**Return of Organization Exempt From Income Tax** 

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

Department of the Treasury	,
Internal Revenue Service	

► Do not enter social security numbers on this form as it may be made public. to warm ire gov/Earm000 for instructions and the latest informatio

inter		Go to www.irs.gov/rormago for instructions and the			mspection
<u>A I</u>	For the	= 2017 calendar year, or tax year beginning $= NOV = 1$ , $= 2017$ and end	ding O	CT 31, 2018	
В	Check if applicable			D Employer identific	cation number
	Addres	THE MIDWAY MEN'S CLUB			
	Name change			41-1	842630
F	Initial		om/suite	E Telephone number	
F	Final	710 PAYMOND AVENUE	0111/00110	•	822-2677
	Ireturn/ termin ated				370,453.
	Ameno		ŀ	G Gross receipts \$	
$\vdash$	⊒return ⊐Apptic	SAINT PAUL, MN 55114		H(a) Is this a group re	
L_	Applic tion pendir			for subordinates	
_		SAME AS C ABOVE	<del></del>	H(b) Are all subordinates in	
		empt status 501(c)(3)X 501(c)( 4 ) ◀ (insert no.) 4947(a)(1) or	1 527		list (see instructions)
		e:▶N/A	<u>,                                    </u>	H(c) Group exemption	
		organization: X Corporation	L Year o	of formation: 1941 N	State of legal domicile: MN
Pa	art I	Summary			
φ	1	Briefly describe the organization's mission or most significant activities $\ { t TO \ \ PRO}$	MOTE	SOCIAL, CU	LTURAL, AND
S C		ATHLETIC ACTIVITIES IN THE MIDWAY AREA OF	ST.	PAUL, MINNE	SOTA. THE
Activities & Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	of more	than 25% of its net as	sets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
5	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
ŝ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
ij	1	Total number of volunteers (estimate if necessary)		6	330
∌		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ď		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, <del>fine 1h)</del>		483.	345.
Revenue	9	Program service revenue (Part VIII, line 2g)RECEIVED	-	368,652.	367,530.
Ver	40	Program service revenue (Part VIII, line 2g) (2 0 2 1 V 2 3	}	0.	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	0.	2,578.
		Other revenue (Part VIII, column (A), it es 5,65,861,86196, 1001 and 100			
		Total revenue - add lines 8 through ∱ (must equal Part VIII, colume (A), line 12)		369,135.	370,453.
		Grants and similar amounts paid (Fart IX, column (A), lines 1-31		96,250.	114,273.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es (	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,000.	15,850.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Š	b b	Total fundraising expenses (Part IX, column (D), line 25)	<u>'•</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		243,610.	224,961.
į	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		352,860.	355,084.
	19	Revenue less expenses Subtract line 18 from line 12		16,275.	15,369.
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year
set alai	20	Total assets (Part X, line 16)		290,754.	296,123.
عزو	21	Total liabilities (Part X, line 26)		10,000.	<u> </u>
		Net assets or fund balances Subtract line 21 from line 20		280,754.	<u>296,123.</u>
∳Pa	art II	Signature Block			=
ndلِلْج	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	nd stateme	nts, and to the best of my	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of prepa <del>re</del> r other th <u>an office</u> r) is based on all information of which i	preparer i	has any knowledge.	·
		Matt		9/12/	2019
Sig	n	Signature of officer		Date '	
Her		MATTHEW STARK, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paid	i I	WYLIE R. KLAWITTER WULLK WUNTER	T 19	1112-119 of self-employe	P01816942
	parer	Firm's name ► BWK ROGERS PC	<u> </u>	Firm's EIN	27-1375413
	Only	Firm's address 431 SOUTH 7TH STREET, SUITE 2424		THIII 3 CITY	2, 10,0110
J36	Jy	MINNEAPOLIS, MN 55415		Phone no 61	2-332-5446
Mai	, the 15	RS discuss this return with the preparer shown above? (see instructions)		TEHONE HO. O. T.	X Yes No
ivid	y interit	io discuss this return with the preparer shown above (See instructions)			ואט באי ובא וועט

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2017) THE MIDWAY MEN'S CLUB	41-1842630 Page <b>2</b>
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	TO PROMOTE SOCIAL, CULTURAL, AND ATHLETIC ACTIVITIES IN	THE MIDWAY
	AREA OF ST. PAUL, MINNESOTA. THE PRESCRIBED NEIGHBORHOOD	
	"MIDWAY" BETWEEN DOWNTOWN ST. PAUL AND DOWNTOWN MINNEAPO	
	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 r	neasured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported	-,
4a	(Code) (Expenses \$ 310,044. including grants of \$ 114,273.) (Revenue	370,108.)
	THE PURPOSE OF THE MIDWAY MEN'S CLUB IS TO PROMOTE SOCIA	
	AND ATHLETIC ACTIVITIES IN THE MIDWAY AREA OF ST. PAUL,	
	PRESCRIBED NEIGHBORHOOD IS LOCATED "MIDWAY" BETWEEN DOWN	
		CLUB'S PRIMARY
	FUNDRAISING IS THROUGH OPERATING A STAND AT THE MINNESOT	<del></del>
	WHICH RUNS 12 DAYS EACH SUMMER. THE STAND IS RUN BY UNPA	
	AND SELLS SWEET ROLLS, DONUTS, HOT DOGS, HAMBURGERS, BEE	
	AND SOFT DRINKS. PROCEEDS OF EACH YEAR'S STATE FAIR ARE	
	THROUGHOUT THE YEAR TO NEIGHBORHOOD GROUPS WHICH PROVIDE	
	ACTIVITIES. THESE INCLUDE YOUTH ATHLETICS, SCOUTING, AF	
	PROGRAMS, YOUTH SKILLS DEVELOPMENT, AND SIMILAR ACTIVITI	
4b	(Code) (Expenses \$ 39,147. including grants of \$ ) (Revenue	± \$ )
	MONTHLY MEMBERSHIP MEETINGS ARE HELD TO REPORT ON THE PR	OGRESS OF
	DISTRIBUTIONS AND TO HEAR REQUESTS FROM YOUTH ORGANIZATI	ONS IN SEARCH
	OF FUNDING. IN ADDITION, THE CLUB ORGANIZES UP TO SIX SO	
	FOR ITS MEMBERSHIP EACH YEAR TO PROMOTE RECRUITMENT AND	
	MEMBERS AS WELL AS TO THANK THEM FOR THEIR WORK AT THE S	
4c	(Code) (Expenses \$) (Revenue	e \$ )
4d	,	
	(Expenses \$ including grants of \$ ) (Revenue \$	
4e	Total program service expenses ► 349,191.	Form <b>990</b> (2017)
		Form <b>330</b> (2017)

# Part IV Checklist of Required Schedules

			$\overline{}$	1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Ì
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,			
	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			
	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		Х
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, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		x
С	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		X
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? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		х
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), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	]	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>'''</del> -	<del>                                     </del>	<del></del> -
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18	ŀ	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
. •	complete Schedule G, Part III	19		x
			990	
			-	

Form 990 (2017) THE MIDWAY MEN'S CLUB

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		X
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	X	
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 27 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			
	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
b	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		
d	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		Х
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	26		X
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 "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			
	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	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		Х
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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
^^	within the meaning of section 512(b)(13)? 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?			
•	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			w
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37_		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38 Serm	<u>X</u> 990	(2017)
		rorm	<b>330</b> (	(2017)

Form **990** (2017)

41-18421

Pai	Part V Statements Regarding Other IRS Check if Schedule O contains a response or	•				
					Yes	No
1a	1a Enter the number reported in Box 3 of Form 1096	Enter -0- if not applicable	1a 4			
b	b Enter the number of Forms W 2G included in line 1a	• •	1b 0			
С	c Did the organization comply with backup withholding	g rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	2a Enter the number of employees reported on Form V	V-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the		2a 0			
b			rns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 2	50, you may be required to e-file (see instruction	s)			
За	3a Did the organization have unrelated business gross	income of \$1,000 or more during the year?		3a		Х
b	b If "Yes," has it filed a Form 990-T for this year? If "N	o," to line 3b, provide an explanation in Schedule	0	3b		
4a	4a At any time during the calendar year, did the organi	zation have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bar	nk account, securities account, or other financial	account)?	4a		Х
b	b If "Yes," enter the name of the foreign country ▶_					
	See instructions for filing requirements for FinCEN F	Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR)			
5a	5a Was the organization a party to a prohibited tax she	elter transaction at any time during the tax year?		5a		_X
b	b Did any taxable party notify the organization that it	was or is a party to a prohibited tax shelter transa	action?	5b		X
С	c If "Yes," to line 5a or 5b, did the organization file Fo	rm 8886-T?		5c		
6a	6a Does the organization have annual gross receipts th	nat are normally greater than \$100,000, and did t	he organization solicit			
	any contributions that were not tax deductible as cl	naritable contributions?		6a		X
b	<b>b</b> If "Yes," did the organization include with every soli	citation an express statement that such contribu	tions or gifts			
	were not tax deductible?			6b		
7	7 Organizations that may receive deductible contri	butions under section 170(c).				
а	a Did the organization receive a payment in excess of \$75 m	ade partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		Х
b	<b>b</b> If "Yes," did the organization notify the donor of the	value of the goods or services provided?		7b		
С	- 3 ,	spose of tangible personal property for which it w	as required			
	to file Form 8282?		1 1	7c		X
d	•		7d			
е	, , ,			7e		
f	, , , , , , , , , , , , , , , , , , , ,			7f		
g	· ·		·	7g		
h				7h		
8			by the	_		
_	sponsoring organization have excess business hold	• • •		8		
9				0-		
а	a Did the sponsoring organization make any taxable of			9a		
b		to a donor, donor advisor, or related person?		9b		
10		Dort VIII. June 12	10a			
a b			10b			
11		12, for public use of club facilities	[ 100 ]			
'' a			11a			
b		nts due or haid to other sources against	118			
	amounts due or received from them)	The date of paid to enter courses against	11b			
12a	2a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form		12a		
	b If "Yes," enter the amount of tax-exempt interest red		12b	120		
13		• •	<u>~ l</u>			
	a Is the organization licensed to issue qualified health			13a		
-	Note. See the instructions for additional information					
b	b Enter the amount of reserves the organization is req					
-	organization is licensed to issue qualified health pla	· · · · · · · · · · · · · · · · · · ·	13b			
С	c Enter the amount of reserves on hand		13c			
	4a Did the organization receive any payments for indoor	or tanning services during the tax year?		14a		X
	b If "Yes," has it filed a Form 720 to report these payr		le O	14b		

732005 11-28-17

THE MIDWAY MEN'S CLUB 41-1842630 Form 990 (2017) Page 6 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  $\mathbf{x}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 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 6 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a 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 Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 Did the organization have a written whistleblower policy? 13 13 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 **b** Other officers or key employees of the organization 15b 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 taxable entity during the year? 16a Х 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? 16b 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 

732006 11-28-17

X Upon request Own website Another's website

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 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 20

THE ORGANIZATION - 612-822-2677

710 RAYMOND AVENUE, SAINT PAUL,

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

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

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

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

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

Phouse per week   (list any hours for related organizations and all relations and a relations and related organizations and rela	<b>(A)</b> Name and Title	(B) Average			Pos				( <b>D)</b> Reportable	(E) Reportable	(F) Estimated
(i)   Tichard Grieman   (W-2/1099-MISC)   (W-2/109-MISC)   (W-2/1099-MISC)   (W-2/109-MISC)   (W-2		-	box	, unle	ss pe	rson	ıs boti	h an	1	'	amount of
RICHARD GRIEMAN   2.00   X   X   X   0.   0.			-	cer an	dad	recto	or/trus	tee)			
RICHARD GRIEMAN   2.00   X   X   X   0.   0.		1 '	directi				D				
			tee or	ıstee			ensate		_	(11 2, 1000 100)	organization
		1 -	al frus	nal tr		loyee	СОШР				and related
RICHARD GRIEMAN   2.00   X   X   X   0.   0.			givide	strubo	licer	y emp	ghest	rmer			organizations
RECIDENT	//1) PTOWNER CRYTINAL		<u> </u>	<u>=</u>	Ğ	2	호등	윤		•	
	, ,	2.00	\v_		v				0.	0.	0
VICE PRESIDENT		2.00	122		72					•	
Color		2.00	x		x				0.	0.	0
X		2.00									
(4) MATTHEW STARK       2.00       X       X       X       0.       0.         TREASURER       X       X       X       0.       0.         (5) PATRICIA FRANKENFIELD       2.00       X       X       0.       0.         MEMBERSHIF SECRETARY       X       X       0.       0.         (6) ELIZABETH GORMAN       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (7) DAVID DAHL       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (8) KATHLEEN YANARI       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (19) JOAN GORMAN       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (10) WILLIAM NORTON       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (12) MICHAEL WRIGHT       3.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (13) STEVEN			x		Х				0.	0.	0
S		2.00	$\rfloor$								
MEMBERSHIP SECRETARY	TREASURER		X		X				0.	0.	0
1.00	(5) PATRICIA FRANKENFIELD	2.00									
DIRECTOR	MEMBERSHIP SECRETARY		X		X	_	<u> </u>		0.	0.	0
1.00   X	(6) ELIZABETH GORMAN	1.00	ļ							_	
DIRECTOR	DIRECTOR		X						0.	0.	0
(8) KATHLEEN YANARI       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (9) JOAN GORMAN       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (10) WILLIAM NORTON       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (11) DANIEL HUGHES       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (12) MICHAEL WRIGHT       3.00       X       0.       0.         DIRECTOR/BUSINESS MANAGER       X       0.       0.         (13) STEVEN GORMAN       4.50       X       6,320.       0.         (14) RICHARD PHILLIPPI       3.50       X       4,800.       0.         (15) BERNARD HESSE       2.00       X       2,730.       0.         FAIR STAND MANAGER       X       2,730.       0.	(7) DAVID DAHL	1.00	ļ								
Director   X		1 00	X			_	_		0.	0.	0
1.00		1.00	<b>.</b>								_
DIRECTOR		1 00	^			-			0.	0.	0
1.00   DIRECTOR		1.00	v						l 0	n.l	0
DIRECTOR		1.00				<del> </del>					
1.00		2100	x			i			0.	0.	0
DIRECTOR   X		1.00									_
DIRECTOR/BUSINESS MANAGER			$\mathbf{x}$						0.	0.	0
(13) STEVEN GORMAN       4.50         FAIR STAND MANAGER       X       6,320.       0.         (14) RICHARD PHILLIPPI       3.50       4,800.       0.         FAIR STAND MANAGER       X       4,800.       0.         (15) BERNARD HESSE       2.00       2,730.       0.         FAIR STAND MANAGER       X       2,730.       0.	(12) MICHAEL WRIGHT	3.00									
FAIR STAND MANAGER         X         6,320.         0.           (14) RICHARD PHILLIPPI         3.50         4,800.         0.           FAIR STAND MANAGER         X         4,800.         0.           (15) BERNARD HESSE         2.00         2,730.         0.	DIRECTOR/BUSINESS MANAGER		Х						0.	0.	0
(14) RICHARD PHILLIPPI       3.50         FAIR STAND MANAGER       X       4,800.       0.         (15) BERNARD HESSE       2.00       2,730.       0.         FAIR STAND MANAGER       X       2,730.       0.	(13) STEVEN GORMAN	4.50									
FAIR STAND MANAGER  (15) BERNARD HESSE  FAIR STAND MANAGER  X  2.00  X  2,730.  0.	FAIR STAND MANAGER		X				Щ		6,320.	0.	0
(15) BERNARD HESSE	(14) RICHARD PHILLIPPI	3.50	\ <u></u>								
FAIR STAND MANAGER X 2,730. 0.			X			<u> </u>	$\vdash$		4,800.	0.	0
		2.00	٠.,						0.730	_	_
	FAIR STAND MANAGER		X						<u>2,730.</u>	0.	0
										<u> </u>	Form <b>990</b> (201)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable			tımate	
		hours per week					is bot or/trus		compensation	compensation from related	'		nount o other	ot
		(list any	cto						the	organizations			pensa	tion
		hours for	or dire			ļ	ated		organization	(W-2/1099-MIS	၁)		om the	
		related organizations	ustee	truste		يوا	Suado		(W-2/1099-MISC)			•	anızatı	
		below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee						d relate anızatıc	
		line)	Individ	Instru	Officer	Key en	Highe	Former				o, go		
										-				
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				<u> </u>		┞	<u> </u>	<u> </u>			_			
			-	ļ										
	0.1.1.1.1	<u> </u>					1		13,850.		0.			_
	Sub-total	II Caatian A							13,830.		0.			<u>0.</u>
	Total from continuation sheets to Part Vi Total (add lines 1b and 1c)	ii, Section A							13,850.		0.			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bov	e) wl	no r	·	0.000 of reportable				<u> </u>
_	compensation from the organization						-,							0
-	•												Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee	, 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 su	•							•	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		_		х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	ipiete Scriedui	e <i>J 1</i>	OF S	ucn	pers	SOII					5		
1	Complete this table for your five highest co	mpensated inc	dep	ende	ent c	ont	racto	ors t	that received more than	\$100.000 of com		ation f	rom	
·	the organization Report compensation for													
	(A)							ĺ	(B)			(C	;)	
	Name and business	address	N	INC	3				Description of s	ervices	C	ompei	nsatior	n
								4	<u> </u>					
								1						
								$\dashv$					-	
2	Total number of independent contractors (	ncluding but n	ot li	mıte	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation 🕨					0						000 (6	

Form 990 (2017) THE MIDWAY MEN'S CLUB
Part VIII | Statement of Revenue

L		Check if Schedule O conf	tains a response	or note to any line	e in this Part VIII			
		5.105K ij 25.1055 G 5 55.			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ifts, Grants ar Amounts	b c	Federated campaigns Membership dues Fundraising events Related organizations	1a 1b 1c 1d	345.				
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	tions) 1e nts, and ove 1f					
aga	_	Noncash contributions included in lines  Total. Add lines 1a-1f	5 Ia- II \$		345.			
<u> </u>	•	TOTAL		Business Code	3 1 3 1			
Program Service Revenue	2 a b	STATE FAIR REVE		722210	367,530.	367,530.	_	
n Si	С					_		
e a	d							
rog	е							
۱ ۵		All other program service reve	enue		0.55 500			
$\rightarrow$		Total. Add lines 2a-2f			367,530.			
	3	Investment income (including	aiviaenas, inter	_ 1				
	4	other similar amounts) Income from investment of ta	v avamet hand r	proceeds				
	4 5	Royalties	x-exempt bond }	bloceeds				
	J	rioyanios	(ı) Real	(ii) Personal			<u>.</u>	<del>                                     </del>
	6 a	Gross rents	W. T. G.	177. 57557.5				
	b	Less rental expenses						
	С	Rental income or (loss)						
-	d	Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
1		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
İ		Gain or (loss)						
ľ		Net gain or (loss)		<u>P</u>				
Other Revenue	8 a	Gross income from fundraisin including \$	of					
ag		contributions reported on line Part IV, line 18	a (10)					
the l	b	Less direct expenses	b					
Ō		Net income or (loss) from fund		<b>•</b>				
		Gross income from gaming ad			-			
ļ		Part IV, line 19	а					
Ì	b	Less direct expenses	b					
	С	Net income or (loss) from gan	ning activities	<b></b>				
	10 a	Gross sales of inventory, less and allowances	returns a					
Ì	b	Less cost of goods sold	b			i		
ļ	С	Net income or (loss) from sale		<u> </u>			-	
-		Miscellaneous Revenu	Je	Business Code				
	11 a							
	b			<del></del>			<del></del>	ļ
ł	C	All other revenue		900000	2 570	2 570		-
İ	-	All other revenue  Total. Add lines 11a-11d		900099	2,578. 2,578.	2,578.		<del></del>
ļ		Total revenue See instructions			370,453.	370,108.	0.	0.
	12_	TOTAL TENERING SEC HISH UCHONS			21014520	210,100	<u> </u>	222

Form 990 (2017) THE MIDWAY MEN'S CLUB

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	114,273.	114,273.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				<u> </u>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	13,850.	13,850.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
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)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				<del></del>
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)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel			-	-
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		,		
10	Conferences, conventions, and meetings	241.	241.		
19 20	Interest	7-1-	7.4.1.0		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,000.	7,000.		
23	Insurance	,,,,,,,	. 7.3 5.3 1		
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	172,921.	172,921.		
b	SOCIAL EVENT	38,906.	38,906.		
С					
d					
е	All other expenses	5,893.		5,893.	
25	Total functional expenses Add lines 1 through 24e	355,084.	349,191.	5,893.	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 if following SOP 98-2 (ASC 958-720)				

Part X	Balance	Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	282,754.	_1	295,123
}	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	·	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	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			
္က		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
୪	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 30,000.		İ	
	b	Less accumulated depreciation 10b 29,000.	8,000.	10c	1,000
	11	Investments - publicly traded securities	•	11	•
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	290,754.	16	296,123
	17	Accounts payable and accrued expenses	10,000.	17	-
	18	Grants payable	•	18	
ļ	19	Deferred revenue		19	
Ì	20	Tax-exempt bond liabilities		20	
1	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
က္က ၂	22	Loans and other payables to current and former officers, directors, trustees,			
<u>≅</u>		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
ן ב	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
1		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10,000.	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	-		
တ္က		complete lines 27 through 29, and lines 33 and 34.	•		
2	27	Unrestricted net assets	280,754.	27	296,123
ala	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ō		and complete lines 30 through 34.			
ats	30	Capital stock or trust principal, or current funds		30	
šš	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>ヺ</b>	33	Total net assets or fund balances	280,754.	33	296,123
-	~~		290,754.		296,123

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

# 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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	THE MIDWAY MEN'S C		41-1842630				
Pa	rt I   Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, III	ne 6					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)		<del></del>				
3	Aggregate value of grants from (during year)						
			<del></del>				
4	Aggregate value at end of year	withing that the coasts hold in dozer adjust	and funds				
5	Did the organization inform all donors and donor advisors in	•	Yes No				
_	are the organization's property, subject to the organization's						
6	Did the organization inform all grantees, donors, and donor a	5 5	•				
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	· — —				
По	mpermissible private benefit?		Yes No				
Pa		· · · · · · · · · · · · · · · · · · ·	Part IV, line 7				
1	Purpose(s) of conservation easements held by the organizat						
	Preservation of land for public use (e.g., recreation or		orically important land area				
	Protection of natural habitat	Preservation of a cert	tified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last				
	day of the tax year		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea	asement is located >					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements	ıt holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing con	servation easements during the year				
	<b>&gt;</b>						
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation easements during the year				
	<b>&gt;</b> \$						
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				
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes	the organization's accounting for				
	conservation easements						
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8					
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stater	ment and balance sheet works of art,				
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that describes these items						
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts				
	relating to these items						
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	(ii) Assets included in Form 990, Part X		► \$ ► \$				
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia					
	the following amounts required to be reported under SFAS		- ,				
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	<b>&gt;</b> \$				
	Assets included in Form 990, Part X		<b>▶</b> \$				

Schedule D (Form 990) 2017

		WAY MEN'S	CLUB		<u> </u>			41-18	3 <u>42630</u>	Page 2
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, e	or Othe	er Simil	ar Asse	ts(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, checi	k any of the	following tha	at are a s	ignificant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	ď	ı 🖳	Loan or exc	hange progra	ams				
b	Scholarly research	6	• 🔲	Other		·				
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how th	ney further t	he organızatı	on's exe	mpt purp	ose in Pai	rt XIII	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımıla	r assets		_	
	to be sold to raise funds rather than to be ma		-						Yes	No_
Par	t IV Escrow and Custodial Arran	•	ete if the	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21								
1a	Is the organization an agent, trustee, custode	an or other interme	diary for	contribution	ns or other as	sets not	ıncluded		_	
	on Form 990, Part X?							L	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII $$	and complete the fo	ollowing	table				ı		
									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 Fe						•	L	_ Yes	Щ No
	If "Yes," explain the arrangement in Part XIII									Ш
Par	t V Endowment Funds. Complete	f the organization ar							η	
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance				<del> </del>					
þ	Contributions								ļ <u>.</u>	
С	Net investment earnings, gains, and losses								ļ	
d	Grants or scholarships	<del></del>								
е	Other expenditures for facilities									
	and programs								ļ	
f	Administrative expenses									
g	End of year balance				<u> </u>				<u> </u>	
2	Provide the estimated percentage of the curi	rent year end baland		g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd admınıste	ered for t	he organı	zation	Г.	
	by									res No
	(i) unrelated organizations								3a(i)	<del></del>
	(ii) related organizations			<b></b>					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza				l				3b	
4	Describe in Part XIII the intended uses of the		owment	funds						
_ rai	t VI Land, Buildings, and Equipm		0 0 "	/ luma 44 = /	Dan Engar 000	) De-4 V	line 10			
	Complete if the organization answere									
	Description of property	(a) Cost or o		, , ,	t or other	, , ,	ccumulat		(d) Book	value
		basis (investi	ment)	Dasis	(other)	ue	preciation		***	
	Land	·								
	Buildings									
	Leasehold improvements				0 000		20 0	00	1	,000.
	Equipment	-			0,000.		29,0	00.		,000.
	Other		1 V 5-1:	nn (D) (m. :	100)				1	,000.
Lota	. Add lines 1a through 1e (Column (d) must e	quai Form 990, Pan	. A, COIUI	rırı (ඏ), line i	IUC)					, 000.

Schedule D (Form 990) 2017

Complete if the organization answered "Yes"	(b) Book value		cost or end-of-year market value
(a) Description of security or category (including name of security)	(b) BOOK value	(c) Method of Valuation C	ost of end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests		· · · · · · · · · · · · · · · · · · ·	
(3) Other			
(A)			
(B)			
(C)	·		
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c See Form 990, Part X, line	13
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			- 1111
(6)			
(7)			
(8)			
(9)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		<b>i</b>	
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11d See Form 990 Part Y line	15
	Description	, interior Seer offit 930, Fart X, line	(b) Book value
<del></del>	Description		(b) Been value
(1)			
(2)			
(3)	<del></del>		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)	.,.	<b></b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV		t X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25 )		
2. Liability for uncertain tax positions. In Part XIII, provide		ote to the organization's financial et-	atomosto that reports the

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Schedule D (Form 990) 2017

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

Sche	edule D (Form 990) 2017 THE MIDWAY MEN'S CLUB		41-1842630 F	Page <b>4</b>
Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	itements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 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			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е			2e	
3	Subtract line 2e from line 1		3	_
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			-
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
c			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)	5	
	rt XII Reconciliation of Expenses per Audited Financial St			
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir		рег тегати	
1	Total expenses and losses per audited financial statements	10 124	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities	2a		
a			<del> </del>	
b	Prior year adjustments	2b	<u> </u>	
C	Other losses	2c		
d	Other (Describe in Part XIII )	2d	<del> </del>	
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		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>	
b	Other (Describe in Part XIII )	4b		
	Add lines 4a and 4b	<u> </u>	4c	
b c 5	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.)	<u> </u>	4c 5	
b c 5 Pai	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	8)	5	
b 5 <b>Pa</b> i	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	8) 4, Part IV, lines 1b and 2b, F	5	
b 5 <b>Pa</b> i	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	8) 4, Part IV, lines 1b and 2b, F	5	
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SCHEDULEI (Form 990) Internal Revenue Service

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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.

2017	Open to Public

OMB No 1545-0047

Schedule I (Form 990) (2017) ջ ⊠ Employer identification number 41-1842630 (h) Purpose of grant or assistance Yes *FOUTH ACTIVITIES* **COUTH ACTIVITIES** YOUTH ACTIVITIES Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, 0 。 ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 6.000. 21,000 5,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1, table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 41-1572838 | 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table CLUB 307 41-1720681 THE MIDWAY MEN'S General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization EDUCATION - 1757 CONWAY STREET PROGRESSIVE EARLY CHILDHOOD or government SAINT PAUL, MN 55106 SAINT PAUL, MN 55104 SAINT PAUL, MN 55102 15 KELLOGG BLVD WEST FRANCISCAN BROTHERS Name of the organization CITY OF SAINT PAUL 1289 LAFOND AVE Part I

Page-2 Schedule I (Form 990) (2017) (f) Description of noncash assistance 41-1842630 (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 18 (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) (2017) 732102 11-01-17 Part III

## SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 41-1842630

THE MIDWAY MEN'S CLUB	41-1842630
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
PRESCRIBED NEIGHBORHOOD IS LOCATED "MIDWAY" BETWEEN DOWNT	OWN 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 RELAT	ED.
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 BEFOR	E 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 U	PON REQUEST.