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Schedule D (Form 990) 2017
Organization of Gifts, Grants, and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, or if the organization answered "Yes" to Form 990, Part IV, line 22.

Part I	Type of organization (Check all that apply)	Number of organizations or section 509(a)(3) supporting organizations	Amount of cash grants	Amount of noncash assistance	Method of valuation (book, FMV, appraisal, other)
1	Federal government	0	0	0	
2	State government	0	0	0	
3	Regional government	0	0	0	
4	Direct payments to individuals	0	0	0	
5	Foreign governments	0	0	0	
6	Foreign other than foreign governments	0	0	0	
7	Agencies and instrumentalities of foreign governments	0	0	0	
8	Foreign other than foreign governments and agencies and instrumentalities of foreign governments	0	0	0	
9	Foreign individuals	0	0	0	
10	Foreign organizations	0	0	0	
11	Domestic governments	0	0	0	
12	Domestic organizations other than charitable	0	0	0	
13	Domestic individuals	0	0	0	
14	Total	0	0	0	

Part II Grants and other assistance to domestic organizations and domestic governments. Complete if the organization answered "Yes" to 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.

	Name of organization or government	EIN	Taxable	Direct controlled entity	Type of organization	Purpose of grant	Amount of cash grant	Amount of noncash assistance	Description of noncash assistance	Method of valuation (book, FMV, appraisal, other)	Date of grant	Section 501(c)(3) organizations and 501(c)(4) organizations	Section 509(a)(1), (2), or (3) organizations	Section 527 organizations	Section 501(c)(27)(D)(i) organizations	Section 501(c)(29) qualified nonprofit health insurance issuers	Section 4958 excess benefit transaction
1																	
2																	
3																	
4																	
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Part III Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	Name of organization or government	Country	Purpose of grant	Amount of cash grant	Amount of noncash assistance	Description of noncash assistance	Method of valuation (book, FMV, appraisal, other)
1							
2							
3							
4							
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Part IV Supplemental information.

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

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Schedule D (Form 990) 2017
Organization of Gifts, Grants, and Other Assistance to Foreign Organizations, Foreign Governments, and Foreign Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part I can be duplicated if additional space is needed.

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 for awarding the grants or assistance? ☐ Yes ☐ No

2 Describe the organization's procedures for monitoring the use of grants or other assistance outside the United States.

Part II Grants and other assistance to governments and organizations in the United States.

	Type of grant or assistance	Number of recipients	Amount of cash grant	Amount of noncash assistance	Description of noncash assistance	Method of valuation (book, FMV, appraisal, other)
3	Disaster assistance					
4	Disease assistance					
5	Disease fundraising activities					
6	Scholarships					
7	Scholarship fundraising					
8	Medical research					
9	Medical research fundraising					
10	Infrastructure					
11	Other					

Part III Grants and other assistance to individuals in the United States.

	Type of grant or assistance	Number of recipients	Amount of cash grant	Amount of noncash assistance	Description of noncash assistance	Method of valuation (book, FMV, appraisal, other)
12	Disaster assistance					
13	Disease assistance					
14	Disease fundraising activities					
15	Scholarships					
16	Scholarship fundraising					
17	Medical research					
18	Medical research fundraising					
19	Infrastructure					
20	Other					

Part IV Foreign scholarships.

		Number of recipients	Amount of cash grant	Amount of noncash assistance	Description of noncash assistance	Method of valuation (book, FMV, appraisal, other)
21	Foreign scholarships					

Part V Foreign medical assistance.

		Number of recipients	Amount of cash grant	Amount of noncash assistance	Description of noncash assistance	Method of valuation (book, FMV, appraisal, other)
22	Foreign medical assistance					

Part VI Foreign exchange.

		Number of transactions	Amount of currency	Method of valuation (book, FMV, appraisal, other)
23	Foreign exchange			

Part VII Investigations for grants and assistance.

24 Describe the organization's procedures for investigating the eligibility of grantees and other recipients of grants or assistance.

Part VIII Other information.

25 Describe any other information regarding the organization's grants and other assistance to foreign organizations, foreign governments, and foreign individuals.

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Schedule D (Form 990) 2017
Organization's Income.

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

1	Total revenue (Form 990, Part VIII, line 12)	1,000,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (describe)	
e	Total amounts included on line 2	
3	Subtract line 2e from line 1	1,000,000
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	
b	Other (describe)	
c	Total amounts included on line 4	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	1,000,000

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

1	Total expenses (Form 990, Part VIII, line 18)	1,000,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 18:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (describe)	
e	Total amounts included on line 2	
3	Subtract line 2e from line 1	1,000,000
4	Amounts included on Form 990, Part VIII, line 18, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (describe)	
c	Total amounts included on line 4	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	1,000,000

Part III Net Unrealized Gains (Losses) on Investments.

		(A) Beginning of year	(B) End of year
1	Unrealized gains (losses)		
2	Net unrealized gains (losses)		

Part IV Investment Income.

		(A) Revenue per books	(B) Net investment income
1	Interest on savings and temporary cash investments		
2	Dividends and interest from securities		
3	Net rental income or (loss)		
4	Other investment income		
5	Other amounts in column (A) not included on line 1		
6	Total. Add lines 1 through 5		

Part V Other Revenue.

		(A) Revenue per books	(B) Net investment income
1	Business activities		
2	Unrelated business taxable income		
3	Other		
4	Total. Add lines 1 through 3		

Part VI Other Changes in Net Assets or Fund Balances.

1	Net assets or fund balances at beginning of year (Form 990, Part VIII, line 1)	
2	Net investment expenses not included on Form 990, Part VIII, line 7b	
3	Net assets or fund balances at end of year. Combine lines 1 through 3	

Check here ☐ if the organization uses a fiscal year beginning in calendar year 2017 or later.

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Schedule D (Form 990) 2017
Organization's Balance Sheet.

		(A) Beginning of year		(B) End of year
1	Cash - non-interest bearing			
2	Savings and temporary cash investments			
3	Accounts receivable, net			
4	Pledges receivable, net			
5	Grants receivable			
6	Receivables from officers, directors, trustees, and key employees			
7	Receivables from other disqualified persons (defined under section 4958)			
8	Receivables from other government agreements			
9	Inventories for sale or use			
10	Prepaid expenses and deferred charges			
11a	Land, buildings, and equipment: cost or other basis			
b	Less: accumulated depreciation			
12	Investments - publicly traded securities			
13	Investments - other securities			
14	Intangible assets			
15	Other assets			
16	Total assets. Add lines 1 through 15			
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Tax-exempt bond liabilities			
21	Escrow or custodial account liability			
22	Loans and other payables to officers, directors, trustees, and key employees			
23	Secured mortgages and notes payable to unrelated third parties			
24	Unsecured notes and loans payable to unrelated third parties			
25	Other liabilities			
26	Total liabilities. Add lines 17 through 25			
	Organization's net assets or fund balances			
27	Unrestricted net assets			
28	Temporarily restricted net assets			
29	Permanently restricted net assets			
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal			
31	Paid-in or capital surplus			
32	Retained earnings, endowment, accumulated income			
33	Total net assets or fund balances			
34	Total liabilities and net assets/fund balances			

Part II Financial Statements.

Did the organization prepare a financial statement for audit purposes? ☐ Yes ☐ No

If "Yes," indicate whether the financial statement was reported on a separate basis or included in Form 990, Part IX, line 2? ☐ Separate ☐ Included

Was the organization included in consolidated financial statements for purposes of an audit or other review? ☐ Yes ☐ No

If "Yes," indicate whether the financial statement was reported on a separate basis or included in Form 990, Part IX, line 2? ☐ Separate ☐ Included

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part III Conservation Easements.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a relatively natural habitat ☐ Preservation of open space ☐ Preservation of a historically important land area ☐ Preservation of a certain conservation significant environment

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.

a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

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 "monitor" compliance of the easements? ☐ Yes ☐ No

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

7 Amount expended for enforcement of violations ▶

8 Diseases arising from exercise of rights under easement ▶

9 Number of conservation easements on a golf course ▶

10 Is the organization a party to any easement that is not reflected on its financial statements? ☐ Yes ☐ No

11 If the organization maintains a collection of works of art, historical treasures, or similar assets, complete questions 11a–11d.

11a Describe the extent of the organization's holdings in the collection.

11b Describe the organization's system of accounting for the collection.

11c Describe the organization's accounting for the collection.

11d Describe the organization's compliance with the requirements of section 170(h).

Part IV Endowment Funds.

		(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 ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations ☐ Yes ☐ No
(ii) related organizations ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Form 990, Part VII? ☐ Yes ☐ No

4a Describe how the organization's endowment funds are invested.

b Describe the organization's investment policies.

5 Indicate if the organization has a spending rule or policy for the use of the endowment funds. ☐ Yes ☐ No

6 Describe the organization's spending rule or policy.

Part V Land, Buildings, and Equipment.

		(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				
d	Equipment				
e	Total				

Part VI Investments - Other Securities.

		(a) Beginning of year	(b) End of year
1	Financial derivatives		
2	Closely held equity interests		
3	Other		
4	Total		

Part VII Investments - Program Related.

		(a) Beginning of year	(b) End of year
1	Loans or mortgages receivable		
2	Mortgages and other notes payable		
3	Other		
4	Total		

Part VIII Other Assets.

		(a) Beginning of year	(b) End of year
1	Prepaid expenses		
2	Other		
3	Total		

Part IX Other Liabilities.

		(a) Beginning of year	(b) End of year
1	Accounts payable		
2	Other		
3	Total		

Part X Reconciliation of Net Assets.

1	Total net assets	
2	Total liabilities	
3	Total assets	

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

1	Total revenue	
2	Total expenses	
3	Total assets	
4	Total liabilities	
5	Net assets	

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

1	Total expenses	
2	Total assets	
3	Total liabilities	
4	Net assets	

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XIII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XIV Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XV Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XVI Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XVII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XVIII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XIX Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XX Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXI Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXIII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXIV Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXV Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXVI Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXVII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXVIII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXIX Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXX Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXI Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXIII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXIV Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXV Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXVI Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXVII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXVIII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXIX Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXX Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXI Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXIII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXIV Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXV Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXVI Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXVII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXVIII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXIX Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXX Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXI Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXIII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXIV Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXV Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXVI Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXVII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXVIII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXIX Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXX Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXXI Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXXII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXXIII Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXXIV Supplemental Information.

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

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Schedule D (Form 990) 2017
Organization's Additional Information.

Part XXXXXXV Supplemental Information.

Provide the information required in Part I, line 2; Part III,