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CLIENT'S COPY



2005 West Broadway, Suite 100, Columbia, MO 65203  
OFFICE (573) 442-6171 FAX (573) 777-7800

3220 West Edgewood, Suite E, Jefferson City, MO 65109  
OFFICE (573) 635-6196 FAX (573) 644-7240

[www.williamskeepers.com](http://www.williamskeepers.com)

Midway USA Foundation, Inc.  
6001 W. Van Horn Tavern Road, Ste C  
Columbia, MO 65203

Dear Board of Directors:

Enclosed are the original and one copy of the 2017 Exempt Organization return, as follows...

2017 Form 990

The returns were prepared from the information furnished to us. Please review before filing to ensure that there are no omissions or misstatements of material facts.

Taxing agencies have the authority to request the documents supporting your returns. Therefore, you should retain your tax records for a minimum of four years.

We may have provided you tax advice in connection with the preparation of your U S federal tax return and associated tax planning services. If so, this advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

We sincerely appreciate this opportunity to serve you. If you have any questions regarding your returns, please call.

Sincerely,

Williams-Keepers LLC

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
December 31, 2017

Prepared for	Midway USA Foundation, Inc. 6001 W. Van Horn Tavern Road, Ste C Columbia, MO 65203
Prepared by	Williams-Keepers LLC 2005 West Broadway, Suite 100 Columbia, MO 65203
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	<p>This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2018.</p> <p>NOTE REGARDING PUBLIC DISCLOSURE OF THIS RETURN:</p> <p>Form 990 (Return of Organization Exempt from Income Tax), Form 990-EZ (Short Form Return of Organization Exempt from Income Tax, and Form 990-PF (Return of Private Foundation) are included among the tax documents subject to the public disclosure requirements which apply to tax-exempt organizations under Section 501(a) and described in 501(c) and 501(d). Form 990-T is subject to public disclosure by 501(c)(3) organizations.</p> <p>In general, IRS regulations require tax-exempt organizations to provide copies of certain tax documents to requesting individuals. These tax documents are usually to be provided</p>

**Special  
Instructions**

immediately in the case of in-person requests and within 30 days in the case of written requests. The tax-exempt organization may charge a reasonable copying fee plus actual postage, if any. A tax-exempt organization does not have to comply with individual requests for copies if it makes the documents widely available as described in the regulations. This can be done by posting the documents in an acceptable format on a readily accessible World Wide Web site, either the organization's own or on a database of exempt organization documents maintained by another organization. These disclosure requirements are in addition to the requirement that tax-exempt organizations must make their tax documents available for public inspection.

In general, a tax exempt organization is not required to disclose to the public the names or addresses of contributors reported on its annual return. Unless your organization is a private foundation or a political organization, we recommend that on any copies provided to the public, posted to your website, or made available for public inspection you make the following changes:

- Remove the statement, if any, attached to Schedule A entitled Identification of Excess Contributions Included on Part IV-A, Line 2b, and
- Black out the names and addresses of contributors, if any, on Schedule B.

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2017, or fiscal year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20\_\_\_\_

**2017**

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

Employer identification number

**MIDWAY USA FOUNDATION, INC.****26-1573088**

Name and title of officer

**RICHARD LEEPER****PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b <b>30,909,182.</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) .....	5b

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **WILLIAMS-KEEPERS LLC**

ERO firm name

to enter my PIN **73088**Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

**8/21/18****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**43202126847**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

**Richard A. Chis****8/20/2018****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**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)

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**Open to Public  
Inspection**A For the 2017 calendar year, or tax year beginning and ending**

<b>B</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	<b>C</b> Name of organization <b>MIDWAY USA FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>26-1573088</b>
	Doing business as		<b>E</b> Telephone number <b>(573) 447-5957</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>6001 W VAN HORN TAVERN RD STE C</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>COLUMBIA, MO 65203</b>		<b>G</b> Gross receipts \$ <b>50,574,538.</b>
<b>F</b> Name and address of principal officer: <b>RICHARD LEEPER</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> 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 <b>J</b> Website: ▶ <b>WWW.MIDWAYUSAFFOUNDATION.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>2007</b> <b>M</b> State of legal domicile: <b>MO</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE HELP COMMUNITIES AND ORGANIZATIONS RAISE FUNDS TO SUPPORT THEIR HIGH SCHOOL, COLLEGE,</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>11</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>11</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>14,852,453.</b>	<b>Current Year</b> <b>26,324,716.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,162,141.</b>	<b>4,575,289.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>261.</b>	<b>9,177.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>17,014,855.</b>	<b>30,909,182.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,237,925.</b>	<b>5,236,302.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>956,227.</b>	<b>913,346.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>191,750.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>683,886.</b>	<b>897,573.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,878,038.</b>	<b>7,047,221.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>11,136,817.</b>	<b>23,861,961.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>106,490,316.</b>	<b>End of Year</b> <b>140,158,844.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>78,650.</b>	<b>94,794.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>106,411,666.</b>	<b>140,064,050.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date
	<b>RICHARD LEEPER, PRESIDENT</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>HEIDI A CHICK</b>		
	Firm's name ▶ <b>WILLIAMS-KEEPERS LLC</b>	Firm's EIN ▶ <b>43-1126847</b>	Check if self-employed <input type="checkbox"/>
	Firm's address ▶ <b>2005 WEST BROADWAY, SUITE 100 COLUMBIA, MO 65203</b>	Phone no. (573) <b>442-6171</b>	PTIN <b>P00043945</b>

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE FOUNDATION PROVIDES FINANCIAL SUPPORT TO OTHER NONPROFIT ORGANIZATIONS WITH FUNDS DIRECTED SPECIFICALLY TO SUPPORT EDUCATIONAL PROGRAMS FOCUSING ON FIREARMS SAFETY, SKILL TRAINING FOR SHOOTING, HUNTING AND OUTDOOR ACTIVITIES. THE FOUNDATION EXPLICITLY DIRECTS ITS

**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 \$ 6,374,725. including grants of \$ 5,236,302. ) (Revenue \$ 8,197. )  
 THE MIDWAY USA FOUNDATION SUPPORTS OVER 100,000 YOUTH ON 3,350 SHOOTING TEAMS AS WELL AS THE COMMUNITIES THEY REPRESENT. THE FOUNDATION HELPS COMMUNITIES RAISE MONEY TO SUPPORT THEIR YOUTH SHOOTING SPORTS PROGRAMS THROUGH TEAM, AGENCY OR DONOR DESIGNATED ENDOWMENTS FOR STATE, REGIONAL AND NATIONAL YOUTH SHOOTING EDUCATIONAL ORGANIZATIONS. ENDOWMENTS ARE HELD AND INVESTED WITH MATCHING DOLLARS FROM THE FOUNDERS AND GRANTS ARE PAID EACH YEAR TO EVERY TEAM, AGENCY OR DONOR DESIGNATED ENDOWED ORGANIZATION THAT REQUESTS UP TO 5% OF THEIR RESPECTIVE ACCOUNT BALANCE. THE TEAMS MAY USE GRANT MONEY TO FURTHER THEIR EDUCATIONAL AND TRAINING MISSIONS IN YOUTH SHOOTING SPORTS.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **6,374,725.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b>	X
<b>5</b> 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>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b> X	
<b>c</b> 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>	<b>11c</b> X	
<b>d</b> 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>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> 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>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</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>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b>	X
<b>15</b> 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>	<b>15</b>	X
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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>	<b>17</b>	X
<b>18</b> 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>	<b>18</b>	X
<b>19</b> 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>	<b>19</b>	X



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	X	
<b>22</b> 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> .....		X
<b>23</b> 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> .....	X	
<b>24a</b> 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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		X
<b>b</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> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> 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> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 614		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 11		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	11			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent		11		
<b>2</b> 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?			X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> 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?				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> 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 in Schedule O				X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, IL**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)

**19** Describe in 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: **JOHN J MCCLATCHEY, JR - 573-447-5992**  
**6001 WEST VAN HORN TAVERN ROAD, SUITE C, COLUMBIA, MO 65203**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the 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) RICHARD LEEPER PRESIDENT	2.00	X		X				0.	0.	0.
(2) BRENDA POTTERFIELD SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(3) RONALD UTTERBACK VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) SARA POTTERFIELD DIRECTOR	1.00	X						0.	0.	0.
(5) TOM SCHAUWECKER DIRECTOR	1.00	X						0.	0.	0.
(6) LARRY POTTERFIELD DIRECTOR	1.00	X						0.	0.	0.
(7) BUDDY DUVAL DIRECTOR	1.00	X						0.	0.	0.
(8) JAMES DUNN DIRECTOR	1.00	X						0.	0.	0.
(9) JON MCGRATH DIRECTOR	1.00	X						0.	0.	0.
(10) RUSSELL POTTERFIELD DIRECTOR	1.00	X						0.	0.	0.
(11) MIKE CALLAHAN DIRECTOR	1.00	X						0.	0.	0.
(12) RANDY MOELLER EXECUTIVE DIRECTOR	40.00			X				148,649.	0.	11,571.

**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			
<b>1b Sub-total</b>								148,649.	0.	11,571.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								148,649.	0.	11,571.

**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 **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	X	
<b>5</b> 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		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
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	26,324,716.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		26,324,716.				
<b>Program Service Revenue</b>	<b>2 a</b> .....			<b>Business Code</b>			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....				2,786,238.	
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....			(i) Real	(ii) Personal			
<b>b</b> Less: rental expenses .....			27,821.				
<b>c</b> Rental income or (loss) .....			19,624.				
<b>d</b> Net rental income or (loss) .....			8,197.				
<b>7 a</b> Gross amount from sales of assets other than inventory .....			(i) Securities	(ii) Other			
<b>b</b> Less: cost or other basis and sales expenses .....			20,944,082.	490,701.			
<b>c</b> Gain or (loss) .....			19,120,732.	525,000.			
<b>d</b> Net gain or (loss) .....			1,823,350.	-34,299.			
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....							
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....							
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....							
<b>b</b> Less: cost of goods sold .....							
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> TIMELY FILING ALLOWANCES .....			900099	980.		980.	
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....				980.			
<b>12 Total revenue.</b> See instructions. ....				30,909,182.	8,197.	0.	4,576,269.

**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 ☐

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,236,302.	5,236,302.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	160,220.	72,712.	49,223.	38,285.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	602,642.	295,838.	231,668.	75,136.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,824.	11,130.	8,075.	2,619.
<b>9</b> Other employee benefits	75,433.	38,471.	27,910.	9,052.
<b>10</b> Payroll taxes	53,227.	27,146.	19,694.	6,387.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	3,154.		3,154.	
<b>c</b> Accounting	36,424.		36,424.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	500,366.	500,366.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	46,290.	23,608.	17,127.	5,555.
<b>12</b> Advertising and promotion	19,999.	19,010.	180.	809.
<b>13</b> Office expenses	47,093.	36,375.	8,093.	2,625.
<b>14</b> Information technology	24,231.		18,297.	5,934.
<b>15</b> Royalties				
<b>16</b> Occupancy	126,107.	64,315.	46,660.	15,132.
<b>17</b> Travel	35,948.	20,047.	1,815.	14,086.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	17,878.	4,018.	2,915.	10,945.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,822.	1,439.	1,044.	339.
<b>23</b> Insurance	8,170.	4,167.	3,023.	980.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a CREDIT CARD FEES</b>	16,164.	16,164.		
<b>b STATE RENEWAL FEES</b>	6,252.		3,126.	3,126.
<b>c EMPLOYMENT EXPENSES</b>	6,170.	3,147.	2,283.	740.
<b>d MISCELLANEOUS</b>	470.	470.		
<b>e</b> All other expenses	35.		35.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	7,047,221.	6,374,725.	480,746.	191,750.
<b>26 Joint costs.</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	99,260.	<b>1</b>	109,427.
	<b>2</b> Savings and temporary cash investments .....	5,596,263.	<b>2</b>	9,502,262.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	9.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	878,628.	<b>9</b>	521,135.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 282,739.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 25,571.	<b>10c</b>	257,168.
	<b>11</b> Investments - publicly traded securities .....	9,476,241.	<b>11</b>	13,150,904.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	12,671,157.	<b>12</b>	13,261,297.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	76,983,777.	<b>13</b>	103,356,642.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	106,490,316.	<b>16</b>	140,158,844.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	78,650.	<b>17</b>	94,794.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	78,650.	<b>26</b>	94,794.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	106,411,666.	<b>27</b>	140,064,050.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	106,411,666.	<b>33</b>	140,064,050.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	106,490,316.	<b>34</b>	140,158,844.



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	30,909,182.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,047,221.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	23,861,961.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	106,411,666.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	9,790,423.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	140,064,050.

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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	<b>2a</b>	<b>X</b>
<b>b</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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> 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? _____	<b>3a</b>	<b>X</b>
<b>b</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 in Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

Form 990 (2017)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

MIDWAY USA FOUNDATION, INC.

Employer identification number

26-1573088

**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		
<b>Total</b>						

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>		

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	25290703.	25376463.	17807820.	14852453.	26324716.	109652155
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	25290703.	25376463.	17807820.	14852453.	26324716.	109652155
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	11568000.	7996196.	7736715.	5064070.	7353250.	39718231.
<b>b</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 .....						0.
<b>c</b> Add lines 7a and 7b .....	11568000.	7996196.	7736715.	5064070.	7353250.	39718231.
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						69933924.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....	25290703.	25376463.	17807820.	14852453.	26324716.	109652155
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	872,446.	1700258.	1817049.	2483065.	2786238.	9659056.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	872,446.	1700258.	1817049.	2483065.	2786238.	9659056.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	220.	22.	242.	261.	980.	1,725.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	26163369.	27076743.	19625111.	17335779.	29111934.	119312936
<b>14 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	58.61 %
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	52.53 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	8.10 %
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	6.58 %

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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.			
<b>2a</b>			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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).			

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

<b>Section D - Distributions</b>			<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2017 from Section C, line 6		
<b>10</b>	Line 8 amount divided by line 9 amount		

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			



## 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****Payments from Disqualified Persons  
Included on Part III, Line 7a****2017****\*\* Do Not File \*\*****\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	2013 Amount	2014 Amount	2015 Amount	2016 Amount	2017 Amount
	8,833,052.	5,853,186.	6,659,690.	3,778,720.	6,388,600.
	1,611,625.	1,506,025.	931,625.	950,250.	867,200.
	715,868.	567,500.	145,400.	335,100.	97,450.
	407,455.	69,485.	0.	0.	0.
Total to Schedule A, Part III, Line 7a .....	11,568,000.	7,996,196.	7,736,715.	5,064,070.	7,353,250.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

MIDWAY USA FOUNDATION, INC.

Employer identification number

26-1573088

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 foundationCheck 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).

**LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)**

Name of organization	Employer identification number
MIDWAY USA FOUNDATION, INC.	26-1573088

**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	[REDACTED] [REDACTED] [REDACTED]	\$ 6,388,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	[REDACTED] [REDACTED] [REDACTED]	\$ 2,749,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	[REDACTED] [REDACTED] [REDACTED]	\$ 2,144,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	[REDACTED] [REDACTED] [REDACTED]	\$ 874,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	[REDACTED] [REDACTED] [REDACTED]	\$ 867,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	[REDACTED] [REDACTED] [REDACTED]	\$ 827,600.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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	[REDACTED] [REDACTED] [REDACTED]	\$ 610,188.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	[REDACTED] [REDACTED] [REDACTED]	\$ 464,859.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	[REDACTED] [REDACTED] [REDACTED]	\$ 428,529.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	[REDACTED] [REDACTED] [REDACTED]	\$ 421,984.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	[REDACTED] [REDACTED] [REDACTED]	\$ 375,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	[REDACTED] [REDACTED] [REDACTED]	\$ 363,300.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
13	[REDACTED] [REDACTED] [REDACTED]	\$ 346,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	[REDACTED] [REDACTED] [REDACTED]	\$ 343,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	[REDACTED] [REDACTED] [REDACTED]	\$ 311,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	[REDACTED] [REDACTED] [REDACTED]	\$ 302,203.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	[REDACTED] [REDACTED] [REDACTED]	\$ 275,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	[REDACTED] [REDACTED] [REDACTED]	\$ 271,787.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
19	<div>██</div> <div>██</div> <div>████████████████████████████████</div>	\$ 260,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<div>██</div> <div>████████████████████████████████</div> <div>██</div>	\$ 250,002.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<div>██</div> <div>████████████████████████████████</div> <div>██</div>	\$ 247,921.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<div>██</div> <div>██</div> <div>████████████████████████████████</div>	\$ 237,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<div>██</div> <div>████████████████████████████████</div> <div>██</div>	\$ 236,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<div>██</div> <div>██</div> <div>██</div>	\$ 231,000.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
25	[REDACTED] [REDACTED] [REDACTED]	\$ 230,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	[REDACTED] [REDACTED] [REDACTED]	\$ 229,567.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	[REDACTED] [REDACTED] [REDACTED]	\$ 221,483.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	[REDACTED] [REDACTED] [REDACTED]	\$ 214,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	[REDACTED] [REDACTED] [REDACTED]	\$ 195,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	[REDACTED] [REDACTED] [REDACTED]	\$ 189,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

26-1573088

## Part I

Employer identification number

26-1573088

## Part I

Name of organization	Employer identification number
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
43	<div>██</div> <div>██</div> <div>██</div>	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<div>██</div> <div>██</div> <div>██</div>	\$ 79,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<div>██</div> <div>██</div> <div>██</div>	\$ 52,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<div>████████████████</div> <div>██</div> <div>██</div>	\$ 52,639.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<div>██</div> <div>██</div> <div>██</div>	\$ 46,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<div>██</div> <div>██</div> <div>██</div>	\$ 45,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

26-1573088

## Part I

Name of organization	Employer identification number
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
55	<div>██</div> <div>██</div> <div>██</div>	\$ 27,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<div>██</div> <div>██</div> <div>██</div>	\$ 26,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<div>██</div> <div>██</div> <div>██</div>	\$ 25,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<div>██</div> <div>██</div> <div>██</div>	\$ 25,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<div>██</div> <div>██</div> <div>██</div>	\$ 24,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<div>██</div> <div>██</div> <div>██</div>	\$ 21,215.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
61	[REDACTED] [REDACTED] [REDACTED]	\$ 20,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	[REDACTED] [REDACTED] [REDACTED]	\$ 20,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	[REDACTED] [REDACTED] [REDACTED]	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	[REDACTED] [REDACTED] [REDACTED]	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	[REDACTED] [REDACTED] [REDACTED]	\$ 41,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	[REDACTED] [REDACTED] [REDACTED]	\$ 18,200.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
67	<div></div> <div></div> <div></div>	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<div></div> <div></div> <div></div>	\$ 17,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<div></div> <div></div> <div></div>	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<div></div> <div></div> <div></div>	\$ 16,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<div></div> <div></div> <div></div>	\$ 16,074.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<div></div> <div></div> <div></div>	\$ 16,000.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
73	[REDACTED] [REDACTED] [REDACTED]	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	[REDACTED] [REDACTED] [REDACTED]	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	[REDACTED] [REDACTED] [REDACTED]	\$ 15,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	[REDACTED] [REDACTED] [REDACTED]	\$ 15,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	[REDACTED] [REDACTED] [REDACTED]	\$ 15,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	[REDACTED] [REDACTED] [REDACTED]	\$ 15,000.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
79	<div></div> <div></div> <div></div>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<div></div> <div></div> <div></div>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<div></div> <div></div> <div></div>	\$ 14,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<div></div> <div></div> <div></div>	\$ 14,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<div></div> <div></div> <div></div>	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<div></div> <div></div> <div></div>	\$ 13,200.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
85	<div>██</div> <div>██████████</div> <div>████████████████████████████████████</div>	\$ 12,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<div>████████████████████████████████████</div> <div>████████████████████████████████</div> <div>████████████████████</div>	\$ 12,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<div>████████████████████████████████████</div> <div>████████████</div> <div>████████████████████</div>	\$ 12,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<div>████████████████████████████████████</div> <div>████████████</div> <div>████████████████████</div>	\$ 12,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<div>██</div> <div>████████████████████████████████</div> <div>████████████████████</div>	\$ 12,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<div>████████████████████████████████████</div> <div>████████████████████</div> <div>████████████████████████████████</div>	\$ 12,000.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
91	<div>██</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<div>██</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 11,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<div>██</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 11,465.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<div>██</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 10,673.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<div>██</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<div>████████████████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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MIDWAY USA FOUNDATION, INC.	26-1573088

**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
97	<div>████████████████████</div> <div>██████████████████</div> <div>████████████████████</div>	\$ 10,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<div>██████████████████████████████████████</div> <div>██████████████</div> <div>██████████████████</div>	\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<div>██</div> <div>██████████████████████████████</div> <div>██████████████████</div>	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<div>██████████████████████████████</div> <div>██████████████████</div> <div>██████████████████</div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<div>██████████████████</div> <div>██████████████████</div> <div>██████████████████</div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<div>██████████████</div> <div>██████████████████████████</div> <div>██████████████████</div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	[REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104	[REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105	[REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106	[REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107	[REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108	[REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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MIDWAY USA FOUNDATION, INC.	26-1573088

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	<div>██████████</div> <div>██████████████████</div> <div>████████████████████</div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<div>██████████████████████████████</div> <div>██████████████████████████████</div> <div>██████████████████</div>	\$ 9,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<div>██████████████████████████████████████</div> <div>██████████████████████████████</div> <div>██████████████</div>	\$ 9,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<div>██████████████████████████████████████</div> <div>██████████████████</div> <div>██████████████████</div>	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<div>██████████████</div> <div>██████████████</div> <div>██████████████████</div>	\$ 9,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<div>██████████████████████████████████████</div> <div>██████████████████████████████</div> <div>██████████████████</div>	\$ 9,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$ 8,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118		\$ 8,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$ 8,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$ 8,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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MIDWAY USA FOUNDATION, INC.	26-1573088

**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
121	<div>████████████████████</div> <div>████████████████████</div> <div>██████████████████</div>	\$ 8,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<div>██████████████████</div> <div>████████████████████████████</div> <div>██████████████████</div>	\$ 8,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<div>██████████████████</div> <div>██████████████████</div> <div>████████████████████</div>	\$ 8,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<div>████████████████████</div> <div>██████████████████</div> <div>██████████████████</div>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<div>████████████████████████████</div> <div>██████████████████</div> <div>████████████████████</div>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<div>████████████████████</div> <div>██████████████████</div> <div>████████████████████</div>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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MIDWAY USA FOUNDATION, INC.	26-1573088

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	<div>████████████████████</div> <div>██████████████████</div> <div>████████████████████████████████████</div>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	<div>██</div> <div>██████████████</div> <div>████████████████████████████████</div>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	<div>██</div> <div>████████████████████████████</div> <div>████████████████████</div>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	<div>██</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<div>██</div> <div>████████████████████████████████████</div> <div>████████████████████████</div>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	<div>████████████████████████████</div> <div>██████████████</div> <div>████████████████████</div>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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MIDWAY USA FOUNDATION, INC.	26-1573088

**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
139	<div>████████████████████</div> <div>██</div> <div>████████████████████████████████</div>	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	<div>████████████████████████████████</div> <div>██</div> <div>████████████████████████████████</div>	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<div>██</div> <div>██</div> <div>████████████████████████████████</div>	\$ 7,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<div>██</div> <div>████████████████████████████████</div> <div>████████████████████████████████████</div>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<div>██</div> <div>████████████████████████████████████</div> <div>████████████████████████████████</div>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	<div>██</div> <div>██</div> <div>████████████████████████████████████</div>	\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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MIDWAY USA FOUNDATION, INC.	26-1573088

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	<div>██</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 6,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	<div>██</div> <div>████████████████</div> <div>████████████████████</div>	\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	<div>██</div> <div>██</div> <div>████████████████████</div>	\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	<div>██</div> <div>██</div> <div>████████████████████</div>	\$ 6,585.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	<div>██</div> <div>██</div> <div>████████████████████</div>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	<div>████████████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	<div>████████████████████</div> <div>████████████████████</div> <div>████████████████████████████████</div>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	<div>████████████████████████████████</div> <div>████████████████</div> <div>████████████████</div>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	<div>████████████████</div> <div>████████████████</div> <div>████████████████████████████</div>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	<div>████████████████████████████████</div> <div>████████████████████████████</div> <div>████████████████████████</div>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	<div>████████████████████████████</div> <div>████████████</div> <div>████████████████</div>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	<div>████████████████</div> <div>████████████████████</div> <div>████████████</div>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	<div>██</div> <div>████████████████████</div> <div>████████████████████████████████████</div>	\$ 5,937.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	<div>██</div> <div>████████████████████</div> <div>████████████████████████████████</div>	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	<div>██</div> <div>████████████████████████████████████</div> <div>████████████████████████████████</div>	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	<div>████████████████████████████████</div> <div>██</div> <div>██</div>	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	<div>██</div> <div>████████████████████████████████████</div> <div>██</div>	\$ 5,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	<div>██</div> <div>████████████████████████████████</div> <div>██</div>	\$ 5,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

26-1573088

## Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	[REDACTED]	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	[REDACTED]	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	[REDACTED]	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	[REDACTED]	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	[REDACTED]	\$ 5,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	[REDACTED]	\$ 5,500.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
181	<div>██</div> <div>████████████████</div> <div>████████████████████</div>	\$ 5,483.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	<div>██</div> <div>████████████████</div> <div>████████████████████████████</div>	\$ 5,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	<div>██</div> <div>████████████████</div> <div>████████████████████████████</div>	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	<div>██</div> <div>████████████████████</div> <div>████████████████████████████</div>	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	<div>██</div> <div>████████████████████</div> <div>████████████████████████████</div>	\$ 5,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	<div>████████████████</div> <div>████████████████████████████</div> <div>████████████████████████████</div>	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

26-1573088

## Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	[REDACTED] [REDACTED] [REDACTED]	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
188	[REDACTED] [REDACTED] [REDACTED]	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189	[REDACTED] [REDACTED] [REDACTED]	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
190	[REDACTED] [REDACTED] [REDACTED]	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
191	[REDACTED] [REDACTED] [REDACTED]	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
192	[REDACTED] [REDACTED] [REDACTED]	\$ 5,137.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
193	[REDACTED] [REDACTED] [REDACTED]	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	[REDACTED] [REDACTED] [REDACTED]	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	[REDACTED] [REDACTED] [REDACTED]	\$ 5,081.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	[REDACTED] [REDACTED] [REDACTED]	\$ 5,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	[REDACTED] [REDACTED] [REDACTED]	\$ 5,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	[REDACTED] [REDACTED] [REDACTED]	\$ 5,000.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
199	<div>██</div> <div>████████████████</div> <div>██</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	<div>████████████████████████████████████</div> <div>████████████████████████████████</div> <div>████████████████████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	<div>██</div> <div>████████████████████████████████</div> <div>████████████████████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	<div>██</div> <div>████████████████████████████████</div> <div>████████████████████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	<div>████████████████████████████████</div> <div>██</div> <div>████████████████████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	<div>██</div> <div>████████████████████████████████</div> <div>████████████████████████████████</div>	\$ 5,000.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
205	<div>██████████</div> <div>██████████████████</div> <div>██████████████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	<div>██████████</div> <div>██████████</div> <div>██████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	<div>██████████</div> <div>██████████████████</div> <div>██████████████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	<div>██████████████████████████████</div> <div>████████████████████</div> <div>██████████████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	<div>██████████████████████████████</div> <div>████████████████████</div> <div>██████████████████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	<div>██████████████████████████</div> <div>██████████████████</div> <div>██████████████████████████</div>	\$ 5,000.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
211	<div>████████████████████</div> <div>██████████████████</div> <div>████████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	<div>██████████████████████████████</div> <div>██████████████████</div> <div>██████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	<div>██</div> <div>██████████████████</div> <div>██████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	<div>██</div> <div>██████████████</div> <div>██████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	<div>██████████████████████████████████</div> <div>██████████</div> <div>██████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	<div>██</div> <div>██████████████████</div> <div>██████████████</div>	\$ 5,000.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
217	<div>████████████████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	<div>████████████████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	<div>████████████████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	<div>████████████████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	<div>████████████████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	<div>████████████████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 5,000.	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
MIDWAY USA FOUNDATION, INC.	26-1573088

**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
223	<div>██</div> <div>██</div> <div>██</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	<div>██</div> <div>██</div> <div>██</div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

26-1573088

## Part II

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

Name of organization

Employer identification number

**MIDWAY USA FOUNDATION, INC.****26-1573088****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
	(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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

MIDWAY USA FOUNDATION, INC.

Employer identification number

26-1573088

**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**b** ☐ Scholarly research

**c** ☐ Preservation for future generations

**d** ☐ Loan or exchange programs

**e** ☐ Other \_\_\_\_\_

**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:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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** Temporarily restricted 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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**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
<b>1a</b> Land	255,000.			255,000.
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		25,506.	23,338.	2,168.
<b>e</b> Other		2,233.	2,233.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				257,168.

**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) ACCRUED INTEREST	57,474.	COST
(B) HEDGE FUND	13,203,823.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,261,297.	

**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) SECURITIES HEDGE FUNDS	13,520,002.	END-OF-YEAR MARKET VALUE
(2) TRADED SECURITIES	89,836,640.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	103,356,642.	

**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)	
<b>Total.</b> (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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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 FIN 48 (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	40,225,341.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	9,790,423.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	26,102.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	9,816,525.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	30,408,816.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	500,366.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	500,366.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	30,909,182.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	6,546,855.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,546,855.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	500,366.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	500,366.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,047,221.

**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 XI, LINE 2D - OTHER ADJUSTMENTS:**

RENTAL INCOME 26,102.

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **MIDWAY USA FOUNDATION, INC.** Employer identification number **26-1573088**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
SCHOLASTIC SHOOTING SPORTS FOUNDATION INC - 5931 ROFT RD - SAN ANTONIO, TX 78253	20-8484121	501(C)(3)	106,663.	46,024.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
PHEASANTS FOREVER INC 1783 BUERKLE CIRCLE ST. PAUL, MN 55110	41-1429149	501(C)(3)	21,315.	83,013.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
ALASKA SCTP INC PO BOX 871272 WASILLA, AK 99687	90-0635354	501(C)(3)	94,538.	1,131.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WILD SHEEP FOUNDATION 412 PRONGHORN TRAIL BOZEMAN, MT 59718	42-1109229	501(C)(3)	62,028.	22,133.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
YOUTH TARGET FOUNDATION 130 TIMBERLEAF CT. DOUBLE OAK, TX 75077	33-1206460	501(C)(3)	80,420.	1,275.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MONTANA SCHOLASTIC CLAY TARGET PROGRAM - 1002 US HIGHWAY 93 N STE 1 - VICTOR, MT 59875	46-1014846	501(C)(3)	63,333.	12,852.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **136.**
- 3** Enter total number of other organizations listed in the line 1 table **12.**

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

**Schedule I (Form 990) (2017)**



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
GOAL FOUNDATION INC PO BOX 777 UPTON, MA 01568-0777	04-3095757	501(C)(3)	66,399.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
YOUTH SHOOTING SPORTS ALLIANCE 11265 SUFFOLK DR HAGERSTOWN, MD 21742	26-0551145	501(C)(3)	60,897.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MURRAY STATE UNIVERSITY 200 SPARKS HALL MURRAY, KY 42071	61-1005783		38,258.	17,883.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
INDIANA YOUTH SHOOTING SPORTS FOUNDATION INC - 13800 MARILYN RD - NOBLESVILLE, IN 46060	20-1492428	501(C)(3)	30,355.	25,216.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
RED RIVER YOUTH TRAP SHOOTING CLUB 2102 GREAT NORTHERN DRIVE N FARGO, ND 58102	47-4625230	501(C)(3)	2,895.	44,792.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WYOMING STATE 4 H FOUNDATION 1000 EAST UNIVERSITY AVE. DEPT 3354 LARAMIE, WY 82071	83-6004106	501(C)(3)	36,151.	7,419.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
DALLAS ECOLOGICAL FOUNDATION 13709 GAMMA RD DALLAS, TX 75244	75-1761481	501(C)(3)	35,844.	4,000.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
TEXAS STATE RIFLE ASSOCIATION FOUNDATION INC - 8411 N INTERSTATE 35 - AUSTIN, TX 78753	26-4037053	501(C)(3)	34,178.	5,451.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
IOWA SCTP 812 S 15TH ST OSKALOOSA, IA 52577	20-5520926	501(C)(3)	37,169.	2,000.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
BHS DEMONS SHOOTING TEAM 4004 LAKE STREET BURLINGTON, WI 53105	46-4046924		38,090.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
AMERICAN CONSERVATION AND EDUCATION SOCIETY - 9432 KATY FREEWAY SUITE 350 - HOUSTON, TX 77055	74-2177975	501(C)(3)	36,094.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MISSOURI YOUTH SPORT SHOOTING ALLIANCE - 2107 CASTLEBROOK DR - IMPERIAL, MO 63052	87-0808275	501(C)(3)	34,389.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
UTAH SCHOLARSHIP CLAY TARGET PROGRAM - 638 S 810 W APT 307 - PLEASANT GROVE, UT 84062	90-0886830	501(C)(3)	25,496.	8,521.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SILVER STATE YOUTH SHOOTING PROGRAM - 394 FLORA DR - SPRING CREEK, NV 89815	45-4986365	501(C)(3)	29,481.	4,350.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CLAY FEATHERS INC 26321 HIGHWAY 141 COON RAPIDS, IA 50058	27-1316195	501(C)(3)	26,854.	3,283.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CLEMSON UNIVERSITY 108 ADMINISTRATIVE SERVICES BUILDING CLEMSON, NC 29634	57-6000254		29,900.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
LINDENWOOD COLLEGE 209 S KINGS HIGHWAY ST SAINT CHARLES, MO 63301	43-0652649	501(C)(3)	28,036.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CITADEL PISTOL CLUB PO BOX 138 FOLLY BEACH, NC 29439	80-0769768		26,641.	600.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CREIGHTON PREPARATORY SCHOOL 7400 WESTERN AVENUE OMAHA, NE 68114	47-0438012		21,420.	5,266.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
OSKALOOSA SHOOTING TEAM 812 SOUTH 15TH OSKALOOSA, IA 52577	46-4260367		26,005.	553.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
THE UNIVERSITY OF TENNESSEE 201 ANDY HOLT TOWER KNOXVILLE, TN 37995-0100	62-6001636		25,965.	100.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
ARKANSAS GAME & FISH FOUNDATION 2 NATURAL RESOURCES DR LITTLE ROCK, AR 72205	71-0562360	501(C)(3)	25,261.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CENTERBURG YOUTH SHOOTING SPORTS INC - PO BOX 100 5680 SYCAMORE RD - CENTERBURG, OH 43011	47-0953689	501(C)(3)	22,278.	2,838.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
FORT HAYS STATE UNIVERSITY 600 PARK STREET HAYS, KS 67601	48-1210777		23,139.	1,950.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MU SHOOTING CLUB 213 ROTHWELL GYMNASIUM COLUMBIA, MO 65211	42-1680662		24,430.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
RIO SALADO SPORTSMANS CLUB INC 3960 USERY PASS ROAD MESA, AZ 85207	23-7228745	501(C)(4)	16,421.	7,770.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
ARIZONA OUTDOOR SPORTS INC 3627 S. COTTONWOOD DRIVE TEMPE, AZ 85282	26-2103623	501(C)(3)	16,090.	6,375.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
GASTON YOUNG GUNS SHOOTING SPORTS PO BOX 1314 DALLAS, NC 28034	80-0253909	501(C)(3)	22,375.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
BETHEL UNIVERSITY 325 CHERRY AVE MCKENZIE, TN 38201	62-0548913	501(C)(3)	22,329.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
PALMYRA SPORTSMENS ASSN INC PO BOX 142 PALMYRA, PA 17078	23-7429888	501(C)(3)	20,027.	2,200.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
HILLSDALE COLLEGE 33 E. COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	21,788.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
PA YOUTH SHOOTING ASSOCIATION INC 326 VANYO RD BERLIN, PA 15530	46-1072147	501(C)(3)	13,652.	8,033.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
NEW ENGLAND INTERNATIONAL JUNIOR SHOOTING SPORTS INC - 6 M STREET PLUM ISLAND - NEWBURYPORT, MA 01950	45-0602316	501(C)(3)	21,118.	541.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MONTANA 4-H FOUNDATION INC PO BOX 173580 BOZEMAN, MT 59717-3580	23-7051460	501(C)(3)	12,954.	7,558.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	74-2245072	501(C)(3)	20,184.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
PARENT BOOSTERS USA INC 601 E MAIN ST ALLEN, TX 75002	46-3748275	501(C)(3)	12,919.	5,488.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
UNION GROVE BRONCOS SHOOTING CLUB INC - 8220 GITTINGS RD - MT PLEASANT, WI 53406	47-3550317	501(C)(3)	12,309.	4,357.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SOUTHEASTERN ILLINOIS COMMUNITY COLLEGE - 3575 COLLEGE ROAD - HARRISBURG, IL 62946	37-0906582		16,588.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
HOOSIER DADDYS SHOOTING SPORTS TEAM NONPROFIT CORPORATION - 190 PEARL ST - WHITELAND, IN 46184	81-4540236	501(C)(3)	12,693.	3,799.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 32211	59-0624412	501(C)(3)	16,469.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
UNIVERSITY OF KENTUCKY TRAP AND SKEET TEAM - 213 UNIVERSITY AVE - LEXINGTON, KY 40503	26-3280207		16,434.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WILLIAMS COUNTY SPORTSMANS EDUCATIONAL ASSOC - 1521 NEY-WILLIAMS CENTER RD - BRYAN, OH 43506	34-1861426	501(C)(3)	11,747.	4,488.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
BEN AVERY CLAY CRUSHERS 17 E TANYA RD DESERT HILLS, AZ 85086	45-5383343	501(C)(3)	13,978.	2,246.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
NM EAGLES 56670 JEWELL RD. SHELBY TWP., MI 48315	61-1670953	501(C)(3)	10,686.	5,388.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
OHIO STATE TRAPSHOOTING FOUNDATION INC - 2020 AIRPORT RD - NEW LEXINGTON, OH 43764	31-1513510	501(C)(3)	0.	15,990.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
X COUNT INC 5141 EAST 700 SOUTH COLUMBIA CITY, IN 46725	45-4791946	501(C)(3)	12,990.	2,819.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
KINGS ACADEMY 1015 SOUTH EBENEZER RD. FLORENCE, NC 29501	57-0917737	501(C)(3)	15,359.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WOODLAND TRAP CLUB 164 SUMMIT BUTTE RD WOODLAND, WA 98674	46-0766197		8,648.	6,557.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
BUCKEYE OUTDOOR YOUTH EDUCATION AND SHOOTING CENTER INC - PO BOX 61 - DOYLESTOWN, OH 44230	20-5960752	501(C)(3)	14,819.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
GRACE COUGARS SHOTGUN TEAM 530 HIDE A WAY LN E HIDEAWAY, TX 75771	46-1355753	501(C)(3)	11,554.	2,850.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
GEORGIA YOUTH SHOOTING SPORTS FOUNDATION INC - 1059 MANLEY RD - GRIFFIN, GA 30223	46-1456116	501(C)(3)	5,786.	8,298.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WILMOT TRAP TEAM 2401 GRACE STREET TWIN LAKES, WI 53181	75-3229791		10,687.	3,216.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
DUCKS UNLIMITED INC ONE WATERFOWL WAY MEMPHIS, TN 38120	13-5643799	501(C)(3)	0.	13,714.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
BGAFFJROTC PO BOX 1145 BATTLE GROUND, WA 98604	91-1940371	501(C)(3)	0.	13,570.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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WATERFORD WOLVERINE SHOOTING TEAM INC - PO BOX 325 - WATERFORD, WI 53185	47-2340836	501(C)(3)	10,358.	3,099.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
PURDUE UNIVERSITY 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	13,285.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
FORT MADISON COMMUNITY SCHOOL DISTRICT - PO BOX 1423 - FORT MADISON, IA 52627	42-6038970		9,834.	3,411.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
GEORGIA COMPETITIVE SHOOTERS INC 232 EROAD STREET GRIFFIN, GA 30223	38-3696125	501(C)(3)	10,211.	2,955.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 W WISCONSIN AVE MILWAUKEE, WI 53208	39-0806826	501(C)(3)	12,978.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD STE 4400 BLACKSBURG, VA 24060	54-0721690	501(C)(3)	11,434.	1,500.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CURATORS OF THE UNIVERSITY OF MISSOURI - 321 UNIVERSITY HALL - COLUMBIA, MO 65211	43-6003859		12,584.	100.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
KCCL ORANGE CRUSHERS 914 BOULDER BLUFF LN LOWELL, MI 49331	46-2128996	501(C)(3)	9,953.	2,694.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SCHREINER UNIVERSITY 2100 MEMORIAL BLVD KERRVILLE, TX 78028	74-1193459	501(C)(3)	12,493.	91.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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PARENT BOOSTERS USA INC PO BOX 184 BERTRAM, TX 78605	81-4317672	501(C)(3)	4,670.	7,842.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
HASTINGS HIGH SCHOOL TRAP TEAM 17810 POLK AVE HASTINGS, MN 55033	46-1465973		10,764.	1,744.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
BISHOP DWENGER HIGH SCHOOL PO BOX 390 FORT WAYNE, IN 46801	35-1090327	501(C)(3)	12,494.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
ONE BOX YOUTH SPORTING PROGRAM 80515 RD 441 BROKEN BOW, NE 68822	81-0718123		10,815.	1,419.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
TAUNTON RIFLE AND PISTOL CLUB INC 430 E BRITANNIA ST. TAUNTON, MA 02780	23-7083791	501(C)(4)	8,824.	3,213.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
DRIPPING SPRINGS VOCATIONAL AG BOOSTERS ASSOCIATION INC - PO BOX 1008 - DRIPPING SPRINGS, TX 78620	74-2508859	501(C)(3)	11,708.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
GATEWAY CLAYBUSTERS PO BOX 173 SAINT PETERS, MO 63376	20-8171985	501(C)(3)	11,419.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CENTRAL FALCONS TRAP & SKEET 1043 N PRAIRIE DR SILVER LAKE, WI 53170	27-4978200		11,399.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WSA YOUTH OUTDOOR FOUNDATION INC 499 LINCOLN RD WALPOLE, WA 02081	30-0753432	501(C)(3)	11,208.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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FIN FUR & FEATHER CLUB PO BOX 272 MILLS, MA 02054	22-2885172	501(C)(4)	11,131.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SCHOOL DISTRICT 271 3111 N 10TH ST COEUR D'ALENE, ID 83814	82-6000811		11,009.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
YOUTH EDUCATION IN SHOOTING SPORTS FOR MINNESOTA - 11455 VIKING DR - EDEN PRAIRIE, MN 55344	46-3550642	501(C)(3)	4,841.	6,000.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MONROE COUNTY CONSERVATION 1270 635 AVE LOUILIA, IA 50150	42-6004185		10,812.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SCHOOL DISTRICT OF HUDSON 644 BRAKKE DRIVE HUDSON, WA 54016	39-6002665		7,978.	2,804.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
THE SHOTGUN TEAM AT THE UNIVERSITY OF ARIZONA - 5307 W WOOD OWL DR - TUCSON, AZ 85742	27-3339664		10,724.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SOUTH CAROLINA YOUTH SHOOTING FOUNDATION - 694 CHERRY HILLS PL - ROCK HILL, NC 29730	26-3594743	501(C)(3)	7,163.	3,491.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
HARRIS COUNTY SCHOOL DISTRICT 8281 GA. HWY. 116 HAMILTON, GA 31811	58-6000260		9,286.	1,275.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MIDLAND UNIVERSITY 900 NORTH CLARKSON STREET FREMONT, NE 68025	47-0376551	501(C)(3)	10,373.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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VIRGINIA RIFLE AND PISTOL CLUB PO BOX 400510 UVA NEWCOMB HALL CHARLOTTESVILLE, VA 22904-4510	57-1234351		10,266.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
KANSAS CITY CRUSHERS 9501 W 115TH TER OVERLAND PARK, KS 66210	46-2028706		10,206.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
LEE SPORTSMEN ASSOCIATION 565 FAIRVIEW ST BOX 175 LEE, MA 01238-9302	26-2691563	501(C)(3)	6,721.	3,424.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
TUCSON TRAP AND SKEET CLUB 7800 W OLD AJO HWY TUCSON, AZ 85735	86-6050639	501(C)(3)	10,073.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
COLVILLE SHOOTING STARS 2140 MARBLE VALLEY BASIN RD ADDY, WA 99101	37-1732642		9,648.	375.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY RD 153 CULVER, IN 46511	35-0868071	501(C)(3)	10,000.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
JEFFERSON SPORTSMENS CLUB PO BOX 104 JEFFERSON, WI 53549	39-6109532	501(C)(3)	9,991.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CENTRAL ILLINOIS PRECISION SHOOTING - 9151 POLARIS DRIVE - BLOOMINGTON, IL 61705	20-5293674	501(C)(3)	7,127.	2,704.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MASON-DIXON CLAY BUSTERS 213 PINE ST GLEN ROCK, PA 17327	26-4439244	501(C)(3)	9,743.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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NORTHWEST OHIO OUTDOOR YOUTH EDUCATION - 5421 W STATE ROUTE 12 - FINDLAY, OH 45840	45-4605979	501(C)(3)	8,854.	791.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
JUNIORS AIM PO BOX 4332 BELLINGHAM, WA 98227	46-2772348	501(C)(3)	9,489.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
LAKE OCONEE SHOTGUN TEAM PO BOX 280 RUTLEDGE, GA 30663	46-2446801		9,184.	100.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
LINCOLN RIFLE CLUB AND JUNIOR DIVISION INC - PO BOX 582 - LINCOLN, CA 95648	94-1641654	501(C)(7)	9,241.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
RILEY CONSERVATION CLUB INC PO BOX 101 RILEY, IN 47871	27-2023084		9,185.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
PRESCOTT TRAP & SKEET CLUB INC PO BOX 25706 PRESCOTT VALLEY, AZ 86312	86-6053839	501(C)(4)	8,414.	730.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WENATCHEE VALLEY SCHOLASTIC CLAY TARGET PROGRAM - 3020 CONARTY ROAD - MALAGA, WA 98828	38-3908330		9,118.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SCHOLASTIC SHOOTERS OF SOUTHEAST FLORIDA INC - 12399 NE 224TH ST - OKEECHOBEE, FL 34972	27-4019608	501(C)(3)	9,078.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
TENNESSEE WILDLIFE RESOURCES FOUNDATION INC - 5000 LINBAR DRIVE SUITE 275 - NASHVILLE, TN 37211	62-1806324	501(C)(3)	9,063.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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CUMBERLAND COUNTY YOUTH SHOOTING SPORTS - 1111 WEST AVE - CROSSVILLE, TN 38555	81-0774278	501(C)(3)	9,045.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 85 SO PROSPECT ST RM 333 - BURLINGTON, VT 05405	03-0179440	501(C)(3)	9,000.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CENTRAL CATHOLIC HIGH SCHOOL 1200 RUBY AVE GRAND ISLAND, NE 68803	47-0425014	501(C)(3)	7,550.	1,419.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WALLA WALLA GUN CLUB INC PO BOX 133 WALLA WALLA, WA 99362	91-6057755	501(C)(7)	8,881.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
BEAVER DAM CONSERVATIONISTS INC PO BOX 99 BEAVER DAM, WI 53916	39-1222554	501(C)(4)	8,809.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
UNIVERSITY OF MAINE SYSTEM INC 65 TEXAS AVE BANGOR, ME 04401	01-6000769	501(C)(3)	8,754.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY - 300 TURNER STREET NW - BLACKSBURG, VA 24061	54-6001805		6,175.	2,563.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
PARENT BOOSTER USA INC 5805 DAYFLOWER DR FLOWER MOUND, TX 75028	81-4123456	501(C)(3)	8,679.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SEATTLE GUN CLUB 26520 292ND AVE SE STE 3 RAVENSDALE, WA 98051	91-0777611	501(C)(3)	8,497.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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MICHIGAN SCHOLASTIC CLAY TARGET PROGRAM - 47664 BRENNAN DR - MACOMB, MI 48044	20-2666400	501(C)(3)	8,491.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MASON CITY HIGH SCHOOL TRAPSHOOTING TEAM - 1700 4TH ST SE - MASON CITY, IA 50401	77-0596169		8,412.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MID CAROLINA 4-H 1746 KENNERLY RD ORANGEBURG, NC 29115	46-2572303		7,294.	1,091.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
GUN DEVIL SHOOTING SPORTS AT ARIZONA STATE UNIVERSITY INC - 1290 S NORMAL, STE 1301 - TEMPE, AZ 85281	46-0788472	501(C)(3)	8,283.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
ALBUQUERQUE PUBLIC SCHOOLS PO BOX 25704 ALBUQUERQUE, NM 87125-0704	85-6000101		8,230.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
EMMANUEL COLLEGE PO BOX 129 FRANKLIN SPRINGS, GA 30639	58-0633977	501(C)(3)	6,302.	1,780.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
YUMA YOUNG GUNS 6749 E MISSION ST YUMA, AZ 85365	46-3083270	501(C)(3)	5,368.	2,650.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
TEAM HENGES PARENT CLUB 2740 ENGLISH RD PACIFIC, MO 63069	26-4794108	501(C)(3)	7,934.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
TEXAS AGGIE CORPS OF CADETS ASSOCIATION - 1134 FINFEATHER RD - BRYAN, TX 77803	75-2482454	501(C)(3)	5,048.	2,838.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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COLORADO STATE UNIVERSITY 555 SOUTH HOWES, 6003 CAMPUS DELIVERY - FORT COLLINS, CO 80523-6003	84-6000545		7,858.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
NORTHWEST COLLEGE FOUNDATION 231 WEST 6TH STREET POWELL, WY 82435	83-0211067	501(C)(3)	6,371.	1,419.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CONNORS STATE COLLEGE 700 COLLEGE RD WARNER, OK 74469	47-3436732		7,695.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
KANSAS STATE UNIVERSITY TRAP SHOOTING CLUB - 1712 CLAFLIN RD., 2021 TH - MANHATTON, KS 66506	56-2497735		6,105.	1,519.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
TURKEY VALLEY TRAP SHOOTING TEAM PO BOX 136 ST LUCAS, IA 52166	47-2072458	501(C)(3)	6,308.	1,275.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
POPLAR BLUFF R-I SCHOOL DISTRICT 1110 NORTH WESTWOOD BLVD. POPLAR BLUFF, MO 63901	43-0792268		7,465.	100.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
PRATT COMMUNITY COLLEGE 348 NE STATE ROAD 61 PRATT, KS 67124	48-0699112		5,238.	2,290.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
GATEWAY GUN CLUB YOUTH SHOOTERS 5807 ANAWOOD DR SAINT LOUIS, MO 63123	27-4693540	501(C)(3)	7,141.	385.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
INDEPENDENT SCHOOL DISTRICT 595 203 14TH ST NE EAST GRAND FORKS, MN 56721	41-6003281		7,502.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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HEATHWOOD HALL EPISCOPAL SCHOOL 3000 S BELTLINE BLVD COLUMBIA, NC 29201	57-0358065	501(C)(3)	0.	7,499.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
INDEPENDENT SCHOOL DISTRICT 332 400 E MAPLE AVE MORA, MN 55051-1334	41-6001661		6,905.	569.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
LAKES AREA YOUTH TRAP CLUB 1692 270TH AVE SPIRIT LAKE, IA 51360	27-2361562	501(C)(3)	6,162.	1,275.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MISSISSIPPI STATE UNIVERSITY SHOOTING SPORTS CLUB - 203 CHEROKEE DRIVE - STARKVILLE, MS 39759	45-3581877		7,415.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
TAMPA BAY CLAYS YOUTH PROGRAM INC 15615 SHOAL CREEK PLACE ODESSA, FL 33556	46-1763779	501(C)(3)	7,400.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
PORTAGE YOUTH MARKSMANSHIP CLUB 455 HUFFORD HILL ROAD PORTAGE, PA 15946	26-3160336		4,594.	2,799.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
COLUMBIA FFA ALUMNI ASSOCIATION 9525 E LOGAN RD COLUMBIA, MO 65201	43-1685130		7,353.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
BRANSON TRAP TEAM 263 BUCCANEER DR BRANSON, MO 65616	81-0806947	501(C)(3)	7,353.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SCHS SHOOTING SPORTS CLUB 25 TICKLISH ROCK RD HUGHESVILLE, PA 17737	81-4149237		7,292.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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MCKENZIE TRAP TEAM INC 160 DEERWOOD CIRCLE MCKENZIE, TN 38201	20-4957336	501(C)(3)	7,256.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
PINCKNEYVILLE SHOOTING SPORTS NFP 1104 S MAIN ST PINCKNEYVILLE, IL 62274	47-4168186	501(C)(3)	7,250.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
OSHKOSH AREA SCHOOL DISTRICT 215 S. EAGLE STREET OSHKOSH, WI 54902	39-1414354		4,530.	2,659.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
LOGAN-ROGERSVILLE R-VIII SCHOOL DISTRICT - 100 E FRONT STREET - ROGERSVILLE, MO 65742	44-6005281		6,960.	170.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
FLORIDA 4-H CLUB FOUNDATION, INC. 3103 MCCARTY HALL B GAINESVILLE, FL 32611	59-1000186	501(C)(3)	7,119.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
ROCKY CREEK YOUTH CLAY DUSTERS 4035 INDIAN HILLS LN FORT MILL, NC 29707	46-1561563	501(C)(3)	5,609.	1,445.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SHANKSVILLE-STONYCREEK SCHOOL DISTRICT - 1325 CORNER STONE RD, PO BOX 128 - SHANKSVILLE, PA 15560-0128	23-7036120		5,904.	1,149.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
OZAUKEE SCHOLASTIC SHOOTING SPORTS INC - 306 N MAPLE LANE - SAUKVILLE, WI 53080	27-5317137	501(C)(3)	7,001.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
HENRY COUNTY YOUTH SHOOTING PROGRAM - PO BOX 188 - PARIS, TN 38242	26-0274526	501(C)(3)	6,925.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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UNIVERSITY OF WYOMING FOUNDATION 1000 E. UNIVERSITY AVE LARAMIE, WY 82071-3684	83-0201971	501(C)(3)	6,884.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
EASTERN KENTUCKY UNIVERSITY 521 LANCASTER AVENUE RICHMOND, KY 40475	61-1011211		6,831.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SPOKANE YOUTH SHOOTING TEAM 903 W. 16TH AVE SPOKANE, WA 99203	46-5043532		6,810.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MULBERRY GROVE TRAP TEAM NFP PO BOX 85 MULBERRY GROVE, IL 62262	27-3731607	501(C)(3)	2,679.	4,043.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MUSTANG SHOOTING SPORTS 4429 E FLOWER STREET PHOENIX, AZ 85018	46-4006966		6,714.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
NORTHLAND PINES SCHOOL DISTRICT 1800 PLEASURE ISLAND ROAD EAGLE RIVER, WI 54521	39-1173350		4,863.	1,840.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SAN DIEGO ACADEMY FOR FIREARMS EDUCATION - 2082 WILLOW GLEN DR. - EL CAJON, CA 92019	91-2133311		6,662.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CAJUN SHOTGUN TEAM 225 CAJUNDOME BLVD LAFAYETTE, LA 70506	47-2225749		3,589.	3,016.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CLAY CLASHERS INC 18520 TWILIGHT TRAIL EDEN PRAIRIE, MN 55346	46-1661470		6,595.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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TARGET BUSTERS 1356 S. CATAMARAN CIRCLE CICERO, IN 46034	46-5681527		4,484.	2,050.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CALIFORNIA JUNIOR CLAYBREAKERS 21080 CENTRE POINT PARKWAY SANTA CLARITA, CA 91350	20-5666832	501(C)(3)	6,531.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WICHITA STATE UNIVERSITY SHOOTING SPORTS CLUB - HESKETT CENTER, BOX 126 - WICHITA, KS 67260	46-4439188		5,047.	1,419.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
HARTFORD CONSERVATION GUN CLUB INC 5999 HWY 60 EAST - PO BOX 270328 - HARTFORD, WI 53027	39-1054479	501(C)(4)	6,460.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
THE SKEET AND TRAP CLUB AT FLORIDA STATE - 1001 WEST SAINT AUGUSTINE STREET - TALLAHASSEE, FL 32306	90-0770158		6,438.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
RUTHERFORD COUNTY SCHOOLS 641 US HWY 221 NORTH RUTHERFORDTON, NC 28139	56-6001107		6,423.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SIBLEY-OCHEYEDAN SHOOTING GENERALS 622 4TH ST SIBLEY, IA 51249	81-0774932	501(C)(3)	1,969.	4,412.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WILLIAM BLOUNT SHOOTING TEAM 1115 MAPLE LANE GREENBACK, TN 37742	27-1059687	501(C)(3)	5,001.	1,375.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
STILLWATER AREA PUBLIC SCHOOL ISD 834 - 1875 SOUTH GREELEY STREET - STILLWATER, MN 55082	41-6008519		6,351.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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AMERICAN SHOOTING SPORTS ALLIANCE 1007 SAINT ANDREWS DR MANSFIELD, TX 76063	47-3620427	501(C)(3)	0.	6,304.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
FUDD DUSTERS SHOTGUN SPORTING TEAM 16470 E. TS AVE FULTON, MI 49052	45-4100169		6,284.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
COTTAGE GROVE-EUGENE SPORTSMENS CLUB - 81078 NORTH PACIFIC HIGHWAY - CRESWELL, OR 97426	93-0578065		6,228.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
BLUE RIDGE COUNCIL, BOY SCOUTS OF AMERICA - 1 PARK PLAZA - GREENVILLE, SC 29607	57-0314427	501(C)(3)	0.	6,204.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
UNIVERSITY OF ARKANSAS - FAYETTEVILLE CAMPUS - TREASURER'S OFFICE, PO BOX 1404 - FAYETTEVILLE, AK 72702	71-6003252		6,203.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SMITHSON VALLEY AG BOOSTER CLUB PO BOX 196 BULVERDE, TX 78163	86-1119213	501(C)(3)	2,312.	3,869.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MARSHALL PUBLIC SCHOOLS 860 W VEST MARSHALL, MO 65340	44-6001427		4,732.	1,419.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WALLA WALLA SCHOOL DISTRICT 140 364 S PARK ST WALLA WALLA, WA 99362	91-6015450		6,092.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
DES MOINES AREA CLAY CRUSHERS 125 SE KELLERMAN WAUKEE, IA 50263	45-3622626		6,089.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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BADIN HIGH SCHOOL 571 NEW LONDON RD HAMILTON, OH 45013	31-0537113	501(C)(3)	6,060.	10.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SAUK COUNTY YOUTH SHOOTING PROGRAM INC - E11102 SAUK PRAIRIE RD - PRAIRIE DU SAC, WI 53578	47-2867564	501(C)(3)	6,029.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WEST MONTGOMERY COUNTY SHOOTING SPORTS - 19907 TURTLE CREEK LANE - MAGNOLIA, TX 77355	36-4846454		0.	6,018.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
AMATEUR TRAPSHOOTING ASSOCIATION PO BOX 519 SPARTA, IL 62286	20-2118440	501(C)(3)	0.	6,000.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MISSOURI STATE UNIVERSITY TRAP & SKEET TEAM - 843 W. TRACY ST. - SPRINGFIELD, MO 65807	54-2074129		5,990.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
THE UNIVERSITY OF TEXAS AT AUSTIN 1 UNIVERSITY STATION D7500 AUSTIN, TX 78712	74-6000203		5,946.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WALKER COUNTY BOARD OF EDUCATION 100 RAMBLER DRIVE LAFAYETTE, GA 30728	58-6000338		3,806.	2,102.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
LIONS HS CLAY TARGET CLUB 326 BLUE JAY DRIVE DORCHESTER, IA 52140	81-1802827		0.	5,897.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
ARNOLD JUNIOR SHOOTERS SCHOLASTIC PISTOL PROGRAM INC - 3709 WHITE BARK CT - SAINT LOUIS, MO 63129	80-0948576	501(C)(3)	5,500.	375.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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TRI STATE GUN CLUB INC PO BOX 336 MONTROSE, IA 52639	42-1375038		5,865.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
FARMINGTON MUNICIPAL SCHOOLS DISTRICT 5 - 2001 N. DUSTIN AVE - FARMINGTON, NM 87401	85-6000130		4,418.	1,410.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MACCRAY TRAP SHOOTING TEAM 5075 100TH AVE SE MAYNARD, MN 56260	46-5501695		1,412.	4,406.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
BILLINGS TRAP CLUB PO BOX 415 BILLINGS, MT 59103	81-0303667	501(C)(3)	5,791.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
LEBANON COMMUNITY SCHOOLS 485 S 5TH STREET LEBANON, OR 97355	93-1175526	501(C)(7)	5,672.	100.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
GLENVILLE-EMMONS SCHOOL DISTRICT 2886 - PO BOX 38 - GLENVILLE, MN 56036	41-1909842		2,460.	3,307.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
GREAT TRAIL MUSKETEERS INC 3032 LEISURE RD MINERVA, OH 44657	34-1712597		3,432.	2,319.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
HOLYOKE REVOLVER CLUB INC PO BOX 543 HOLYOKE, MA 01041	71-1023439	501(C)(3)	5,750.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
PENNSYLVANIA RIFLE AND PISTOL ASSOCIATION - 213 LAWN ROAD - PALMYRA, PA 17078	25-1846167		0.	5,744.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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TRINITY UNIVERSITY ONE TRINITY PLACE SAN ANTONIO, TX 78212	74-1109633	501(C)(3)	5,736.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
LAWRENCE COUNTY YOUNG GUNS 1121 GRAHAM AVENUE WEST PITTSBURG, PA 16160	46-1224989	501(C)(3)	4,445.	1,275.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
AMERICAN LEGION POST 0046 PO BOX 368 COOKEVILLE, TN 38503	35-2461821	501(C)(19)	0.	5,718.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SCHOOL DISTRICT R-III CAMDENTON PO BOX 1409 CAMDENTON, MO 65020	44-6004944		5,708.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
TEWKSBURY ROD & GUN CLUB INC 79 CHANDLER ST TEWKSBURY, MA 01876	23-7451444	501(C)(4)	5,681.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
DALEVILLE CITY BOARD OF EDUCATION 626 NORTH DALEVILLE AVENUE DALEVILLE, AL 36322	63-0499090		5,681.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
EMMETSBURG COMMUNITY SCHOOL DISTRICT - 205 KING STREET - EMMETSBURG, IA 50536	42-6001658		4,390.	1,275.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
UNIVERSITY OF WYOMING 310 WEST 19TH STREET, SUITE 100 CHEYENNE, WY 82001	35-2432499	501(C)(3)	2,050.	3,593.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
BOREALIS BULLSEYES SHOOTING CLUB 4010 WINCHESTER LOOP ANCHORAGE, AL 99507	05-0542148		3,989.	1,628.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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KINSLEY GUN CLUB INC 416 E 7TH ST KINSLEY, KS 67547	48-1127750		5,617.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
H A H S OUTDOOR SPORTSMAN SUPPORT CLUB INC - 1057 E 10TH ST - HAZLETON, PA 18201	57-1172337	501(C)(3)	5,617.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MARTIN METHODIST COLLEGE 433 WEST MADISON ST. PULASKI, TN 38478	62-0483210	501(C)(3)	5,613.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
ATTICA CONSOLIDATED SCHOOL CORPORATION - 205 E. SYCAMORE STREET - ATTICA, IN 47918	35-1071685		5,583.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
INDEPENDENT SCHOOL DISTRICT 492 401 3RD AVE NW AUSTIN, MN 55912	41-6002526		5,418.	161.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
AMES COLLEGIATE SHOOTING SPORTS 2720 NORTHRIDGE LANE AMES, IA 50010	46-1557360	501(C)(3)	5,569.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
ANKENY SHOOTING SPORTS FOUNDATION PO BOX 1183 ANKENY, IA 50021	47-1493677	501(C)(3)	5,567.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
UNIVERSITY OF DELAWARE 83 E. MAIN STREET, 3RD FLOOR NEWARK, DE 19716	51-6000297	501(C)(3)	5,541.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MOUNT MICHAEL TRAP TEAM 1629 E MILITARY FREMONT, NE 68025	46-1566109		5,512.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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SOUTH GEORGIA YOUTH SHOOTING CLUB PO BOX 242 HARTSFIELD, GA 31756	20-1211832	501(C)(3)	5,488.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
TSSC CHARTER ACADEMY 7664 W ONTARIO PL LITTLETON, CO 80128	45-3759931		5,480.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SMOKIN DRAGONS 324 G HASELWOOD ROAD SUMMERSVILLE, KY 42782	26-0731984		5,472.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
TEXAS 4-H PO BOX 669 ANAHUAC, TX 77514	02-0619645	501(C)(3)	4,048.	1,419.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
THE CITADEL 171 MOULTRIE STREET CHARLESTON, SC 29409	57-6000217		5,252.	200.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
NORTHERN KENTUCKY SCHOLASTIC TRAP SHOOTING CLUB INC - 331 MADDOX RD - ALEXANDRIA, KY 41001	20-5124230	501(C)(3)	5,400.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
TBCA INC 4954 E I-20 SERVICE ROAD SOUTH WILLOW PARK, TX 76087	75-2575760	501(C)(3)	0.	5,388.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
UNIVERSITY SYSTEM OF NEW HAMPSHIRE 1 LEAVITT LANE DURHAM, NH 03824	02-6000937	501(C)(3)	5,373.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
NORTH SCOTT TRAP CLUB INC PO BOX 38 ELDRIDGE, IA 52748	47-1789864	501(C)(3)	5,370.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

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(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 non-cash assistance	(h) Purpose of grant or assistance
ARNOLD JUNIOR SHOOTERS INC 1025 BROWNELL AVE GLENDALE, MO 63122	06-1680781	501(C)(3)	5,363.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
MEADE COUNTY SPORTSMAN CLUB 878 HILLCREST DRIVE BRANDENBURG, KY 40108	61-0930649		1,909.	3,438.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
AMERICAN LEGION POST 218 WASHINGTON - 1007 EAST 3RD STREET - WASHINGTON, MO 63090	43-6093547	501(C)(19)	2,396.	2,938.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WASHINGTON STATE UNIVERSITY 11768 WESTAR LN, STE A BURLINGTON, WA 98233	27-3805616	501(C)(3)	5,331.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
STR8 SHOOTERS CLAY TEAM 1555 LEIGHTON DRIVE SODDY DAISY, TN 37379	47-2113304	501(C)(3)	3,818.	1,510.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
NORCAL LONGSHOTS 41 HANCOCK DR ROSEVILLE, CA 95678	27-0399691	501(C)(3)	2,668.	2,650.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
FUTURE FARMERS OF AMERICA AND ITS STATE ASSOCIATIONS & LOCAL - PO DRAWER 10 - GERONIMO, TX 78115	20-3877150	501(C)(3)	5,309.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CHESTER COUNTY SCHOOL DISTRICT 509 DISTRICT OFFICE DRIVE CHESTER, SC 29706	57-6000333		4,011.	1,285.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
GUTHRIE COUNTY SESS 2621 270TH STREET GUTHRIE CENTER, IA 50115	32-0348940		1,863.	3,424.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
WAYZATA YOUTH CLAY TARGET CLUB 821 MEANDER COURT MEDINA, MN 55340	46-4225267		5,281.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
BOARD OF THE UNIVERSITY OF ALABAMA 500 UNIVERSITY BLVD E TUSCALOOSA, AL 35401	63-6001138	501(C)(3)	5,269.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
NORTHLAND RANGE AND GUN CLUB INC HWY 301 N, PO BOX 358 ROSEAU, MN 56751	41-1587803		2,537.	2,694.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
RICHLAND CREEK TOP GUNS 151 WOODHALL RD BATESBURG, SC 29006	81-4296473		5,229.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
XAVIER CHARTER SCHOOL INC 1218 N COLLEGE ROAD W TWIN FALLS, ID 83301	20-5009576	501(C)(3)	5,158.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
UPPER PENINSULA YOUTH SHOTGUN SPORTS ORGANIZATION - PO BOX 417 - GLADSTONE, MI 49837	27-5265141	501(C)(3)	4,781.	375.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
CENTRAL ARIZONA TARGET SHOOTING LLC - 12122 S. TOLTEC BUTTES RD - ELOY, AZ 85131	20-3478402		5,147.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
ZION BENTON TOWNSHIP HIGH SCHOOL DISTRICT 126 - 3901 W. 21ST STREET - ZION, IL 60099	36-6004902		5,140.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
RUMFORD HUNTING AND FISHING CLUB INC - 60 GLENROSE DRIVE - RIVERSIDE, RI 02915	04-3110771		0.	5,136.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
BLACK LAKE FISH & GAME ASSOCIATION PO BOX 125 HAMMOND, NY 13646	82-1943656	501(C)(3)	0.	5,099.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
LOWELL HIGH SCHOOL SCTP TEAM 12024 FOUR MILE ROAD NE LOWELL, MI 49331	46-2922444	501(C)(3)	4,695.	395.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
NORTH CAROLINA YOUTH EDUCATION IN SHOOTING SPORTS - 2622 ASHBOURNE DR - GASTONIA, NC 28056	47-0983574	501(C)(3)	5,081.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
SPARTA HUNTING & FISHING CLUB PO BOX 264 SPARTA, MI 49345	26-0749495		5,022.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
PELLA SHOOTERS CLUB 1243 180TH ST PELLA, IA 50219	26-4583894	501(C)(3)	5,018.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
UCM TRAP AND SKEET CLUB 505 CHRISTOPHER ST. WARRENSBURG, MO 64093	46-1105439		5,006.	0.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS
WILTON COMMUNITY SCHOOL DISTRICT 1002 CYPRESS STREET WILTON, IA 52778	42-6022097		0.	5,003.	CASH	FIREARMS, OPTICS AND CUTLERY PRODUCTS	TO FUND YOUTH SHOOTING SPORTS

**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 GRANT RECIPIENTS FILL OUT THE GRANT APPLICATION SHOWING THE PROPOSED

USE OF THE FUNDS AND SIGN THE CONSIDERATION AGREEMENT THAT STATES THEY

AGREE TO USE IT FOR OUR TAX EXEMPT PURPOSE AND THAT AGREEMENT INDICATES WE

CAN AT ANY TIME CONDUCT AN AUDIT TO VERIFY HOW THE FUNDS WERE EXPENDED.

Department of the Treasury  
Internal Revenue Service

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

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

26-1573088

		Yes	No
<b>1a</b> 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 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>b</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 .....		<b>1b</b>	
<b>2</b> 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? .....		<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input 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			
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment? .....		<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....		<b>4b</b>	<input checked="" type="checkbox"/>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....		<b>4c</b>	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization? .....		<b>5a</b>	<input checked="" type="checkbox"/>
<b>b</b> Any related organization? .....		<b>5b</b>	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization? .....		<b>6a</b>	<input checked="" type="checkbox"/>
<b>b</b> Any related organization? .....		<b>6b</b>	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.			
<b>7</b> 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 .....		<b>7</b>	<input checked="" type="checkbox"/>
<b>8</b> 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 .....		<b>8</b>	<input checked="" type="checkbox"/>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....		<b>9</b>	

Schedule J (Form 990) 2017

**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.

[illegible]

[illegible]

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Name of the organization

**MIDWAY USA FOUNDATION, INC.**

Employer identification number

**26-1573088**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	35% CONTROLLED ENTI	86,199.	RENTAL OF O		X
SUBSTANTIAL CONTRIBUTOR	35% CONTROLLED ENTI	86,199.	RENTAL OF O		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

35% CONTROLLED ENTITY

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE AND JANITORIAL/IT  
PERSONNEL

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

35% CONTROLLED ENTITY

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE AND JANITORIAL/IT  
PERSONNEL

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

MIDWAY USA FOUNDATION, INC.

Employer identification number  
26-1573088

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND/OR OTHER YOUTH SHOOTING TEAM AND RELATED ACTIVITIES. WE ALSO  
MANAGE DONOR DESIGNATED ENDOWED FUNDS FOR THESE COMMUNITIES AND  
ORGANIZATIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSION FUNDING TOWARD YOUNG PEOPLE THROUGH COLLEGES, UNIVERSITIES,  
EDUCATIONAL INSTITUTIONS AND YOUTH ORGANIZATIONS THAT OFFER THIS TYPE  
OF TRAINING; WITH THE PURPOSE OF INSTILLING CONFIDENCE, DISCIPLINE AND  
LEADERSHIP SKILLS IN YOUTH. THE FOUNDATION ALSO MANAGES DONOR  
DESIGNATED ENDOWED FUNDS FOR SOME OF THESE ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 2:

SEVERAL MEMBERS OF THE BOARD OF DIRECTORS ARE FAMILY MEMBERS.

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

THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING.

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

THE FOUNDATION ANNUALLY REQUIRES BOARD MEMBERS TO SIGN AN AFFIRMATIVE  
STATEMENT REGARDING THEIR COMPLIANCE WITH THE FOUNDATION'S CONFLICT OF  
INTEREST POLICY AT THE FIRST BOARD MEETING OF EACH YEAR.

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

A SPECIAL BOARD COMMITTEE REVIEWED AND DOCUMENTED IN MINUTES THE COMPARABLE  
SALARY DATA THEY USED IN DETERMINING THE OFFICERS SALARIES AFTER

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

MIDWAY USA FOUNDATION, INC.

Employer identification number

26-1573088

VERIFICATION OF DATA BY INDEPENDENT PEOPLE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, IL, ID, IN, IA, KS, KY, ME, MD, MA, MI, MN, MS, MO, MT  
NE, NV, NH, NM, NJ, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VI, WA, WV, WI, WY, LA, NY

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AS  
PROVIDED BY LAW.

FORM 990, PART XII, LINE 2C:

DURING THE PAST YEAR, THE FOUNDATION ADDED AN AUDIT COMMITTEE THAT HAS  
TAKEN ON RESPONSIBILITY OF OVERSIGHT OF THE AUDIT AND COMMUNICATION FOR  
THE AUDIT REPORT TO THE FULL BOARD.

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

OMB No. 1545-1709

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

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

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

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

		Enter filer's identifying number
Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>MIDWAY USA FOUNDATION, INC.</b>	Employer identification number (EIN) or  <b>26-1573088</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6001 W VAN HORN TAVERN RD, NO. STE C</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COLUMBIA, MO 65203</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JOHN J MCCLATCHEY, JR - 6001 WEST VAN HORN TAVERN ROAD,**

- The books are in the care of ► **SUITE C - COLUMBIA, MO 65203**

Telephone No. ► **573-447-5992**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ \_\_\_\_\_
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2017** or

► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.