

990 Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. 1 5 6 ► Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

For the 2016 calendar year, or tax year beginning NOV 1, 2016 and ending OCT 31, 2017 C Name of organization Check if D Employer identification number Address change THE MIDWAY MEN'S CLUB Name change Doing business as 41-1842630]Initial |return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin 710 RAYMOND AVENUE 612-822-2677 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 369,135. Amended SAINT PAUL, MN 55114 H(a) Is this a group return Applica-tion pending F Name and address of principal officer MATTHEW STARK Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? I Tax-exempt status ____501(c)(3) X 501(c) () (insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1941 M State of legal domicile: MN | Part I | Summary Briefly describe the organization's mission or most significant activities TO PROMOTE SOCIAL, CULTURAL, Governance ATHLETIC ACTIVITIES IN THE MIDWAY AREA OF ST. PAUL, MINNESOTA. ____ if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 320 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7h **Prior Year Current Year** 483. Contributions and grants (Part VIII, line 1h) 2,531 Revenue Program service revenue (Part VIII, line 2g) 319,603. 368,652. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 322,134. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>369,135.</u> 12 Grants and similar amounts paid (Part IX, column (A), lines 1,3 79,200. 96,250. 13 Benefits paid to or for members (Pan IX, copping (A) in a 4 ED 0. 0. Salaries, other compensation, employed penefits (Part IX, column (A) Sines 5-10) 8,220 13,000. 16a Professional fundraising fees (Part IX) @umn (4), ping 1 te) 7 (18 0. b Total fundraising expenses (Part IX, dallim (D), line 25) 25 0. 17 Other expenses (Part IX, column (A), ines 11a 11d 11f 24e) 190,903. 243,610. 18 Total expenses Add lines 13-17 (must equal Fait X, column (A) line 25) 278,323 352,860. Revenue less expenses Subtract line 18 from line 12 43,811. 16,275. **Beginning of Current Year End of Year** Assets (Balanc Total assets (Part X, line 16) 264.479. 290,754. Total liabilities (Part X, line 26) 0 10,000. Net assets or fund balances. Subtract line 21 from line 20 264;479. 280,754. 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 (piner_than_officer) is based on all information of which preparer has any knowledge Signature of officer Sign MATTHEW STARK, TREASURER Here Type or print name and title Date Preparer's signature Print/Type preparer's name 9/1/18 Paid P01816942 WYLIE R. KLAWITTER self-employed Preparer Firm's name BWK ROGERS PC 27-1375413 Firm's EIN Use Only Firm's address 431 SOUTH 7TH STREET, SUITE 2424 Phone no. 612 - 332 - 5446

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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

MINNEAPOLIS, MN 55415

X Yes No Form 990 (2016)

<u>Form</u>	990 (2016) THE MIDWAY MEN'S CLUB	1-1842630 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1 `	Bnefly describe the organization's mission	
	TO PROMOTE SOCIAL, CULTURAL, AND ATHLETIC ACTIVITIES IN T	HE MIDWAY
		IS LOCATED
	"MIDWAY" BETWEEN DOWNTOWN ST. PAUL AND DOWNTOWN MINNEAPOL	IS AND IS A
	LARGE URBAN AREA.	
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 me	
	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 \$ 310,398. including grants of \$ 96,250.) (Revenue \$	
	THE MIDWAY MEN'S CLUB PURPOSE IS TO PROMOTE SOCIAL, CULTU	
	ATHLETIC ACTIVITIES IN THE MIDWAY AREA OF ST. PAUL, MINNE	
	PRESCRIBED NEIGHBORHOOD IS LOCATED "MIDWAY" BETWEEN DOWNT	
	AND DOWNTOWN MINNEAPOLIS AND IS A LARGE URBAN AREA. THE C	
	STAND AT THE MINNESOTA STATE FAIR, WHICH RUNS 12 DAYS EAC	
	THROUGH LABOR DAY. THE STAND IS RUN BY UNPAID VOLUNTEERS	
	SWEET ROLLS, DONUTS, HOT DOGS, HAMBURGERS, BEER, BRATWURS	
	ITALIAN PORK SANDWICHES, AND SOFT DRINKS. AFTER EXPENSES	
	THE STAND ARE PAID, ALL PROCEEDS ARE DISTRIBUTED THROUGHO	
		ORTS
	ACTIVITIES, AND OTHER YOUTH ACTIVITIES.	
4b	(Code) (Expenses \$ 36,593. including grants of \$) (Revenue \$	
40	(Code) (Expenses \$	
	DISTRIBUTIONS AND ARE THE FORUM THROUGH WHICH VARIOUS YOU	
	APPLY FOR FUNDS. IN ADDITION, TWO SOCIAL GATHERINGS ARE H	
	MEMBERS EVERY YEAR, AS THANKS FOR THEIR WORK AT THE STATE	
	THE DATE OF THE PROPERTY OF TH	
4c	(Code) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses ▶ 346,991.	
		Form 990 (2016)

Form 990 (2016) THE MIDWAY MEN'S CLUB
Part IV Checklist of Required Schedules

			Г —	
4	In the example top described in equation 501(a)(2) or 4047(a)(1) (athors there a new standard and 2		Yes	No
'	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A)	_v
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1 2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			 ^
	public office? If "Yes," complete Schedule C, Part I	3	1	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		<u> </u>
7	during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		_
Ť	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Ì	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		-
Ĭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_x_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>	_	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D. Part IV	9	1	x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		-	
	as applicable.	1		
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	}	{	1
	Part VI	11a	X	
t	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? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ţ	X
c	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? If "Yes," complete Schedule D, Part IX	11d		_ X_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			:
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
t	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	İ		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), Tines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	[]		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			 - -
	complete Schedule G, Part III		000	X
		Form	990 ((2016)

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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 "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	!		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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 "Yes," complete Schedule L, Part II			77
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_26		X
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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 "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	İ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		ŀ	
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_	ļ	
~	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
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	20	x	
	TO CO. T. S OCO MOTO GIO TOQUINOS TO COMPLETE COMEQUIE O	38	990 (2	20161
		1 01111	J J J (2010)

Pai	Check if Schedule O contains a response or note to any line in this Part V					
	Check if Scriedule O contains a response of note to any line in this Part V				T.,	
4_	Fatou the asserted in Day 2 of Farm 1000 Fatou 0 if and applicable		ر ا		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a		}		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	1b	blo gaming	}		
С	(gambling) winnings to prize winners?	еропа	ble garring	1c	х	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1]	<u> </u>		
Za	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	٥,		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		itv over. a		_	
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		X
b	If "Yes," enter the name of the foreign country		•			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial /	Accoun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action?	•	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	anızatıon solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	as req	uired			
	to file Form 8282?	1	1	7c	-	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	.7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		et?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		10010	7f	-	
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received funds are advised funds.			7h		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	J by III	5	8		
9	Sponsoring organizations maintaining donor advised funds.			-		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter			35		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-			
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	•	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 :				
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

Form **990** (2016)

THE MIDWAY MEN'S CLUB 41-1842630 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 1<u>1a</u> b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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.

X Upon request Own website Another's website Other (explain in Schedule O) 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

State the name, address, and telephone number of the person who possesses the organization's books and records. THE ORGANIZATION - 612-822-2677

710 RAYMOND AVENUE, SAINT PAUL,

Form 990 (2016)

55114

Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

hours per week (list any hours for related organizations	timated nount of other pensation om the anization direlated inizations 0. 0. 0.
Week (list any hours for related organizations below line) From the organization (W-2/1099-MISC) From the organization (other pensation om the anization d related inizations 0. 0.
Color	om the anization direlated inizations 0. 0. 0.
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RICHARD GRIEMAN 2.00 X	0.
VICE PRESIDENT	0.
VICE PRESIDENT	0.
Column	0.
X X X X X X X X X X	0.
(4) MATTHEW STARK 2.00 TREASURER X X 0. 0. (5) DAVID DAHL 2.00 X X 0. 0. MEMBERSHIP SECRETARY X X 0. 0. (6) ELIZABETH GORMAN 1.00 0. 0. 0. DIRECTOR X 0. 0. 0. (7) WALTER MELENDEZ 1.00 0. 0. 0. (8) KATHLEEN YANARI 1.00 X 0. 0. (9) JOAN GORMAN 1.00 X 0. 0. (9) JOAN GORMAN 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (10) WILLIAM NORTON 1.00 0. 0. 0.	0.
TREASURER	
MEMBERSHIP SECRETARY	
MEMBERSHIP SECRETARY	0.
Column	
DIRECTOR X	
(7) WALTER MELENDEZ 1.00 DIRECTOR X (8) KATHLEEN YANARI 1.00 DIRECTOR X (9) JOAN GORMAN 1.00 DIRECTOR X (10) WILLIAM NORTON 1.00	0.
DIRECTOR X 0. 0.	
(8) KATHLEEN YANARI DIRECTOR (9) JOAN GORMAN DIRECTOR (10) WILLIAM NORTON 1.00 1.00 0. 0. 0. 0.	0.
(9) JOAN GORMAN 1.00 X 0. 0. (10) WILLIAM NORTON 1.00	
DIRECTOR X 0. 0. (10) WILLIAM NORTON 1.00	0.
(10) WILLIAM NORTON 1.00	
	0.
DIRECTOR X	
	0.
(11) DANIEL WRIGHT 1.00	_
DIRECTOR X 0. 0.	0.
(12) MICHAEL WRIGHT 3.00	•
DIRECTOR/BUSINESS MANAGER X 0. 0.	0.
(13) STEVEN GORMAN 4.50	^
FAIR STAND MANAGER X 6,500. 0.	0.
(14) RICHARD PHILLIPPI 3.50 X 4,500. 0.	0
FAIR STAND MANAGER X 4,500. U.	0.

Form **990** (2016)

<u> Par</u>	T VII Section A. Officers, Directors, Trus		ploy	<u>ees</u>			ghe	st C	Compensated Employe	es (continued)				
•	. (A)	(B)	1			C)			(D)	(E)	İ		(F)	
	Name and title	Average	(do	not c	Pos		1 than	one	Reportable	Reportable	ľ	Es	tımate	d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio			ount	of
		week (list any	-	<u> </u>	. <u></u>	1	1,408	,	from the	from related organization:			other pensa	tion
		hours for	Individual trustee or director				5			(W-2/1099-MIS			om the	
		related	0 93	ste			Highest compensated employee		(W-2/1099-MISC)	(** =/ *********************************	,		anızatı	
		organizations	E	Institutional trustee	-	e e	E C					and	d relate	ed
		below	Me	utotto	Officer	кеу етріоуее	ploye	ë				orga	ınızatı	ons
		line)	를	i i	통	\$	물통	훈						
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			1			İ								
			1											
1b	Sub-total								11,000.		0.			0.
С	Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)							▶	11,000.		0.			0.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	le			
	compensation from the organization													0
											,	_	Yes	No
3	Did the organization list any former officer			e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s											3		_X
4	For any individual listed on line 1a, is the si	· · · · · · · · · · · · · · · · · · ·		-					-	the organization				
	and related organizations greater than \$15											_4_		X
5	Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for services		_	}	77
	rendered to the organization? If "Yes," con	nplete Schedui	le J	for s	uch	per	son					5		X
	etion B. Independent Contractors		- لم						that resourced are and the	\$100,000 -f -		at.a= 1	ror=	
1	Complete this table for your five highest co										ipens	аноп Т	IOIN	
	the organization Report compensation for	irie calendar y	ear	end	irig V	witti	or w	יונחוני 		yeai		(C	·)	
	(A) Name and business	address	N	ON:	다			ŀ	(B) Description of s	services	С	ر ompe		n
			TA	OIV.	<u>. </u>				<u>'</u>			•		
								ŀ						
									1					
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						_								
									· 				•	
2	Total number of independent contractors (including but r	not l	mite	ed to	the	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	zation 🕨					0							
												Earm !	വവ 🥻	0010

Form 990 (2016) THE MIDWAY MEN'S CLUB Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (D)
Revenue excluded from tax under Total revenue Related or exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 483. b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ 483 h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a STATE FAIR REVENUE 722210 368,652 368,652 f All other program service revenue 368,652 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

369,135.

368,652.

Pa	rt IX Statement of Functional Expens	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	mplete column (A)	
	Check if Schedule O contains a respor	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	96,250.	96,250.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, Ime 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	44 000	11 000		
	trustees, and key employees	11,000.	11,000.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.000	2 200		
7	Other salaries and wages	2,000.	2,000.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	······			
10	Payroll taxes				
11	Fees for services (non-employees):			}	
	Management				
b	Legal				
C	Accounting				
	Lobbying Professional fundracing can uses. See Part IV line 17.				
e	,				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
40	• • • • • • • • • • • • • • • • • • • •				
12	Advertising and promotion Office expenses				
13	Information technology				
14	Royalties				
15	Occupancy				
16 17	Travel				
	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,684.	6,684.		
20	Interest	0,004.	0,004.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,000.	7,000.		
23	Insurance	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STATE FAIR EXPENSES	194,149.	194,149.		
b	SOCIAL EVENT	29,908.	29,908.		
c					
d					
е	All other expenses	5,869.		5,869.	
25	Total functional expenses. Add lines 1 through 24e	352,860.	346,991.	5,869.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here	1		ľ	

THE MIDWAY MEN'S CLUB Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 282,754. 259,479 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 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 7 Notes and loans receivable, net 8 Inventories for sale or use Я 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 30,000. basis Complete Part VI of Schedule D 10a 22,000. 5,000. 8,000. b Less accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 264,479. 290,754. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 $\bar{10.000}$ 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0. 10,000. 26 Total liabilities. Add lines 17 through 25 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 264,479. 280,754.27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

> 290,754. Form **990** (2016)

280,754.

30

31

32

33

34

264,479.

264,479

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Form	1 990 (2016) THE MIDWAY MEN'S CLUB	41-184	2630	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	·		
		1 1		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,135.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,860.
3	Revenue less expenses. Subtract line 2 from line 1	3		,275.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	264	<u>,479.</u>
5	Net unrealized gains (losses) on investments .	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
_	column (B))	10	280	<u>,754.</u>
Ра	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		— т,	
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	. O		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1	
	separate basis, consolidated basis, or both		1 1	
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,	1 1	
	consolidated basis, or both		1	
	Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	nedule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ıngle Audıt		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	ured audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2016)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

41-1842630 THE MIDWAY MEN'S CLUB

Par			IS OF ACCO	urts. Complete il trie
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Fu	nds and other accounts
4	Total number at end of year			
1 2	Aggregate value of contributions to (during year)	· · · · · · · · · · · · · · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·
	Aggregate value of grants from (during year)			
3 4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	used funds	
3	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor as		e used only	
U	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?	r donor davidor, or for any other perpe		Yes No
Par		anization answered "Yes" on Form 990	, Part IV, line	
1	Purpose(s) of conservation easements held by the organization		<u></u>	
•	Preservation of land for public use (e.g., recreation or e		storically impo	ortant land area
	Protection of natural habitat	Preservation of a ce		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form	n of a conser	vation easement on the last
-	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
h	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a		·	
u	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by t	he organization	on during the tax
J	year >	,	Ŭ	· ·
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per		- ·f	
•	violations, and enforcement of the conservation easements if			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		nservation ea	sements during the year
•	>	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conser	vation easem	ents during the year
-	▶\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expen-	se statement,	, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organiz	ation's accounting for
	conservation easements			
Pai	rt III Organizations Maintaining Collections o		Other Sim	ilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext		rance of publ	ic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b				
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	oublic 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 tre-		cial gain, provi	ıde
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		>	\$
<u>b</u>	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2016

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		WAY MEN'S			·					Page 2
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, c	or Other	Simil	<u>ar Asse</u>	ts(continu	red)
3	Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the	following tha	t are a sigi	nificant	use of its	collection	rtems
	(check all that apply).		_							
а	Public exhibition	c	╵╚	Loan or exc	hange progra	ıms				
b	Scholarly research	e	, []	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organization	on's exem	ot purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of					er sımılar a	ssets		7	
Γ	to be sold to raise funds rather than to be ma					·			Yes	<u> </u>
Par	t IV Escrow and Custodial Arran		ete if th	e organizatio	n answered '	'Yes" on F	orm 99(0, Part IV,	lıne 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not in	cluded		7	_
	on Form 990, Part X?	•							_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
С	Beginning balance	•					1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						_1f_			
	Did the organization include an amount on F					•	17		Yes	L No
	If "Yes," explain the arrangement in Part XIII									<u> </u>
Par	t V Endowment Funds. Complete	f the organization ar	swered	l "Yes" on Fo						
		(a) Current year	(b)_i	Prior year	(c) Two year	s back (d) Three y	yea <u>rs back</u>	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities					i				
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	1g, column (a	a)) held as					
а	Board designated or quasi-endowment	··	_%							
	Permanent endowment -	%								
С	Temporanly restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	red for the	organı	zation		
	by.									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	•							3b	
4_	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or c		1 ''	or other	(c) Acc			(d) Book	value
		basis (investr	nent)	basis	(other)	depre	eciation			
	Land			ļ						
	Buildings			 						
	Leasehold improvements			ļ	0.000					000
	Equipment			3	0,000.		22,0	00.	8	,000.
	Other	15 222 5		<u> </u>				_ +		000.
Fotal	Add lines 1 a through 1e (Column (d) must e	nusi Form QUII Dart	X COUL	mn iki lina 1	CC 1				×	11111

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 THE MIDWAY MEN'S CLUB		<u>41-1842630</u>	Page 4
Part XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, II	ine 12a		_
1 Total revenue, gains, and other support per audited financial statements		. 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a Net unrealized gains (losses) on investments	2a_	.	
b Donated services and use of facilities	2b		
с Recoveries of pпог year grants	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b	<u> 40 </u>	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	
Part XII Reconciliation of Expenses per Audited Financial S			
		ses per rictarii.	
Complete if the organization answered "Yes" on Form 990, Part IV, I	ille Iza		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1.1		
a Donated services and use of facilities	<u>2a</u>		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	_2d		
e Add lines 2a through 2d .		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	[[
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18)	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and nes 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public 2016 Inspection Employer identification number

THE MIDWAY MEN'S		CLUB					41-1842630
Part I General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the amount	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	for the grants or as	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
criteria used to award the grants or assistance? Onserve in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance?	toring the use of grant	finds in the United	States			Yes X No
<u>_</u>	Domestic Organi	zations and Domestic	c Governments. C	omplete if the orga	anization answered "	res" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	ional space is need	per			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FRANCISCAN BROTHERS							
1289 LAFOND AVE	44_1572828	501(0)(3)	400	c			VOITH ACTUTATES
SALM FROLL IN JOLUS	0007/01-14	15/12/15/	+				
CITY OF SAINT PAUL							
15 KELLOGG BLVD WEST							
SAINT PAUL, MN 55102		gov	21,000.	0			YOUTH ACTIVITIES
MEIRO DEAF SCHOOL						-	
14/1 BREWSTER ST							
SAINT PAUL, MN 55108	41-1730003	501(C)(3)	5,000.	0			YOUTH ACTIVITIES
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government o	ganizations listed in th	ne line 1 table				A
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					△

Schedule I (Form 990) (2016)

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

Page 2 (f) Description of noncash assistance 41-1842630 (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information 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 (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients THERE IS NO MONITORING OF THE GRANT FUNDS THE MIDWAY MEN'S CLUB (a) Type of grant or assistance PART I, LINE 2: Schedule I (Form 990) (2016) Part III

Schedule I (Form 990) (2016)

18

632102 11-01-16

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Name of the organization THE MIDWAY MEN'S CLUB Employer identification number 41-1842630

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRESCRIBED NEIGHBORHOOD IS LOCATED "MIDWAY" BETWEEN DOWNTOWN ST. PAUL
AND DOWNTOWN MINNEAPOLIS AND IS A LARGE URBAN AREA.
FORM 990, PART VI, SECTION A, LINE 2:
ELIZABETH GORMAN, JOAN GORMAN, AND STEVE GORMAN ARE RELATED.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATION HAS MEMBERS THAT HAVE THE POWER TO ELECT THE BOARD
MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS NOT REVIEWED BY THE GOVERNING BOARD BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENS AVAILABLE TO THE PUBLIC UPON REQUEST.