Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.
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
| 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 | 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.  

NOTE REGARDING PUBLIC DISCLOSURE OF THIS RETURN:  
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.  
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 |
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

Department of the Treasury
Internal Revenue Service

Name of exempt organization

MIDWAY USA FOUNDATION, INC.

Employer identification number

26-1573088

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 [X]  b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 30,909,182.
2a Form 990-EZ check here  b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here  b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here  b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here  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

[X] I authorize WILLIAMS-KEEPERS LLC to enter my PIN 73088

ERO firm name

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

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

ER0 Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2017)
**Return of Organization Exempt From Income Tax**

**Form 990**

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 for instructions and the latest information.

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**Part I**

**Summary**

1. Briefly describe the organization’s mission or most significant activities: **WE HELP COMMUNITIES AND ORGANIZATIONS RAISE FUNDS TO SUPPORT THEIR HIGH SCHOOL, COLLEGE,**

2. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

7a. Total unrelated business revenue from Part VIII, column (C), line 12

7b. Net unrelated business taxable income from Form 990-T, line 34

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**Revenue**

8. Contributions and grants (Part VIII, line 1h)

9. Program service revenue (Part VIII, line 2g)

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12. Total revenue - add lines 6 through 11 (must equal Part VIII, column (A), line 12)

---

**Expenses**

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14. Benefits paid to or for members (Part IX, column (A), line 4)

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a. Professional fundraising fees (Part IX, column (A), line 11e)

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19. Revenue less expenses. Subtract line 18 from line 12

**Net Assets of Fund Balances**

20. Total assets (Part X, line 16)

21. Total liabilities (Part X, line 26)

22. Net assets or fund balances. Subtract line 21 from line 20

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**Part II**

**Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

RICHARD LEEPER, PRESIDENT

Type or print name and title

Date

**Paid Preparer**

Print/Type preparer’s name

HEIDI A CHICK

Preparer’s signature

Date

Check [ ] self-employed

PTIN

00043945

**Preparer**

Firm’s name

WILLIAMS-KEEPERS LLC

Firm’s EIN

43-1126847

**Use Only**

Firm’s address

2005 WEST BROADWAY, SUITE 100

COLUMBIA, MO 65203

Phone no. (573) 442-6171

---

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

Yes [X] No

---

See Schedule O for Organization Mission Statement Continuation
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 [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization’s program service accomplishments for each of its three largest program services, as 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 $ include grants of $ ) (Revenue $ )

4c (Code: ) (Expenses $ include grants of $ ) (Revenue $ )

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

4e Total program service expenses $6,374,725.
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. <strong>Section 501(c)(3) organizations.</strong> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did the organization maintain any advisor funded 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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10?</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>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?</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>e. Did the organization report an amount for other liabilities in Part X, line 25?</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>f. Did the organization’s separate or consolidated financial statements for the tax year include a footnote that addresses the organization’s liability for uncertain tax positions under FIN 48 (ASC 740)?</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12a. Did the organization obtain separate, independent audited financial statements for the tax year?</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b. Was the organization included in consolidated, independent audited financial statements for the tax year?</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td></td>
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</tr>
<tr>
<td>13. Is the organization a school described in section 170(b)(1)(A)(ii)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule E</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14a. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>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?</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part IV Checklist of Required Schedules (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20a Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>23 Did the organization answer &quot;Yes&quot; 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? If &quot;Yes,&quot; complete Schedule J</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No&quot;, go to line 25a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If &quot;Yes,&quot; complete Schedule L, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c 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? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If &quot;Yes,&quot; complete Schedule R, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes&quot; to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 614
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

3a Did the organization have unrelated business gross income of $1,000 or more during the year?
3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
4b If "Yes," enter the name of the foreign country:

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).
7a 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?
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
7d If "Yes," indicate the number of Forms 8282 filed during the year.
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.
9a Did the sponsoring organization make any taxable distributions under section 4966?
9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:
10a Initiation fees and capital contributions included on Part VIII, line 12.
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.

11 Section 501(c)(12) organizations. Enter:
11a Gross income from members or shareholders.
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

13 Section 501(c)(29) qualified nonprofit health insurance issuers.
13a Is the organization licensed to issue qualified health plans in more than one state?
13b 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.
13c Enter the amount of reserves on hand.

14a Did the organization receive any payments for indoor tanning services during the tax year?
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.
**Section A. Governing Body and Management**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number of voting members of the governing body at the end of the tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of voting members included in line 1a, above, who are independent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5 Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6 Did the organization have members or stockholders?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The governing body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Each committee with authority to act on behalf of the governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Policies**

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

**Section C. Disclosure**

<table>
<thead>
<tr>
<th>Question</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17 List the states with which a copy of this Form 990 is required to be filed</td>
<td>AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, IL</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own website</td>
<td>Another's website</td>
<td>Upon request</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 State the name, address, and telephone number of the person who possesses the organization’s books and records:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOHN J MCCLATCHY, JR - 573-447-5992</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6001 WEST VAN HORN TAVERN ROAD, SUITE C, COLUMBIA, MO 65203</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**See Schedule O for full list of states**
### 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.

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>RICHARD LEEPER</td>
<td>2.00</td>
<td>President</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2)</td>
<td>BRENDA POTTERFIELD</td>
<td>1.00</td>
<td>Secretary/Treasurer</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3)</td>
<td>RONALD UTTERBACK</td>
<td>1.00</td>
<td>Vice President</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4)</td>
<td>SARA POTTERFIELD</td>
<td>1.00</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5)</td>
<td>TOM SCHAUWECKER</td>
<td>1.00</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6)</td>
<td>LARRY POTTERFIELD</td>
<td>1.00</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7)</td>
<td>BUDDY DUVALL</td>
<td>1.00</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8)</td>
<td>JAMES DUNN</td>
<td>1.00</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9)</td>
<td>JON MCGRATH</td>
<td>1.00</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10)</td>
<td>RUSSELL POTTERFIELD</td>
<td>1.00</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11)</td>
<td>MIKE CALLAHAN</td>
<td>1.00</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12)</td>
<td>RANDY MOELLER</td>
<td>40.00</td>
<td>Executive Director</td>
<td>148,649.</td>
<td>0.</td>
<td>11,571.</td>
</tr>
</tbody>
</table>

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Former individual trustee or director</td>
<td>Institutional trustee</td>
<td>Officer</td>
<td>Key employee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total ➤ 148,649 0 11,571

c Total from continuation sheets to Part VII, Section A ➤ 0 0 0

d Total (add lines 1b and 1c) ➤ 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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ➤ Yes No 3 X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual ➤ 4 X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ➤ 5 X

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ➤ 0
### Part VIII Statement of Revenue

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

#### Contributions, Gifts, Grants and Other Similar Amounts

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>1c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>1e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f</td>
<td>26,324,716</td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td>26,324,716</td>
<td></td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2)</td>
</tr>
</tbody>
</table>

#### Investment income (including dividends, interest, and other similar amounts)

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2,786,238</td>
<td>2,786,238</td>
<td></td>
</tr>
</tbody>
</table>

#### Royalties

<table>
<thead>
<tr>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a Gross rents</td>
<td>27,821</td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td>19,624</td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td>8,197</td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td>8,197</td>
</tr>
</tbody>
</table>

#### Gross amount from sales of assets other than inventory

<table>
<thead>
<tr>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
<td>20,944,012</td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td>19,120,732</td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td>1,823,350</td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td>1,789,051</td>
</tr>
</tbody>
</table>

#### Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18

| a | |
| b Less: direct expenses | |
| c Net income or (loss) from fundraising events | |

#### Gross income from gaming activities. See Part IV, line 19

| a | |
| b Less: direct expenses | |
| c Net income or (loss) from gaming activities | |

#### Gross sales of inventory, less returns and allowances

| a | |
| b Less: cost of goods sold | |
| c Net income or (loss) from sales of inventory | |

#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2)</td>
</tr>
</tbody>
</table>

#### TIMELY FILING ALLOWANCES

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a TIMELY FILING ALLOWANCES</td>
<td>900099</td>
<td>980</td>
<td>980</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td></td>
<td>980</td>
<td></td>
</tr>
</tbody>
</table>

#### Total revenue. See instructions.

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>30,909,182</td>
<td>8,197</td>
<td>0, 4,576,269</td>
</tr>
</tbody>
</table>
### Part IX Statement of Functional Expenses

**MIDWAY USA FOUNDATION, INC.**

**26-1573088**

**Form 990 (2017)**

**Page 10**

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.

<table>
<thead>
<tr>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,236,302.</td>
<td>5,236,302.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>602,642.</td>
<td>295,838.</td>
<td>231,668.</td>
<td>75,136.</td>
</tr>
<tr>
<td>3,154.</td>
<td>3,154.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36,424.</td>
<td>36,424.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>500,366.</td>
<td>500,366.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46,290.</td>
<td>23,608.</td>
<td>17,127.</td>
<td>5,555.</td>
</tr>
<tr>
<td>19,999.</td>
<td>19,010.</td>
<td>180.</td>
<td>809.</td>
</tr>
<tr>
<td>47,093.</td>
<td>36,375.</td>
<td>8,093.</td>
<td>2,625.</td>
</tr>
<tr>
<td>24,231.</td>
<td>18,297.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>126,107.</td>
<td>64,315.</td>
<td>46,660.</td>
<td>15,132.</td>
</tr>
<tr>
<td>35,948.</td>
<td>20,047.</td>
<td>1,815.</td>
<td>14,086.</td>
</tr>
<tr>
<td>17,878.</td>
<td>4,018.</td>
<td>2,915.</td>
<td>10,945.</td>
</tr>
<tr>
<td>2,822.</td>
<td>1,439.</td>
<td>1,044.</td>
<td>339.</td>
</tr>
<tr>
<td>8,170.</td>
<td>4,167.</td>
<td>3,023.</td>
<td>980.</td>
</tr>
<tr>
<td>16,164.</td>
<td>16,164.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6,252.</td>
<td>3,126.</td>
<td>3,126.</td>
<td></td>
</tr>
<tr>
<td>6,170.</td>
<td>3,147.</td>
<td>2,283.</td>
<td>740.</td>
</tr>
<tr>
<td>470.</td>
<td>470.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>35.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7,047,221.</td>
<td>6,374,725.</td>
<td>480,746.</td>
<td>191,750.</td>
</tr>
</tbody>
</table>

**Total functional expenses. Add lines 1 through 24**

**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here if following SOP 98-2 (ASC 958-720)
Form 990 (2017) MIDWAY USA FOUNDATION, INC. 26-1573088 Page 11

Part X Balance Sheet

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td>Beginning of year</td>
<td>(B)</td>
</tr>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>99,260.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>5,596,263.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>878,628.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>784,990.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>9,476,241.</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12,671,157.</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>76,983,777.</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>106,490,316.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>78,650.</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>78,650.</td>
</tr>
</tbody>
</table>

Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
</tr>
</tbody>
</table>

Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
</tr>
</tbody>
</table>
**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI: [ ]

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

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII: [X]

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>[X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>[X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
<td>[X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>[X]</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part I: Reason for Public Charity Status

(Make one choice on 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)(vii). (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. [X] 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.)
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).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your supporting document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
</table>

Total

---

*For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.* 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017
### 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)***

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

#### Section B. Total Support

**Calendar year (or fiscal year beginning in)***

<table>
<thead>
<tr>
<th>Line</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Total support. Add lines 7 through 10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td><strong>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Line</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14 %</td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2016 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15 %</td>
</tr>
<tr>
<td>16a</td>
<td><strong>33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b</td>
<td><strong>33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a</td>
<td><strong>10% - facts-and-circumstances test - 2017. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b</td>
<td><strong>10% - facts-and-circumstances test - 2016. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td><strong>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants&quot;).</td>
<td>25290703.25376463.17807820.14852453.26324716.109652155</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>25290703.25376463.17807820.14852453.26324716.109652155</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>11568000.7996196.7736715.5064070.7353250.39718231.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td>11568000.7996196.7736715.5064070.7353250.39718231.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td>69933924.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>25290703.25376463.17807820.14852453.26324716.109652155</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>872,446.1700258.1817049.2483065.2786238.9659056.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td>872,446.1700258.1817049.2483065.2786238.9659056.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>220.22.242.261.980.1,725.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td>26163369.27076743.17335779.29111934.119312936.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2016 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2016 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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. □

**19b 33 1/3% support tests - 2017.** If the organization did not check the 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Are all of the organization's supported organizations listed by name in the organization's governing documents? If &quot;No,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If &quot;Yes,&quot; explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If &quot;Yes,&quot; answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If &quot;Yes,&quot; describe in Part VI when and how the organization made the determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c  Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If &quot;Yes,&quot; explain in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a Was any supported organization not organized in the United States (&quot;foreign supported organization&quot;)? If &quot;Yes,&quot; and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c  Did the organization provide any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Did the organization add, substitute, or remove any supported organizations during the tax year? If &quot;Yes,&quot; 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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c  Substitutions only. Was the substitution the result of an event beyond the organization's control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  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? If &quot;Yes,&quot; complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If &quot;Yes,&quot; complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 509(a)(1) or (2))? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b  Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c  Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If &quot;Yes,&quot; answer 10b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part IV  Supporting Organizations

11 Has the organization accepted a gift or contribution from any of the following persons?
   a) A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
   b) A family member of a person described in (a) above?
   c) A 35% controlled entity of a person described in (a) or (b) above?

Section B. Type I Supporting Organizations

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, and (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?

2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If "Yes," explain in Part VI how the role of the organization’s supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a) The organization satisfied the Activities Test. Complete line 2 below.
   b) The organization is the parent of each of its supported organizations. Complete line 3 below.
   c) The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.
   a) Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b) Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a) Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   b) Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

#### Section A - Adjusted Net Income

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

#### Section B - Minimum Asset Amount

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

#### Section C - Distributable Amount

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

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)

#### Section D - Distributions

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

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2012 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2017 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2018. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.)
<table>
<thead>
<tr>
<th>Payer's Name</th>
<th>2013 Amount</th>
<th>2014 Amount</th>
<th>2015 Amount</th>
<th>2016 Amount</th>
<th>2017 Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIDWAY USA FOUNDATION, INC. 26-1573088</td>
<td>8,833,052.5</td>
<td>5,853,186.5</td>
<td>6,659,690.5</td>
<td>3,778,720.5</td>
<td>6,388,600.5</td>
</tr>
<tr>
<td></td>
<td>1,611,625.0</td>
<td>1,506,025.0</td>
<td>931,625.0</td>
<td>950,250.0</td>
<td>867,200.0</td>
</tr>
<tr>
<td></td>
<td>715,868.0</td>
<td>567,500.0</td>
<td>145,400.0</td>
<td>335,100.0</td>
<td>97,450.0</td>
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<tr>
<td></td>
<td>407,455.0</td>
<td>69,485.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Total to Schedule A, Part III, Line 7a: 11,568,000.0, 7,996,196.0, 7,736,715.0, 5,064,070.0, 7,353,250.0.
Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

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

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     X 501(c)(3) (enter number) organization
                        4947(a)(1) nonexempt charitable trust not treated as a private foundation
                        527 political organization

Form 990-PF
                        501(c)(3) exempt private foundation
                        4947(a)(1) nonexempt charitable trust treated as a private foundation
                        501(c)(3) taxable private foundation

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

General Rule

X 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)
### Part I - Contributors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$6,388,600</td>
<td>Person ☑ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$2,749,147</td>
<td>Person ☑ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$2,144,113</td>
<td>Person ☑ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$874,000</td>
<td>Person ☑ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$867,200</td>
<td>Person ☑ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$827,600</td>
<td>Person ☑ Payroll ☐ Noncash ☐</td>
</tr>
</tbody>
</table>
**Schedule B** (Form 990, 990-EZ, or 990-PF) (2017)

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

### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$ 610,188</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$ 464,859</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>$ 428,529</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>$ 421,984</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>$ 375,649</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>$ 363,300</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
</tr>
</tbody>
</table>
## Part I Contributors

(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td></td>
<td>$346,450.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>$343,560.</td>
<td>Person X Payroll</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>$311,090.</td>
<td>Person X Payroll</td>
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<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>16</td>
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<td>$302,203.</td>
<td>Person X Payroll</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>17</td>
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<td>$275,550.</td>
<td>Person X Payroll</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>18</td>
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<td>$271,787.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>$260,425.</td>
<td>Person X</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>$250,002.</td>
<td>Person X</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>$247,921.</td>
<td>Person X</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>$237,600.</td>
<td>Person X</td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>$236,550.</td>
<td>Person X</td>
</tr>
<tr>
<td>24</td>
<td></td>
<td>$231,000.</td>
<td>Person X</td>
</tr>
</tbody>
</table>
## Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td></td>
<td>$ 230,600</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>26</td>
<td></td>
<td>$ 229,567</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>27</td>
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<td>$ 221,483</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>28</td>
<td></td>
<td>$ 214,147</td>
<td>Person X Payroll</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>29</td>
<td></td>
<td>$ 195,000</td>
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<td></td>
<td></td>
<td></td>
<td>Noncash</td>
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<tr>
<td>30</td>
<td></td>
<td>$ 189,650</td>
<td>Person X Payroll</td>
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<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>31</td>
<td></td>
<td>$ 435,130.</td>
<td>Payroll X</td>
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<tr>
<td>32</td>
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<td>$ 177,100.</td>
<td>Noncash X</td>
</tr>
<tr>
<td>33</td>
<td></td>
<td>$ 169,246.</td>
<td>Person X</td>
</tr>
<tr>
<td>34</td>
<td></td>
<td>$ 150,000.</td>
<td>Payroll X</td>
</tr>
<tr>
<td>35</td>
<td></td>
<td>$ 150,000.</td>
<td>Person X</td>
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<tr>
<td>36</td>
<td></td>
<td>$ 138,700.</td>
<td>Payroll X</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
### MIDWAY USA FOUNDATION, INC.

#### Employer identification number

26-1573088

### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td></td>
<td>$134,990.</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td></td>
<td>$125,000.</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td></td>
<td>$100,000.</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td></td>
<td>$98,260.</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td></td>
<td>$90,000.</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td></td>
<td>$86,000.</td>
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</table>

(Complete Part II for noncash contributions.)
MIDWAY USA FOUNDATION, INC.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td></td>
<td>$ 85,000.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td></td>
<td>$ 79,500.</td>
<td>Person Payroll Noncash</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td></td>
<td>$ 52,800.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td></td>
<td>$ 52,639.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td></td>
<td>$ 46,075.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td></td>
<td>$ 45,080.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
### Part I Contributors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>Person</td>
<td>$41,810</td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>Noncash</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Person</td>
<td>$40,000</td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>Noncash</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
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<td>51</td>
<td>Person</td>
<td>$34,708</td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>Noncash</td>
<td></td>
<td></td>
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</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td>Person</td>
<td>$30,389</td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>Noncash</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td>Person</td>
<td>$29,200</td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>Noncash</td>
<td></td>
<td></td>
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</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
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<tr>
<td>54</td>
<td>Person</td>
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<tr>
<td></td>
<td>Noncash</td>
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<td></td>
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</table>

(Complete Part II for noncash contributions.)
## Part I
**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td></td>
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</tr>
<tr>
<td>56</td>
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<tr>
<td>57</td>
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<tr>
<td>58</td>
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</tr>
<tr>
<td>59</td>
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<tr>
<td>60</td>
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### Part I Contributors
(see instructions). Use duplicate copies of Part I if additional space is needed.

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<th>No.</th>
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<tbody>
<tr>
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<tr>
<td>66</td>
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## Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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<tr>
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</tr>
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<td>72</td>
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(Complete Part II for noncash contributions.)
### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
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<tr>
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<td>76</td>
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(Complete Part II for noncash contributions.)
## Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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</thead>
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<td>80</td>
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<tr>
<td>81</td>
<td>Person ☑️ Payroll ☐ Noncash ☐</td>
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<td>82</td>
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<td>$14,571.00</td>
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<tr>
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<td>84</td>
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</table>
### MIDWAY USA FOUNDATION, INC.

#### Employer identification number

26-1573088

#### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
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<tr>
<td>90</td>
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</tbody>
</table>
# Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

## Part I Contributors

(See instructions. Use duplicate copies of Part I if additional space is needed.)

<table>
<thead>
<tr>
<th>No.</th>
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<tbody>
<tr>
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<td>92</td>
<td>Person X Payroll Noncash</td>
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<tr>
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MIDWAY USA FOUNDATION, INC.  

<table>
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<tr>
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<td>Person X</td>
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<td></td>
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<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>
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<tbody>
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<td>104</td>
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<td>107</td>
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<td><strong>Person X</strong></td>
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<tr>
<td>108</td>
<td></td>
<td>$10,000.</td>
<td><strong>Person X</strong></td>
</tr>
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## Part I Contributors

<table>
<thead>
<tr>
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<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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</thead>
<tbody>
<tr>
<td>109</td>
<td></td>
<td>$ 10,000.</td>
<td>Person ☒ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>110</td>
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<td>111</td>
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</tr>
<tr>
<td>112</td>
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</tr>
<tr>
<td>113</td>
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</tr>
<tr>
<td>114</td>
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<td>$ 9,050.</td>
<td>Person ☒ Payroll ☐ Noncash ☐</td>
</tr>
</tbody>
</table>
## Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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<thead>
<tr>
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<th>(d) Type of contribution</th>
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<tbody>
<tr>
<td>115</td>
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<td>$9,000.</td>
<td>Person X Payroll Noncash</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>116</td>
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<td>Person X Payroll Noncash</td>
</tr>
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<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
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<tr>
<td>117</td>
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<td></td>
<td>(Complete Part II for noncash contributions.)</td>
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<tr>
<td>119</td>
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</tr>
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<td>(Complete Part II for noncash contributions.)</td>
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<tr>
<td>120</td>
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<tr>
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<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
**MIDWAY USA FOUNDATION, INC.**

### Part I Contributors

<table>
<thead>
<tr>
<th>No.</th>
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<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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(Complete Part II for noncash contributions.)

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<tbody>
<tr>
<td>122</td>
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(Complete Part II for noncash contributions.)

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(Complete Part II for noncash contributions.)

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<tr>
<td>124</td>
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<td>Person <strong>X</strong> Payroll Noncash</td>
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(Complete Part II for noncash contributions.)

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<tr>
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(Complete Part II for noncash contributions.)

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</tr>
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(Complete Part II for noncash contributions.)
**MIDWAY USA FOUNDATION, INC.**

### Part I Contributors

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<th>(d) Type of contribution</th>
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<tbody>
<tr>
<td>127</td>
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</tr>
<tr>
<td>128</td>
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<td>131</td>
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(Complete Part II for noncash contributions.)
### Part I Contributions

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<th>(d) Type of contribution</th>
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<tr>
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<td>Person [X] Payroll</td>
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<td>$8,000</td>
<td>Person [X] Payroll</td>
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<td></td>
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<tr>
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(Complete Part II for noncash contributions.)
# Part I

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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<th>Type of contribution</th>
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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
### Part I Contributors

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(Complete Part II for noncash contributions.)
Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

MIDWAY USA FOUNDATION, INC. 26-1573088

<table>
<thead>
<tr>
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<td>(Complete Part II for noncash contributions.)</td>
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.
### Part I Contributors

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<table>
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<tr>
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### Part I  Contributors

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(Complete Part II for noncash contributions.)
### Part I Contributors

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(Complete Part II for noncash contributions.)
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### Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

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<th>(c) FMV (or estimate) (See instructions.)</th>
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<tbody>
<tr>
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</tbody>
</table>
**Schedule B (Form 990, 990-EZ, or 990-PF) (2017)**

Name of organization: **MIDWAY USA FOUNDATION, INC.**
Employer identification number: **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.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee

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</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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? [ ] Yes [ ] 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? [ ] Yes [ ] No

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

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

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   a. Total number of conservation easements
   b. Total acreage restricted by conservation easements
   c. Number of conservation easements on a certified historic structure included in (a)
   d. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

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

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

5. Does the organization 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.

1b. 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):

- [ ] Public exhibition
- [ ] Scholarly research
- [ ] Preservation for future generations
- [ ] Loan or exchange programs
- [ ] 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:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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.

1a Beginning of year balance  

b Contributions  

c Net investment earnings, gains, and losses  

d Grants or scholarships  

e Other expenditures for facilities and programs  

f Administrative expenses  

g End of year balance  

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

- [ ] Board designated or quasi-endowment %
- [ ] Permanent endowment %
- [ ] 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:

- [ ] unrelated organizations  
- [ ] related organizations  

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>255,000.</td>
<td></td>
<td></td>
<td>255,000.</td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>2,233.</td>
<td>2,233.</td>
<td>0.</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  257,168.1
**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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) ACCRUED INTEREST</td>
<td>57,474</td>
<td>COST</td>
</tr>
<tr>
<td>(B) HEDGE FUND</td>
<td>13,203,823</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
</tbody>
</table>

**Total. (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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) SECURITIES HEDGE FUNDS</td>
<td>13,520,002</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(2) TRADED SECURITIES</td>
<td>89,836,640</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
</tbody>
</table>

**Total. (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.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
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<tbody>
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<td>(8)</td>
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<tr>
<td>(9)</td>
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</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)**

**Part X** Other Liabilities.

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

1. **(a) Description of liability**
   - (1) Federal income taxes
     - (2)
     - (3)
     - (4)
     - (5)
     - (6)
     - (7)
     - (8)
     - (9)

**Total. (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.

Schedule D (Form 990) 2017
### 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.

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

### 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.

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

### 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
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
Complete if the organization answered “Yes” on Form 990, Part IV, line 21 or 22.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

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

<table>
<thead>
<tr>
<th>Part I</th>
<th>General Information on Grants and Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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?</td>
</tr>
<tr>
<td>2</td>
<td>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II</th>
<th>Grants and Other Assistance to Domestic Organizations and Domestic Governments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(a)</td>
<td>Name and address of organization or government</td>
</tr>
<tr>
<td>SCHOLASTIC SHOOTING SPORTS FOUNDATION INC - 5931 ROFT RD - SAN ANTONIO, TX 78253</td>
<td>20-8484121</td>
</tr>
<tr>
<td>PHEASANTS FOREVER INC</td>
<td>1783 BUERKLE CIRCLE</td>
</tr>
<tr>
<td>ALASKA SCTP INC</td>
<td>PO BOX 871272</td>
</tr>
<tr>
<td>WILD SHEEP FOUNDATION</td>
<td>412 PRONGHORN TRAIL</td>
</tr>
<tr>
<td>YOUTH TARGET FOUNDATION</td>
<td>130 TIMBERLEAF CT.</td>
</tr>
<tr>
<td>MONTANA SCHOLASTIC CLAY TARGET PROGRAM - 1002 US HIGHWAY 93 N STE 1 - VICTOR, MT 59875</td>
<td>46-1014846</td>
</tr>
</tbody>
</table>

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

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

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

Schedule I (Form 990) (2017)
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOAL FOUNDATION INC</td>
<td>04-3095757</td>
<td>501(C)(3)</td>
<td>66,399.</td>
<td>0.</td>
<td>CASH</td>
<td>FIREARMS, OPTICS AND CUTLERY TO FUND YOUTH SHOOTING</td>
<td></td>
</tr>
<tr>
<td>PO BOX 777</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PRODUCT SPORTS</td>
<td></td>
</tr>
<tr>
<td>UPTON, MA 01568-0777</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YOUTH SHOOTING SPORTS ALLIANCE</td>
<td>26-0551145</td>
<td>501(C)(3)</td>
<td>60,897.</td>
<td>0.</td>
<td>CASH</td>
<td>FIREARMS, OPTICS AND CUTLERY TO FUND YOUTH SHOOTING</td>
<td></td>
</tr>
<tr>
<td>11265 SUFFOLK DR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PRODUCT SPORTS</td>
<td></td>
</tr>
<tr>
<td>HAGERSTOWN, MD 21742</td>
<td></td>
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<td>AMERICAN CONSERVATION AND EDUCATION SOCIETY - 9432 KATY FREeway SUITE 350 - HOUSTON, TX 77055</td>
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<td>90-0886830</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>PARENT BOOSTERS USA INC</td>
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Part II  Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
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<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tr>
<td>UNION GROVE BRONCOS SHOOTING CLUB INC - 8220 GITTINGS RD - MT PLEASANT, WI 53406</td>
<td>47-3550317</td>
<td>501(C)(3)</td>
<td>12,309.</td>
<td>4,357.</td>
<td>CASH</td>
<td>FIREARMS, OPTICS AND CUTLERY</td>
<td>TO FUND YOUTH SHOOTING PRODUCTS SPORTS</td>
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<td>SOUTHEASTERN ILLINOIS COMMUNITY COLLEGE - 3575 COLLEGE ROAD - HARRISBURG, IL 62946</td>
<td>37-0906582</td>
<td>501(C)(3)</td>
<td>16,588.</td>
<td>0.</td>
<td>CASH</td>
<td>FIREARMS, OPTICS AND CUTLERY</td>
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<td>HOOSIER DADDYS SHOOTING SPORTS TEAM NONPROFIT CORPORATION - 190 PEARL ST - WHITELAND, IN 46184</td>
<td>81-4540236</td>
<td>501(C)(3)</td>
<td>12,693.</td>
<td>3,799.</td>
<td>CASH</td>
<td>FIREARMS, OPTICS AND CUTLERY</td>
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<td>JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 32211</td>
<td>59-0624412</td>
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<td>16,469.</td>
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<td>CASH</td>
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<td>UNIVERSITY OF KENTUCKY TRAP AND SKEET TEAM - 213 UNIVERSITY AVE - LEXINGTON, KY 40503</td>
<td>26-3280207</td>
<td>501(C)(3)</td>
<td>16,434.</td>
<td>0.</td>
<td>CASH</td>
<td>FIREARMS, OPTICS AND CUTLERY</td>
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<td>WILLIAMS COUNTY SPORTSMANS EDUCATIONAL ASSOC - 1521 NEY-WILLIAMS CENTER RD - BRYAN, OH 43506</td>
<td>34-1861426</td>
<td>501(C)(3)</td>
<td>11,747.</td>
<td>4,488.</td>
<td>CASH</td>
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<td>BEN AVERY CLAY CRUSHERS 17 E TANYA RD DESERT HILLS, AZ 85086</td>
<td>45-5383343</td>
<td>501(C)(3)</td>
<td>13,978.</td>
<td>2,246.</td>
<td>CASH</td>
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<td>NM EAGLES 56670 JEWELL RD. SHELBY TWP., MI 48315</td>
<td>61-1670953</td>
<td>501(C)(3)</td>
<td>10,686.</td>
<td>5,388.</td>
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<td>OHIO STATE TRAPSHOOTING FOUNDATION INC - 2020 AIRPORT RD - NEW LEXINGTON, OH 43764</td>
<td>31-1513510</td>
<td>501(C)(3)</td>
<td>0.</td>
<td>15,990.</td>
<td>CASH</td>
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<td>(a) Name and address of organization or government</td>
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<td>X COUNT INC</td>
<td>5141 EAST 700 SOUTH</td>
<td>45-4791946</td>
<td>501(C)(3)</td>
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<td>2,819</td>
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<td>COLUMBIA CITY, IN 46725</td>
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<td>KINGS ACADEMY</td>
<td>1015 SOUTH EBENEZER RD.</td>
<td>57-0917737</td>
<td>501(C)(3)</td>
<td>15,359</td>
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<td>FLORENCE, NC 29501</td>
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<td>WOODLAND TRAP CLUB</td>
<td>164 SUMMIT BUTTE RD</td>
<td>46-0766197</td>
<td>501(C)(3)</td>
<td>8,648</td>
<td>6,557</td>
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<td>WOODLAND, WA 98674</td>
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<td>BUCKEYE OUTDOOR YOUTH EDUCATION AND SHOOTING CENTER INC - PO BOX 61 - DOYLESTOWN, OH 44230</td>
<td>501(C)(3)</td>
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<td>14,819</td>
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<td>GRACE COUGARS SHOTGUN TEAM</td>
<td>530 HIDE AWAY LN E</td>
<td>46-1355753</td>
<td>501(C)(3)</td>
<td>11,554</td>
<td>2,850</td>
<td>CASH</td>
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<td>HIDEAWAY, TX 75771</td>
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<td>GEORGIA YOUTH SHOOTING SPORTS FOUNDATION INC - 1059 MANLEY RD - GRIFFIN, GA 30223</td>
<td>501(C)(3)</td>
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<td>5,786</td>
<td>8,298</td>
<td>CASH</td>
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<td>WILMOT TRAP TEAM</td>
<td>2401 GRACE STREET</td>
<td>46-1456116</td>
<td>501(C)(3)</td>
<td>10,687</td>
<td>3,216</td>
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<td>TWIN LAKES, WI 53181</td>
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<td>DUCKS UNLIMITED INC</td>
<td>ONE WATERFOWL WAY</td>
<td>13-5643799</td>
<td>501(C)(3)</td>
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<td>BGAFJROTC</td>
<td>PO BOX 1145</td>
<td>91-1940371</td>
<td>501(C)(3)</td>
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<td>WATERFORD WOLVERINE SHOOTING TEAM INC - PO BOX 325 - WATERFORD, WI 53185</td>
<td>47-2340836</td>
<td>501(C)(3)</td>
<td>10,358.</td>
<td>3,099.</td>
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<td>PURDUE UNIVERSITY 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907</td>
<td>35-6002041</td>
<td>501(C)(3)</td>
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<td>FORT MADISON COMMUNITY SCHOOL DISTRICT - PO BOX 1423 - FORT MADISON, IA 52627</td>
<td>42-6038970</td>
<td>501(C)(3)</td>
<td>9,834.</td>
<td>3,411.</td>
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<td>GEORGIA COMPETITIVE SHOOTERS INC 232 E ROAD STREET GRIFFIN, GA 30223</td>
<td>38-3696125</td>
<td>501(C)(3)</td>
<td>10,211.</td>
<td>2,955.</td>
<td>CASH</td>
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<td>MARQUETTE UNIVERSITY HIGH SCHOOL 3401 W WISCONSIN AVE MILWAUKEE, WI 53208</td>
<td>39-0806826</td>
<td>501(C)(3)</td>
<td>12,978.</td>
<td>0.</td>
<td>CASH</td>
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<td>VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD STE 4400 BLACKSBURG, VA 24060</td>
<td>54-0721690</td>
<td>501(C)(3)</td>
<td>11,434.</td>
<td>1,500.</td>
<td>CASH</td>
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<td>CURATORS OF THE UNIVERSITY OF MISSOURI - 321 UNIVERSITY HALL - COLUMBIA, MO 65211</td>
<td>43-6003859</td>
<td>501(C)(3)</td>
<td>12,584.</td>
<td>100.</td>
<td>CASH</td>
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<td>KCCL ORANGE CRUSHERS 914 BOULDER BLUFF LN LOWELL, MI 49331</td>
<td>46-2128996</td>
<td>501(C)(3)</td>
<td>9,953.</td>
<td>2,694.</td>
<td>CASH</td>
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<td>SCHREINER UNIVERSITY 2100 MEMORIAL BLVD KERRVILLE, TX 78028</td>
<td>74-1193459</td>
<td>501(C)(3)</td>
<td>12,493.</td>
<td>91.</td>
<td>CASH</td>
<td>FIREARMS, OPTICS AND CUTLERY</td>
<td>TO FUND YOUTH SHOOTING PRODUCTS SPORTS</td>
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<td>(d) Amount of cash grant</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>PARENT BOOSTERS USA INC PO BOX 184 BERTRAM, TX 78605</td>
<td>81-4317672 501(C)(3)</td>
<td>4,670.</td>
<td>7,842. CASH</td>
<td>FIREARMS, OPTICS AND CUTLERY TO FUND YOUTH SHOOTING PRODUCTS SPORTS</td>
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<td>HASTINGS HIGH SCHOOL TRAP TEAM 17810 POLK AVE HASTINGS, MN 55033</td>
<td>46-1465973 501(C)(3)</td>
<td>10,764.</td>
<td>1,744. CASH</td>
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<td>BISHOP DWENGER HIGH SCHOOL PO BOX 390 FORT WAYNE, IN 46801</td>
<td>35-1090327 501(C)(3)</td>
<td>12,494.</td>
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<td>ONE BOX YOUTH SPORTING PROGRAM 80515 RD 441 BROKEN BOW, NE 68822</td>
<td>81-0718123</td>
<td>10,815.</td>
<td>1,419. CASH</td>
<td>FIREARMS, OPTICS AND CUTLERY TO FUND YOUTH SHOOTING PRODUCTS SPORTS</td>
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<td>TAUNTON RIFLE AND PISTOL CLUB INC 430 E BRITANNIA ST. TAUNTON, MA 02780</td>
<td>23-7083791 501(C)(4)</td>
<td>8,824.</td>
<td>3,213. CASH</td>
<td>FIREARMS, OPTICS AND CUTLERY TO FUND YOUTH SHOOTING PRODUCTS SPORTS</td>
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<td>DRIPPING SPRINGS VOCATIONAL AG BOOSTERS ASSOCIATION INC - PO BOX 1008 - DRIPPING SPRINGS, TX 78620</td>
<td>74-2508859 501(C)(3)</td>
<td>11,708.</td>
<td>0. CASH</td>
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<td>GATEWAY CLAYBUSTERS PO BOX 173 SAINT PETERS, MO 63376</td>
<td>20-8171985 501(C)(3)</td>
<td>11,419.</td>
<td>0. CASH</td>
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<td>CENTRAL FALCONS TRAP &amp; SKEET 1043 N PRAIRIE DR SILVER LAKE, WI 53170</td>
<td>27-4978200</td>
<td>11,399.</td>
<td>0. CASH</td>
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<td>WSA YOUTH OUTDOOR FOUNDATION INC 499 LINCOLN RD WALPOLE, WA 02081</td>
<td>30-0753432 501(C)(3)</td>
<td>11,208.</td>
<td>0. CASH</td>
<td>FIREARMS, OPTICS AND CUTLERY TO FUND YOUTH SHOOTING PRODUCTS SPORTS</td>
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<td>FIN FUR &amp; FEATHER CLUB PO BOX 272 MILLS, MA 02054</td>
<td>22-2885172 501(C)(4)</td>
<td>11,131.</td>
<td>0.</td>
<td>CASH PRODUCTS</td>
<td>FIREARMS, OPTICS AND CUTLERY TO FUND YOUTH SHOOTING</td>
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<td>SCHOOL DISTRICT 271 3111 N 10TH ST COEUR D’ALENE, ID 83814</td>
<td>82-6000811</td>
<td>11,009.</td>
<td>0.</td>
<td>CASH PRODUCTS</td>
<td>FIREARMS, OPTICS AND CUTLERY TO FUND YOUTH SHOOTING</td>
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<td>YOUTH EDUCATION IN SHOOTING SPORTS FOR MINNESOTA - 11455 VIKING DR - EDEN PRAIRIE, MN 55344</td>
<td>46-3550642 501(C)(3)</td>
<td>4,841.</td>
<td>6,000.</td>
<td>CASH PRODUCTS</td>
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<td>MONROE COUNTY CONSERVATION 1270 635 AVE LOUILIA, IA 50150</td>
<td>42-6004185</td>
<td>10,812.</td>
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<td>FIREARMS, OPTICS AND CUTLERY TO FUND YOUTH SHOOTING</td>
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<td>SCHOOL DISTRICT OF HUDSON 644 BRAKKE DRIVE HUDSON, WA 54016</td>
<td>39-6002665</td>
<td>7,978.</td>
<td>2,804.</td>
<td>CASH PRODUCTS</td>
<td>FIREARMS, OPTICS AND CUTLERY TO FUND YOUTH SHOOTING</td>
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<td>THE SHOTGUN TEAM AT THE UNIVERSITY OF ARIZONA - 5307 W WOOD OWL DR - TUCSON, AZ 85742</td>
<td>27-3339664</td>
<td>10,724.</td>
<td>0.</td>
<td>CASH PRODUCTS</td>
<td>FIREARMS, OPTICS AND CUTLERY TO FUND YOUTH SHOOTING</td>
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<td>SOUTH CAROLINA YOUTH SHOOTING FOUNDATION - 694 CHERRY HILLS PL - ROCK HILL, NC 29730</td>
<td>26-3594743 501(C)(3)</td>
<td>7,163.</td>
<td>3,491.</td>
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<td>HARRIS COUNTY SCHOOL DISTRICT 8281 GA. HWY. 116 HAMilton, GA 31811</td>
<td>58-6000260</td>
<td>9,286.</td>
<td>1,275.</td>
<td>CASH PRODUCTS</td>
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<td>MIDLAND UNIVERSITY 900 NORTH CLARKSON STREET FREMONT, NE 68025</td>
<td>47-0376551 501(C)(3)</td>
<td>10,373.</td>
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<td>CASH PRODUCTS</td>
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<td>MIDWAY USA FOUNDATION, INC.</td>
<td>26-1573088</td>
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<td>VIRGINIA RIFLE AND PISTOL CLUB</td>
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### Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

<table>
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<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tr>
<td>NORTHWEST OHIO OUTDOOR YOUTH EDUCATION - 5421 W STATE ROUTE 12 - FINDLAY, OH 45840</td>
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<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>Amount of non-cash assistance</td>
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<td>Purpose of grant or assistance</td>
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## Midway USA Foundation, Inc.

### Part II

**Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

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<th>(h) Purpose of grant or assistance</th>
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<td>Independent School District 332, 400 E Maple Ave, Mora, MN 55051-1334</td>
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<td>Lakes Area Youth Trap Club, 1692 270th Ave, Spirit Lake, IA 51360</td>
<td>27-2361562</td>
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<td>Mississipi State University Shooting Sports Club, 300 Cherokee Drive, Starkville, MS 39759</td>
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<td>Tampa Bay Clays Youth Program Inc, 15615 Shoal Creek Place, Odessa, FL 33556</td>
<td>46-1763779</td>
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<td>Portage Youth Marksmanship Club, 455 Hufford Hill Rd, Portage, PA 15946</td>
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<td>Columbia FFA Alumni Association, 9525 E Logan Rd, Columbia, MO 65201</td>
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<td>Branson Trap Team, 263 Buccaneer Dr, Branson, MO 65616</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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Schedule I (Form 990)
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<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
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<th>(h) Purpose of grant or assistance</th>
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<td>UNIVERSITY OF ARKANSAS -</td>
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<td>FAYETTEVILLE CAMPUS - TREASURER’S OFFICE</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>BADIN HIGH SCHOOL 571 NEW LONDON RD HAMILTON, OH 45013</td>
<td>31-0537113 501(C)(3)</td>
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<td>SAUK COUNTY YOUTH SHOOTING PROGRAM INC - E11102 SAUK PRAIRIE RD - PRAIRIE DU SAC, WI 53578</td>
<td>47-2867564 501(C)(3)</td>
<td>6,029.</td>
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<td>WEST MONTGOMERY COUNTY SHOOTING SPORTS - 19907 TURTLE CREEK LANE - MAGNOLIA, TX 77355</td>
<td>36-4846454</td>
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<td>6,018.</td>
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<td>AMATEUR TRAPSHOOTING ASSOCIATION PO BOX 519 SPARTA, IL 62286</td>
<td>20-2118440 501(C)(3)</td>
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<td>MISSOURI STATE UNIVERSITY TRAP &amp; SKEET TEAM - 843 W. TRACY ST. - SPRINGFIELD, MO 65807</td>
<td>54-2074129</td>
<td>5,990.</td>
<td>0.</td>
<td>CASH</td>
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<tr>
<td>THE UNIVERSITY OF TEXAS AT AUSTIN 1 UNIVERSITY STATION D7500 AUSTIN, TX 78712</td>
<td>74-6000203</td>
<td>5,946.</td>
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<td>WALKER COUNTY BOARD OF EDUCATION 100 RAMBLER DRIVE LAFAYETTE, GA 30728</td>
<td>58-6000338</td>
<td>3,806.</td>
<td>2,102.</td>
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<td>LIONS HS CLAY TARGET CLUB 326 BLUE JAY DRIVE DORCHESTER, IA 52140</td>
<td>81-1802827</td>
<td>0.</td>
<td>5,897.</td>
<td>CASH</td>
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<td>ARNOLD JUNIOR SHOOTERS SCHOLASTIC PISTOL PROGRAM INC - 3709 WHITE BARK CT - SAINT LOUIS, MO 63129</td>
<td>80-0948576 501(C)(3)</td>
<td>5,500.</td>
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<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>TRI STATE GUN CLUB INC PO BOX 336 MONTROSE, IA 52639</td>
<td>42-1375038</td>
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<td>5,865.</td>
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<td>FARMINGTON MUNICIPAL SCHOOLS DISTRICT 5 - 2001 N. DUSTIN AVE - FARMINGTON, NM 87401</td>
<td>85-6000130</td>
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<td>4,418.</td>
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<td>MACCRAY TRAP SHOOTING TEAM 5075 100TH AVE SE MAYNARD, MN 56260</td>
<td>46-5501695</td>
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<td>1,412.</td>
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<td>BILLINGS TRAP CLUB PO BOX 415 BILLINGS, MT 59103</td>
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<td>LEBANON COMMUNITY SCHOOLS 485 S 5TH STREET LEBANON, OR 97355</td>
<td>93-1175526</td>
<td>501(C)(7)</td>
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<td>GLENVILLE-EMMONS SCHOOL DISTRICT 2886 - PO BOX 38 - GLENVILLE, MN 56036</td>
<td>41-1909842</td>
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<td>2,460.</td>
<td>3,307.</td>
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<td>GREAT TRAIL MUSKETEERS INC 3032 LEISURE RD MINERVA, OH 44657</td>
<td>34-1712597</td>
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<td>3,432.</td>
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<td>HOLYOKE REVOLVER CLUB INC PO BOX 543 HOLYOKE, MA 01041</td>
<td>71-1023439</td>
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<td>5,750.</td>
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<td>PENNSYLVANIA RIFLE AND PISTOL ASSOCIATION - 213 LAWN ROAD PALMYRA, PA 17078</td>
<td>25-1846167</td>
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<td>0.</td>
<td>5,744.</td>
<td>CASH</td>
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<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>SAN ANTONIO, TX 78212</td>
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<td>LAWRENCE COUNTY YOUNG GUNS</td>
<td>46-1224989</td>
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<td>4,445.00</td>
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<td>AMERICAN LEGION POST 0046</td>
<td>35-2461821</td>
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<td>SCHOOL DISTRICT R-III CAMDENTON</td>
<td>44-6004944</td>
<td>501(C)(19)</td>
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<td>CAMDENTON, MO 65020</td>
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<td>TEWKSBURY ROD &amp; GUN CLUB INC</td>
<td>23-7451444</td>
<td>501(C)(4)</td>
<td>5,681.00</td>
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<td>CASH</td>
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<td>TEWKSBURY, MA 01876</td>
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<td>DALEVILLE CITY BOARD OF EDUCATION</td>
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<td>501(C)(4)</td>
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<td>CHEYENNE, WY 82001</td>
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<td>BOREALIS BULLSEYES SHOOTING CLUB</td>
<td>05-0542148</td>
<td>501(C)(4)</td>
<td>3,989.00</td>
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<td>ANCHORAGE, AL 99507</td>
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<td>(a) Name and address of organization or government</td>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>KINSLEY GUN CLUB INC</td>
<td>48-1127750</td>
<td>501(C)(3)</td>
<td>5,617</td>
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<td>CASH</td>
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<td>416 E 7TH ST</td>
<td>KINSLEY, KS 67547</td>
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<tr>
<td>H A H S OUTDOOR SPORTSMAN SUPPORT CLUB INC - 1057 E 10TH ST - HAZLETON, PA 18201</td>
<td>57-1172337</td>
<td>501(C)(3)</td>
<td>5,617</td>
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<td>433 WEST MADISON ST.</td>
<td>PULASKI, TN 38478</td>
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<td>MARTIN METHODIST COLLEGE</td>
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<td>ATTICA CONSOLIDATED SCHOOL CORPORATION - 205 E. SYCAMORE STREET - ATTICA, IN 47918</td>
<td>35-1071685</td>
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<td>5,583</td>
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<td>INDEPENDENT SCHOOL DISTRICT 492 401 3RD AVE NW AUSTIN, MN 55912</td>
<td>41-6002526</td>
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<td>5,418</td>
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<td>CASH</td>
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<td>AMES COLLEGIATE SHOOTING SPORTS 2720 NORTHRIDGE LANE AMES, IA 50010</td>
<td>46-1557360</td>
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<td>ANKENY SHOOTING SPORTS FOUNDATION PO BOX 1183 ANKENY, IA 50021</td>
<td>47-1493677</td>
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<td>UNIVERSITY OF DELAWARE 83 E. MAIN STREET, 3RD FLOOR NEWARK, DE 19716</td>
<td>51-6000297</td>
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<td>(a) Name and address of organization or government</td>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>1 LEAVITT LANE DURHAM, NH 03824</td>
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<td>(c) IRC section if applicable</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>43-6093547 501(C)(19)</td>
<td>2,396.00</td>
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<td>WASHINGTON STATE UNIVERSITY 11768 WESTAR LN, STE A BURLINGTON, WA 98233</td>
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<td>NORCAL LONGSHORTS 41 HANCOCK DR ROSEVILLE, CA 95678</td>
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<td>FUTURE FARMERS OF AMERICA AND ITS STATE ASSOCIATIONS &amp; LOCAL - PO DRAWER 10 - GERONIMO, TX 78115</td>
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<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
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<td>MEDINA, MN 55340</td>
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<td>UPPER PENINSULA YOUTH SHOTGUN SPORTS ORGANIZATION - PO BOX 417 - GLADSTONE, MI 49837</td>
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<td>CENTRAL ARIZONA TARGET SHOOTING LLC - 12122 S. TOLTEC BUTTES RD - ELOY, AZ 85131</td>
<td>20-3478402</td>
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<td>5,147.</td>
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<td>ZION BENTON TOWNSHIP HIGH SCHOOL DISTRICT 126 - 3901 W. 21ST STREET - ZION, IL 60099</td>
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<td>RUMFORD HUNTING AND FISHING CLUB INC - 60 GLENROSE DRIVE - RIVERSIDE, RI 02915</td>
<td>04-3110771</td>
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Schedule I (Form 990)
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<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section if applicable</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of non-cash assistance</th>
<th>Purpose of grant or assistance</th>
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<tr>
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<td>LOWELL HIGH SCHOOL SCTP TEAM 12024 FOUR MILE ROAD NE LOWELL, MI 49331</td>
<td>46-2922444</td>
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<td>NORTH CAROLINA YOUTH EDUCATION IN SHOOTING SPORTS - 2622 ASHBORNE DR - GASTONIA, NC 28056</td>
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<td>SPARTA HUNTING &amp; FISHING CLUB PO BOX 264 SPARTA, MI 49345</td>
<td>26-0749495</td>
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<td>PELLA SHOOTERS CLUB 1243 180TH ST PELLA, IA 50219</td>
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<td>UCM TRAP AND SKEET CLUB 505 CHRISTOPHER ST. WARRENSBURG, MO 64093</td>
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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.

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<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
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</table>

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.
**Compensation Information**

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

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

### Part I: Questions Regarding Compensation

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<th>Question</th>
<th>Yes</th>
<th>No</th>
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<td>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
<td></td>
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<tr>
<td>- First-class or charter travel</td>
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<td>- Travel for companions</td>
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<td>- Tax indemnification and gross-up payments</td>
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<td>- Discretionary spending account</td>
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<td>- Housing allowance or residence for personal use</td>
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<tr>
<td>- Payments for business use of personal residence</td>
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<td>- Health or social club dues or initiation fees</td>
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<tr>
<td>- Personal services (such as, maid, chauffeur, chef)</td>
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</tr>
</tbody>
</table>

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Receive a severance payment or change-of-control payment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a The organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Any related organization?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If "Yes" on line 5a or 5b, describe in Part III.

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a The organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Any related organization?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

**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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) RANDY MOELLER</td>
<td><strong>Executive Director</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 148,649.</td>
<td></td>
<td>0.</td>
<td>11,571.</td>
<td>160,220.</td>
</tr>
<tr>
<td></td>
<td>(ii) 0.</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>(iii) 0.</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

*Schedule J (Form 990) 2017 Page 2*
Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
**Transactions With Interested Persons**

**2017**

**MIDWAY USA FOUNDATION, INC.**

**Employer identification number 26-1573088**

**Part I  Excess Benefit Transactions**

(sections 501(c)(3), 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.

<table>
<thead>
<tr>
<th>1</th>
<th>(a) Name of disqualified person</th>
<th>(b) Relationship between disqualified person and organization</th>
<th>(c) Description of transaction</th>
<th>(d) Corrected?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>2</th>
<th>(a) Name of interested person</th>
<th>(b) Relationship with organization</th>
<th>(c) Purpose of loan</th>
<th>(d) Loan to or from the organization?</th>
<th>(e) Original principal amount</th>
<th>(f) Balance due</th>
<th>(g) In default?</th>
<th>(h) Approved by board or committee?</th>
<th>(i) Written agreement?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Total $ _________________

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

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

<table>
<thead>
<tr>
<th>3</th>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of assistance</th>
<th>(d) Type of assistance</th>
<th>(e) Purpose of assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Part IV  Business Transactions Involving Interested Persons.

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

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of organization’s revenues?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBSTANTIAL CONTRIBUTOR</td>
<td>35% CONTROLLED ENTITY</td>
<td>86,199.00</td>
<td>RENTAL OF OFFICE SPACE AND JANITORIAL/IT PERSONNEL</td>
<td>X</td>
</tr>
<tr>
<td>SUBSTANTIAL CONTRIBUTOR</td>
<td>35% CONTROLLED ENTITY</td>
<td>86,199.00</td>
<td>RENTAL OF OFFICE SPACE AND JANITORIAL/IT PERSONNEL</td>
<td>X</td>
</tr>
</tbody>
</table>

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

Attach to Form 990 or 990-EZ.

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

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 INCLUDES 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
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.
**Form 8868 (Rev. January 2017)**

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

- File a separate application for each return.

### 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.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Enter filer’s identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MIDWAY USA FOUNDATION, INC.</td>
<td>26-1573088</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>File by the due date for filing your return. See instructions.</th>
<th>Number, street, and room or suite no. If a P.O. box, see instructions.</th>
<th>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6001 W VAN HORN TAVERN RD, NO. STE C</td>
<td>COLUMBIA, MO 65203</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**MIDWAY USA FOUNDATION, INC.**

- The books are in the care of | JOHN J MCCLATCHEY, JR - 6001 WEST VAN HORN TAVERN ROAD, SUITE C - COLUMBIA, MO 65203 |

- Telephone No. | 573-447-5992 |

- 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 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 ☐ ☑ ☐ ☐ |

- ☐ ☐ ☐ ☐ ☐ ☐ ☐ |

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 |

<table>
<thead>
<tr>
<th>3a</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3ab</td>
<td>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.</td>
</tr>
<tr>
<td>3c</td>
<td>Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.</td>
</tr>
</tbody>
</table>

- ☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |

**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.

- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |

- ☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)