMERS AND CATTLE RANGERS OF SESQUIL AND

GUATAVITA REGIONS IN COLOMBIA FOR THE ADOPTION OF SUSTAINABLE MANAGEMENT

PRACTICES IN THE AGRICULTURAL PRODUCTION SYSTEMS AND TOWARDS TRANSFERRING

KNOWLEDGE FOR FUTURE CHANGE OF HABITS, TO GUARANTEE THEIR PARTICIPATION

IN GOVERNMENT PROGRAMS TO SECURE THEIR LIVING CONDITIONS AND WITH AIMS TO

RECOVER THE HIGH FOREST ANDEAN ECOSYSTEM THAT PROVIDES REGULATION

ECOSYSTEM SERVICES SUCH AS WATER AND SOILS FOR BOTH REGIONS

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.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

RARE

Employer identification number

23-7380563

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INTERNATIONAL UNION FOR CONSERVATION OF NATURE AND NATURAL RESOURCES - 1630 CONNECTICUT AVENUE - WASHINGTON,	52-1443147	501(C)(3)	161,628.	0.			BEHAVIOR CHANGE CONSERVATION STUDIES
SOLAR SISTER, INC 94 INTERPROMONTORY ROAD GREAT FALLS, VA 22066	27-1185128	501(C)(3)	12,500.	0.			DISTRIBUTION OF ALTERNATIVE LIGHTING IN 3RD WORLD COUNTRIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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 noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE PROCESS FOR MONITORING THE USE OF GRANT FUNDS INSIDE OF THE UNITED

STATES INCLUDES SITE VISITS, FREQUENT CORRESPONDENCE WITH GRANTEEES,

EXAMINATION OF EXPENDITURES, PERIODIC FINANCIAL AND NARRATIVE PROGRESS

REPORTS THAT SUPPORTS THE CONTRACT AGREEMENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

RARE

Employer identification number

23-7380563

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

	Yes	No
1b	X	

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	X	
----------	---	--

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4a		X
4b	X	
4c		X

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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

5a		X
5b		X

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

6a		X
6b		X

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	X	
----------	---	--

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		X
----------	--	---

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) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PAUL BUTLER TRUSTEE	(i)	50,481.	0.	168,442.	0.	0.	218,923.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRETT JENKS PRESIDENT AND CEO	(i)	374,075.	55,000.	41,810.	62,800.	31,787.	565,472.	40,568.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NIELS CRONE CHIEF OPERATING OFFICER	(i)	238,530.	27,118.	6,639.	17,374.	39,228.	328,889.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DALE GALVIN MANAGING DIRECTOR	(i)	279,726.	23,547.	26,749.	50,641.	36,323.	416,986.	25,939.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KAREN ZIFFER CHIEF DEVELOPMENT OFFICER	(i)	264,067.	26,430.	2,322.	45,427.	39,656.	377,902.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PAULA CABALLERO VICE PRESIDENT	(i)	228,950.	23,677.	2,085.	16,097.	12,930.	283,739.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHEN BOX MANAGING DIRECTOR	(i)	210,055.	24,728.	698.	15,207.	29,702.	280,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CARYN PERELLI VICE PRESIDENT	(i)	197,455.	35,424.	1,822.	14,325.	31,902.	280,928.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ESTEBAN CHAVARRIA VICE PRESIDENT	(i)	165,289.	19,479.	342.	11,917.	27,848.	224,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MANUEL BUENO VERA SR. DIRECTOR (UNTIL 2/20)	(i)	171,160.	12,834.	855.	11,716.	11,070.	207,635.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CYNTHIA MAYORAL SR. DIRECTOR	(i)	157,400.	18,827.	498.	11,480.	29,345.	217,550.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) VALERIA ORLANDO VICE PRESIDENT (UNTIL 1/20)	(i)	174,335.	0.	2,043.	12,320.	11,683.	200,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ANNA T. BARTLETT VICE PRESIDENT	(i)	151,334.	18,162.	314.	11,048.	27,885.	208,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 1A:

RARE RECOGNIZES THAT IN SOME CASES THE BENEFITS OF BUSINESS CLASS AIR

TRAVEL MAY JUSTIFY THE ADDITIONAL EXPENSE, ESPECIALLY FOR THOSE STAFF WHO

TRAVEL LONG DISTANCES EXTENSIVELY AND FREQUENTLY. PERMISSIBLE UPGRADES

INCLUDE ONE CLASS FROM ECONOMY TO BUSINESS WHEN FLYING OVERNIGHT OR

CONTINUOUS TRAVEL OVER 12 HOURS AND UPGRADE TO ECONOMY PLUS WHEN FLYING

CONTINUOUS OVER 6 HOURS. THIS APPLIES ONLY TO EMPLOYEES THAT ARE EXPECTED

TO TRAVEL 75,000 MILES OR MORE IN A 12 MONTH PERIOD OR HAVE A MEDICAL

CONDITION WARRANTING ACCOMMODATION CONSIDERATIONS.

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, 2019 WERE AS FOLLOWS:

BRETT JENKS- \$40,000

DALE GALVIN- \$31,128

KAREN ZIFFER- \$26,252

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.

THESE AMOUNTS HAVE BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C),

RETIREMENT AND OTHER DEFERRED COMPENSATION AMOUNTS.

A PREVIOUS EMPLOYEE OF RARE, PAUL BUTLER RECEIVED A DISTRIBUTION FROM A

NON-QUALIFIED DEFERRED COMPENSATION PLAN, THE INTERNATIONAL RETIREMENT

SAVINGS PLAN (IRSP) THAT RARE MANAGES FOR ALL NON-USA EMPLOYEES. THIS

AMOUNT WAS TAXABLE AND PROPERLY REPORTED IN SCHEDULE J, PART II, COLUMN

(B)(III).

PART I, LINE 7:

THE PAYMENT STRUCTURE INCLUDES AN ANNUAL BONUS AMOUNT THAT IS BASED ON

ANNUAL INDIVIDUAL PERFORMACE GOALS AND ORGANIZATIONAL GOALS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public
Inspection

- ▶ **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

Part I 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 determining noncash contribution amounts
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	X	9	366,163. 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 during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2019

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

RARE

Employer identification number

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 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES.

RARE INSPIRES CHANGE SO PEOPLE AND NATURE THRIVE. USING INSIGHTS FROM

BEHAVIORAL AND SOCIAL SCIENCE AND DESIGN THINKING, WE EMPOWER SHIFTS IN

INDIVIDUAL AND COMMUNITY BEHAVIOR THAT BENEFIT PEOPLE AND NATURE AND

ENSURE THAT CHANGE LASTS. AND WE TRAIN LOCAL LEADERS TO LEAD CHANGE,

LEAVING A LEGACY OF INCREASED CAPACITY AND A SENSE OF OWNERSHIP,

RESPONSIBILITY, AND PRIDE IN THE PROTECTION OF OUR SHARED ENVIRONMENT.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization RARE	Employer identification number 23-7380563
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TODAY, WE ARE MERGING DECADES OF EXPERIENCE FROM THE FRONTLINES OF CONSERVATION, STRONG GLOBAL PARTNERSHIPS, AND OUR EXPERTISE IN TRANSLATING BEHAVIORAL RESEARCH INTO ACTION TO BUILD THE SOCIAL, ECOLOGICAL AND POLITICAL NETWORKS TO SCALE OUR IMPACT ACROSS REGIONS, NATIONS, AND THE WORLD.

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.

IN 2020, RARE CONTINUED TO EXPAND ITS FISH FOREVER FOOTPRINT TO 1,017 COMMUNITIES IN 8 COUNTRIES, ENGAGING 168 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 73,225 FISHERS, PLACE MORE THAN 3,903,022 HECTARES OF COASTAL SEAS UNDER SUSTAINABLE MANAGEMENT, AND TRACK THOUSANDS OF TONS OF FISH TRANSACTIONS BY FISH BUYERS.

Name of the organization RARE	Employer identification number 23-7380563
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WHILE COVID-19 CAUSED DISRUPTIONS AND DELAY, IT ALSO SPARKED INNOVATION

AND COLLABORATION AMONG OUR COUNTRY TEAMS, GOVERNMENTS, PARTNER

COMMUNITIES, AND FISHERS.

DELIVERING DATA FOR DECISION MAKING: IN APRIL, RARE LAUNCHED THE FISH

FOREVER PORTAL, A DIGITAL HUB DESIGNED TO GET REAL-TIME DATA INTO THE

HANDS OF PARTNERS AND DECISION MAKERS QUICKLY, RELIABLY AND

CONVENIENTLY, AND HELP THEM MANAGE LOCAL FISHERIES MORE EFFECTIVELY.

SUPPORTING SAVINGS CLUBS: TO DATE, RARE HAS HELPED PARTNER COMMUNITIES

START OVER 300 SAVINGS CLUBS AND MOBILIZE \$2.5 MILLION FOR SAVING,

LENDING AND WEATHERING EMERGENCIES. INCREDIBLY, RARE HELPED PARTNER

COMMUNITIES SET UP 21 SAVINGS CLUBS SINCE THE GLOBAL PANDEMIC DISRUPTED

DAILY LIFE IN MARCH. THE PANDEMIC PUT THE MANDATE OF THESE CLUBS TO THE

TEST, AND THEY ROSE TO THE OCCASION AS THE SAFETY NETS THAT THEY WERE

DESIGNED TO BE: HELPING TO DISTRIBUTE FOOD WHEN INCOME AND SUPPLY

CHAINS FELL APART, PROVIDING MASKS, AND COORDINATING COMMUNITY-WIDE

SUPPORT.

BUILDING NETWORKS OF LEADERS: IN SEPTEMBER, FOR THE FIRST TIME EVER,

RARE CONVENED GOVERNMENT REPRESENTATIVES FROM SIX FISH FOREVER

COUNTRIES FOR A VIRTUAL ROUNDTABLE ON THE VITAL ROLE SMALL-SCALE

FISHERS PLAY IN LOCAL FOOD SECURITY, LOCAL ECONOMIES, AND MARINE

CONSERVATION. IN NOVEMBER, RARE BROUGHT TOGETHER MAYORS FROM AROUND THE

WORLD TO SHARE EXPERIENCES AND NURTURE A GROWING GLOBAL COMMUNITY OF

LOCAL LEADERS SUPPORTING SMALL-SCALE FISHERIES.

WE ALSO DEPLOY OUR BEHAVIOR-CENTERED APPROACH TO PROMOTE SUSTAINABLE

Name of the organization RARE	Employer identification number 23-7380563
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FARMING PRACTICES IN COLOMBIA.

IN 2020, THE NEWLY-LAUNCHED LANDS FOR LIFE PROGRAM TOOK OUR WORK IN COLOMBIA IN AN EXCITING NEW DIRECTION. WHAT STARTED AS SMALL, INCREMENTAL WORK IN NORTHERN COLOMBIA HELPING FARMERS BECOME INFORMED AND EMPOWERED DECISION-MAKERS QUICKLY CAUGHT THE EYE OF POTENTIAL PARTNERS, INCLUDING THE GOVERNMENT, REGIONAL NGOS AND THE PRIVATE SECTOR. THIS WORK OPENED UP OPPORTUNITIES TO SCALE OUR BEHAVIOR-CENTERED APPROACH TO SUSTAINABLE AGRICULTURE.

IN 2020, 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:
GREATEST ENVIRONMENTAL CHALLENGES.

IN 2020, THE TEAM MADE MAJOR STRIDES IN BUILDING THE FIELD. SOME

HIGHLIGHTS INCLUDE:

- LAUNCHING BEHAVIOR.RARE.ORG, A FIRST-OF-ITS-KIND ONLINE PLATFORM, WHICH HAS ALREADY ATTRACTED MORE THAN 750 MEMBERS IN 79 COUNTRIES.
- RELEASING THE THEORY OF COOPERATIVE BEHAVIOR ADOPTION TO ACCOMPANY THE BE.CENTER BEHAVIORAL SCIENCE LEAD DR. ERIK THULIN'S TEDX SALON CAMBRIDGE TALK. THIS GUIDE WALKS PRACTITIONERS THROUGH HOW TO USE BEHAVIORAL INSIGHTS TO SOLVE COOPERATIVE DILEMMAS, MANY OF WHICH ARE COMMONLY FOUND IN NATURAL RESOURCE MANAGEMENT.

- KEVIN GREEN, HEAD OF THE BE.CENTER, JOINED ENVIRONMENTALIST BILL

Name of the organization RARE	Employer identification number 23-7380563
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MCKIBBEN, KARENNA GORE, AND OTHER LUMINARIES FOR A PANEL DISCUSSION ON

CLIMATE CHANGE AT CHICAGO'S SPERTUS INSTITUTE FOR JEWISH LEARNING AND

LEADERSHIP.

- LAUNCHING OUR SIXTH SOLUTION SEARCH COMPETITION TO SURFACE, SPOTLIGHT

AND ACCELERATE PROVEN BEHAVIORAL SOLUTIONS TO REDUCE WATER POLLUTION.

THIS CONTEST, WATER POLLUTION & BEHAVIOR CHANGE, IS IN PARTNERSHIP WITH

11TH HOUR RACING, THE CIRCULATE INITIATIVE, THE INTER-AMERICAN

DEVELOPMENT BANK, LONELY WHALE, THE NATURE CONSERVANCY, AND OCEAN

CONSERVANCY.

- CELEBRATING THE ADOPTION OF A LANDMARK MOTION BEFORE THE

INTERNATIONAL UNION FOR CONSERVATION OF NATURE (IUCN) - THE LARGEST

CONVENED BODY OF CONSERVATION ORGANIZATIONS CALLING ON MEMBERS TO DESIGN

BEHAVIOR-CENTERED SOLUTIONS. RARE WAS THE LEAD SPONSOR ON THIS MOTION

AS IT ALSO GATHERED 27 OTHER ORGANIZATIONS TO CO-SPONSOR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PANDEMIC TAUGHT US ANYTHING, IT IS THAT INDIVIDUALS ARE CAPABLE OF

CHANGING THEIR BEHAVIOR. AND WE ARE ALSO HEARING MORE EACH DAY ABOUT

THE TREMENDOUS POTENTIAL INDIVIDUAL ACTION HAS FOR SPARKING SUSTAINABLE

BEHAVIORS AND DRIVING DOWN CARBON EMISSIONS.

FOR THE MAKE IT PERSONAL PROGRAM, IT WAS A YEAR OF STRATEGY-BUILDING,

INNOVATING AND DEVELOPING PILOT APPROACHES TO HELP AMERICANS ADOPT

CLIMATE-FRIENDLY BEHAVIORS.

WE DESIGNED A BANKING TOOL TO HELP CUSTOMERS CALCULATE THE CARBON

FOOTPRINT OF THEIR PURCHASES AND MAKE CLIMATE-FRIENDLY SPENDING

DECISIONS.

Name of the organization RARE	Employer identification number 23-7380563
----------------------------------	--

WE CONDUCTED IN-DEPTH QUALITATIVE CONSUMER RESEARCH ON ISSUES LIKE
TRANSITIONING TO A PLANT-RICH DIET TO BETTER UNDERSTAND BARRIERS AND
OPPORTUNITIES.

WE LAID THE GROUNDWORK FOR LAUNCHING PILOT INITIATIVES IN 2021,
INCLUDING PARTNERING WITH ONE COMPANY TO OFFER A "GREEN BENEFITS"
PACKAGE TO TEST HOW EMPLOYERS MIGHT INCENTIVIZE CLIMATE-FRIENDLY
BEHAVIORS WITH EMPLOYEES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS

EXPENSES \$ 3,197,286. INCL GRANTS OF \$ 159,614. REVENUE \$ 1,091,660.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

MEXICO, CHINA, PHILIPPINES, INDONESIA,

BRAZIL, MOZAMBIQUE, COLOMBIA, GERMANY,

HONDURAS, BURMA

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD MEMBERS WERE GIVEN A COPY OF THE RETURN TO REVIEW AND APPROVE
BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

UPON JOINING, STAFF AND BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF
INTEREST DISCLOSURE STATEMENT INDICATING THE CAPACITY IN WHICH YOU ARE
SERVING THE ORGANIZATION, ANY AFFILIATIONS WITH RARE'S BUSINESS PARTNERS,
OR ANY BENEFIT GAINED THROUGH A RARE BUSINESS TRANSACTION. DETAILED

Name of the organization RARE	Employer identification number 23-7380563
----------------------------------	--

INFORMATION ON ANY SUCH POTENTIAL CONFLICT MUST BE FULLY DISCLOSED ON THE

FORM. ANNUALLY, STAFF AND BOARD MEMBERS ARE REQUIRED TO PROVIDE ANY

UPDATES.

FORM 990, PART VI, SECTION B, LINE 15:

ANNUALLY, RARE STAFF COMPILES MARKET COMPENSATION DATA FROM COMPENSATION

SURVEYS. RARE HIRES AN EXTERNAL COMPENSATION FIRM TO REVIEW THE

COMPENSATION OF THOSE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE WITH

RESPECT TO RARE'S BUSINESS AFFAIRS. THE EXTERNAL COMPENSATION FIRM

PROVIDES THE CEO, THE CHAIRPERSON OF THE BOARD AND THE FINANCE AND HR BOARD

COMMITTEE WITH A REPORT THAT PROVIDES MARKET INFORMATION FOR EACH ROLE.

THE FIRM ALSO PROVIDES AN OPINION ON THE REASONABLENESS OF THE CEO'S

COMPENSATION. THE BOARD CHAIRPERSON AND THE FINANCE AND HR BOARD COMMITTEE

MEETS WITH THE EXTERNAL COMPENSATION FIRM AND REVIEWS THE REPORT,

INFORMATION, AND ANALYSIS. THE CEO REVIEWS THE COMPENSATION ADJUSTMENTS

RECOMMENDED WITH THE FINANCE AND HR COMMITTEE. THE BOARD CHAIRPERSON AND

THE FINANCE AND HR COMMITTEE DETERMINES A COMPENSATION ADJUSTMENT FOR THE

CEO, BASED ON THE INFORMATION PROVIDED BY THE OUTSIDE FIRM, AS WELL AS THE

CEO AND RARE'S BUSINESS PERFORMANCE FOR THE YEAR.

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).

Name of the organization RARE	Employer identification number 23-7380563
----------------------------------	--

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 3,122,043.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 27,794.

TOTAL EXPENSES 3,149,837.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 3,149,837.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND

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 164.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

RARE

Employer identification number

23-7380563

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ASSOCIACAO RARE DO BRASIL RUA VISCONDE DE PIRAJA, 177- SALA 801, IPANE RIO DE JANEIRO, BRAZIL 22410	SOCIAL WELFARE, ENVIRONMENT, FISHERIES, FUNDRAISING	BRAZIL	807,786.	191,300.	RARE
RARE GERMANY GGMBH AN DER BUCHT 63 BERLIN, GERMANY 10317	SOCIAL WELFARE, ENVIRONMENT, FISHERIES, FUNDRAISING	GERMANY	0.	45,925.	RARE
THE MELOY FUND I GP, LLC - 82-4210549 1310 NORTH COURTHOUSE ROAD, STE 110 ARLINGTON, VA 22201	IMPACT INVESTING	DELAWARE	458,624.	895,084.	RARE
UNIQUE IMPACT, LLC - 27-3509455 1310 NORTH COURTHOUSE ROAD, STE 110 ARLINGTON, VA 22201	IMPACT INVESTING	DELAWARE	40,000.	18,000.	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	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE MELOY FUND I, G.P.	L	268,289.	EXPENSES INCURRED
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

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:

WUHAN HEZHONG ECOLOGICAL AGRICULTURE DEVELOPMENT CO., LTD

NO. 704 ZHONGSHAN AVENUE, KAIDE POPILACE FAIRYLAND FLOORS 46

JIANGHAN DISTRICT, WUHAN, CHINA

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	OFFICE FURNITURE & EQUIPMENT	VARIOUS	SL	7.00		16	761,438.				761,438.	661,421.		53,886.	715,307.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						761,438.				761,438.	661,421.		53,886.	715,307.
	OTHER														
2	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	15.00		16	258,515.				258,515.	200,964.		50,262.	251,226.
3	WEBSITE	VARIOUS	SL	15.00		16	413,340.				413,340.	365,343.		2,521.	367,864.
	* 990 PAGE 10 TOTAL OTHER						671,855.				671,855.	566,307.		52,783.	619,090.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,433,293.				1,433,293.	1,227,728.		106,669.	1,334,397.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) RARE Number, street, and room or suite no. If a P.O. box, see instructions. 1310 NORTH COURTHOUSE RD, NO. 110 City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22201	D Employer identification number (Employees' trust, see instructions.) 23-7380563 E Unrelated business activity code (See instructions.) 541610
C Book value of all assets at end of year 36,999,177.		F Group exemption number (See instructions.) <input type="checkbox"/> G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here **MANAGEMENT FEES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **CATHERINE STEWART** Telephone number (703) 522-5070

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances		c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)			2		
3	Gross profit. Subtract line 2 from line 1c			3		
4a	Capital gain net income (attach Schedule D)			4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c	Capital loss deduction for trusts			4c		
5	Income (loss) from a partnership or an S corporation (attach statement)			5		
6	Rent income (Schedule C)			6		
7	Unrelated debt-financed income (Schedule E)			7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10	Exploited exempt activity income (Schedule I)			10		
11	Advertising income (Schedule J)			11		
12	Other income (See instructions; attach schedule) STATEMENT 1			12	268,289.	268,289.
13	Total. Combine lines 3 through 12			13	268,289.	268,289.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule) SEE STATEMENT 2		27	291,513.
28	Total deductions. Add lines 14 through 27		28	291,513.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	-23,224.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) SEE STATEMENT 3		30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29		31	-23,224.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-23,224.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-23,224.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 5	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-23,224.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-23,224.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 4	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Niels Crone
 Signature of officer
 May 26, 2021

CHIEF OPERATING OFFICER
 Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
KRISTEN BARNETT	<i>Kristen Barnett</i>	05/26/21		P01234578
Firm's name	Firm's EIN			
RSM US LLP	42-0714325			
Firm's address	Phone no.			
1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102	703-336-6400			

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,		
4a Additional section 263A costs			line 2	7	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property(1)
(2)
(3)
(4)**2.** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals		0.	0.
Total dividends-received deductions included in column 8			0.

Form 990-T (2019)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
MANAGEMENT FEE REVENUE		268,289.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		268,289.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER RELATED EXPENSES		291,513.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		291,513.

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/19	36,027.	0.	36,027.	36,027.
NOL CARRYOVER AVAILABLE THIS YEAR			36,027.	36,027.

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT 4
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NAME OF COUNTRY

MEXICO
 CHINA
 PHILIPPINES
 INDONESIA
 BRAZIL
 MOZAMBIQUE
 COLOMBIA
 GERMANY
 HONDURAS
 BURMA

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 5
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/18	331,004.	0.	331,004.	331,004.
NOL CARRYOVER AVAILABLE THIS YEAR			331,004.	331,004.

2019 RARE Form 990, 990-T - Public Disclosure Copy

Final Audit Report

2021-05-27

Created:	2021-05-27
By:	Cathy Stewart (cstewart@rare.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA01JE7XvKSEP3AaofxcdeTINMMVURDhxP

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