

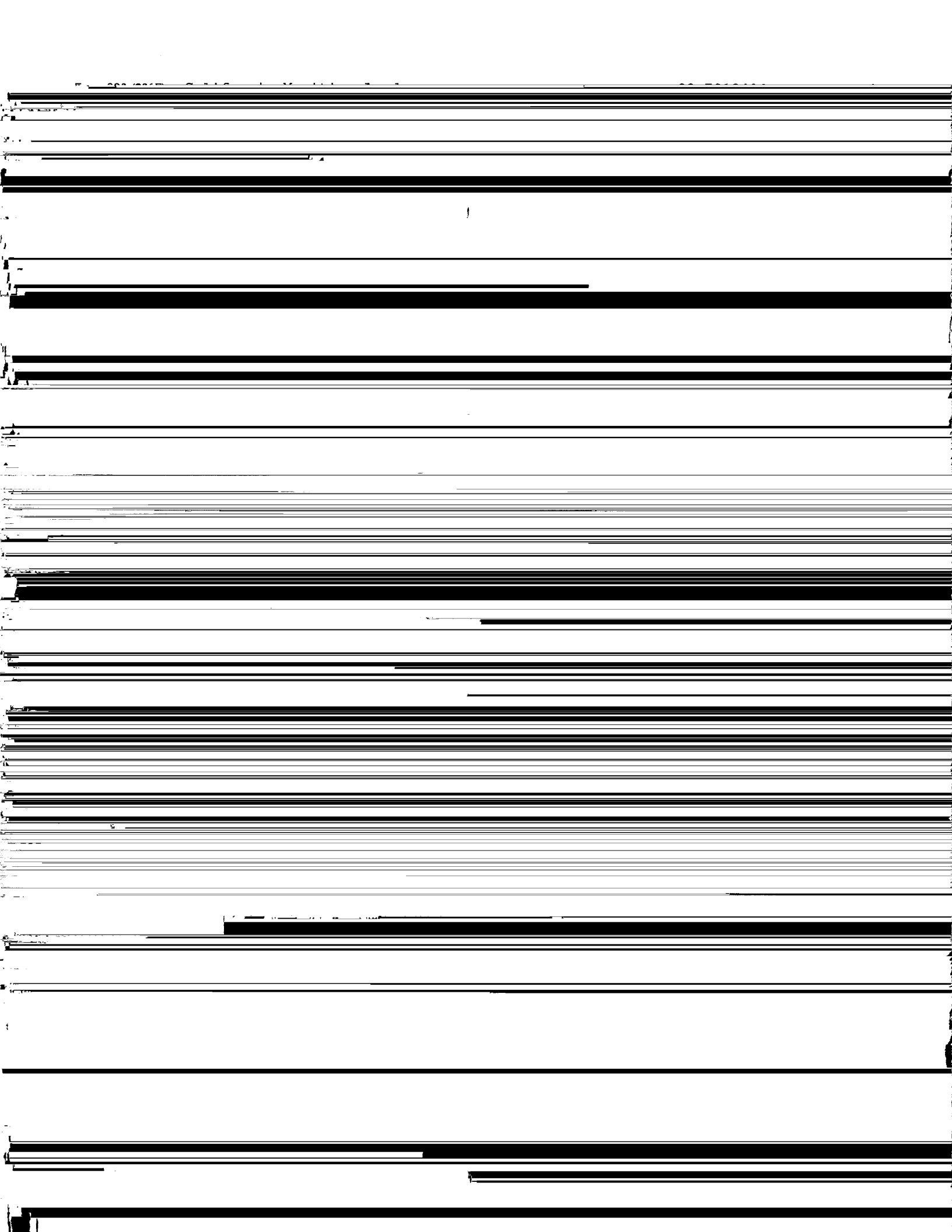
The table content is almost entirely obscured by heavy black redaction bars. Only a few faint lines and a small white rectangular area are visible at the bottom left.

Part IV Checklist of Required Schedules



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

Check if Schedule C contains information about the compensation of the following individuals:



Section 501(c)(29) and 501(c)(4) organizations must complete all columns. All other organizations must complete column 2A.

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

(A)		(B)
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[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Part IV Supporting Organizations *(continued)*

Yes	No
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11. Has the organization received a gift or contribution from any of the following?

The table content is almost entirely obscured by thick black redaction bars. Only a few thin white lines representing the table's structure are visible.

Part VII. Type III Non-Functionally Integrated 509(a)(2) Supporting Organizations (continued)

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 10; Part IV

[Redacted content]

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



SCHEDULE I

Grants and Other Assistance to Organizations,

OMB No. 1545-0047

[The body of the document is almost entirely obscured by dense horizontal black lines, likely representing redacted text or severe scanning artifacts. Only a few faint horizontal lines are visible.]

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

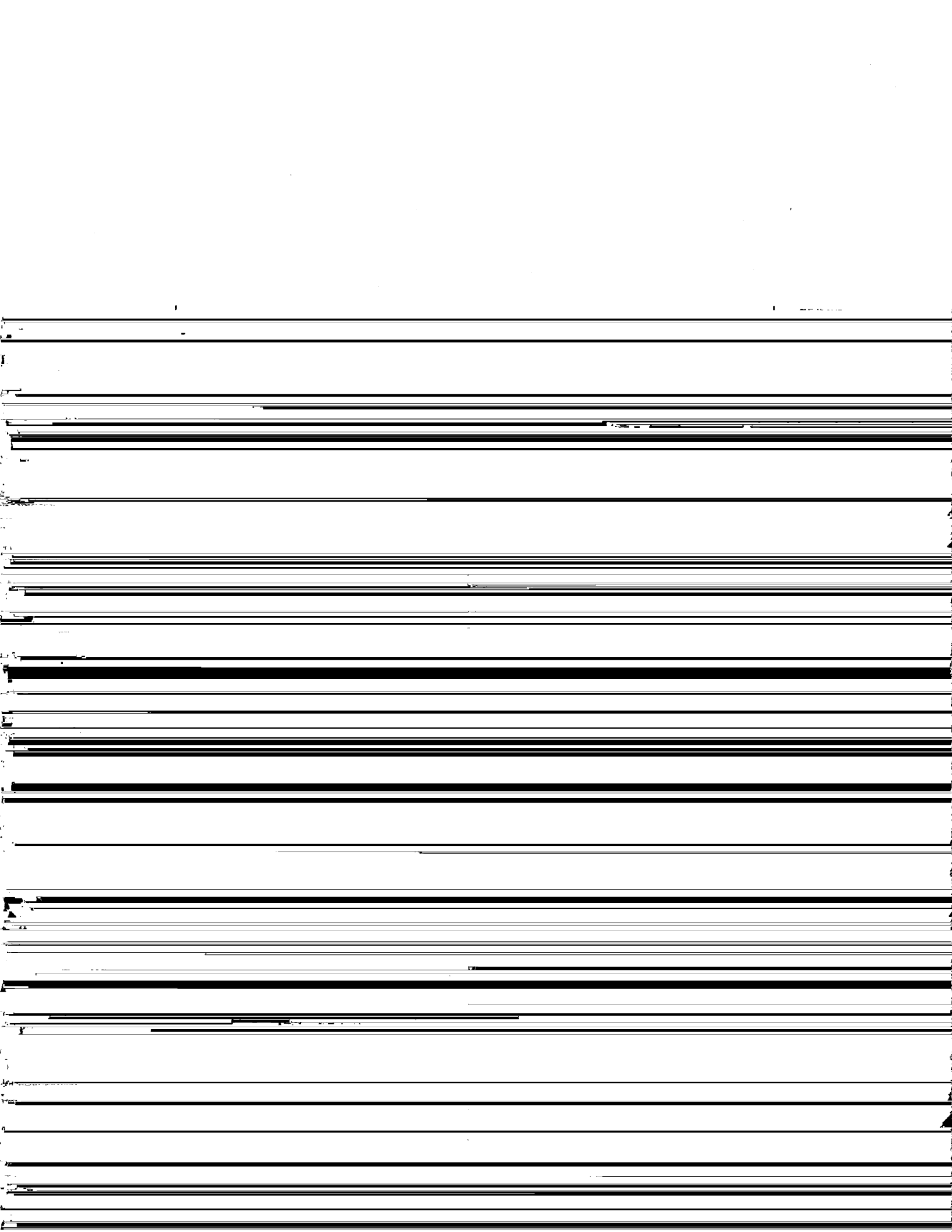
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

NOTE: The sum of columns (B)-(G) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, split by entity (B)-(G).

Noncash Contributions

2017

Complete if the organization answered 'Yes' on Form 990, Part IV, lines 20 or 21



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
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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?

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross

