EXTENDED TO NOVEMBER 15, 2016

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

A F	or the	e 2015 calendar year, or tax year beginning and ending	3		
B	heck if	C Name of organization	1	D Employer identi	fication number
	Addre chang Name	e MIDIOWN IMPROVEMENT AND DEVELOPMENT CORP			
	chang	Doing business as			3549741
	Initial return Final return	410 PIERCE STREET, SUITE 355	suite I	E Telephone numb (71)	er 3) 526-7577
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	500,027.
	Amen return	1100510N, 1X //002		H(a) Is this a group	return
	Application	F Name and address of principal officer:MATT THIBODEAUX		for subordinate	es? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
1.7	ax-ex	empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) or	527	If "No," attach	a list. (see instructions)
		te: ► N/A		H(c) Group exempt	
			Year of	formation: 2013	M State of legal domicile; $\mathbf{T}\mathbf{X}$
Pa		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	EDUI	LE O	
Activities & Governance					
ern		Check this box if the organization discontinued its operations or disposed of			1
ŏ		Number of voting members of the governing body (Part VI, line 1a)			
დ ფ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a))	5	
Ξ	6	Total number of volunteers (estimate if necessary)		6	
Υcti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7	
_		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			500,000.
Revenue	9	Program service revenue (Part VIII, line 2g)			0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			27.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			500,027.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			28,443.
cpe	b	Total fundraising expenses (Part IX, column (D), line 25) 28,443.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			192,914.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			221,357.
	19	Revenue less expenses. Subtract line 18 from line 12			278,670.
Net Assets or Fund Balances			Begi	inning of Current Yea	
sets	20	Total assets (Part X, line 16)		-	328,715.
ASS	21	Total liabilities (Part X, line 26)			50,045.
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20			278,670.
Pa	rt II	Signature Block			•
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	tatemer	nts, and to the best of	my knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer h	as any knowledge.	
Sig	n	Signature of officer		Date	
Her		MATT THIBODEAUX, SECRETARY/TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	OTICON	PTIN
Paid	i	KRISTEN SIMPSON KRISTEN SIMPSON	11	L/10/16 if self-empl	oyed P01268482
Pre	oarer	Firm's name CARR, RIGGS & INGRAM LLC	•	Firm's EIN	72-1396621
Use	Only	Firm's address TWO RIVERWAY, FLOOR 15			
		HOUSTON, TX 77056		Phone no. 7	13-621-8090
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	Statement of Program Service Accomplishments	77
		X
1	Briefly describe the organization's mission:	
	AID AND ASSIST THE MIDTOWN REDEVELOPMENT AUTHORITY OF THE CITY OF	
	HOUSTON, TEXAS WITH THE IMPLEMENTATION OF THE PROJECT PLAN FOR THE	
	REINVESTMENT ZONE NUMBER TWO, CITY OF HOUSTON, TEXAS, AND THE MIDTOWN	
	MANAGEMENT DISTRICT, A SPECIAL DISTRICT CREATED UNDER CHAPTER 3809,	
2	Did the organization undertake any significant program services during the year which were not listed on	1
	the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
_	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 72,951. including grants of \$) (Revenue \$ AID AND ASSIST THE MIDTOWN REDEVELOPMENT AUTHORITY OF THE CITY OF)
	HOUSTON, TEXAS WITH THE IMPLEMENTATION OF THE PROJECT PLAN FOR THE	
	REINVESTMENT ZONE NUMBER TWO, CITY OF HOUSTON, TEXAS, AND THE MIDTOWN	
	MANAGEMENT DISTRICT, A SPECIAL DISTRICT CREATED UNDER CHAPTER 3809,	
	TEXAS SPECIAL DISTRICT LOCAL LAWS CODE, WITH THE PROMOTION,	
	DEVELOPMENT, ENCOURAGEMENT AND MAINTENANCE OF EMPLOYMENT, COMMERCE,	
	TRANSPORTATION, HOUSING, TOURISM, RECREATION, THE ARTS, ENTERTAINMENT,	
	ECONOMIC DEVELOPMENT, SAFETY AND THE PUBLIC WELFARE IN THE MIDTOWN ARE	
	OF THE CITY OF HOUSTON, TEXAS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	
1 d	Other pregram contince (Decembe in Schedule O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 72,951.	
	- 1 - 1 - 1	

Form 990 (2015) MIDTOWN IMPR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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		Х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		х
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		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			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	461		х
40	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	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		21
D	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		Х
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	Х	
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,"			77
	complete Schedule G, Part III	19		X

Form 990 (2015) MIDTOWN IMPROVEMENT Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	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?	20 b		
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 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			
	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		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	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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		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		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		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015) MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				<u>Ш</u>
		1 1	4	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	<u>4</u> 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	띡		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reference to the control of t			- V	
٥-	(gambling) winnings to prize winners?	 	1c	X	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	00	o		
h	filed for the calendar year ending with or within the year covered by this return	2a	2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions				
32			_		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule				
	At any time during the calendar year, did the organization have an interest in, or a signature or other		35		
ти	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x
h	If "Yes," enter the name of the foreign country:		14		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization 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 contribut				
	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 set	vices provided 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 w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of				Ь—
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			,	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	N/	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			77
_	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.				Х
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
10 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		┢
10	Section 501(c)(7) organizations. Enter:	100			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b	-		
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders N/A	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	110	\dashv		
~	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{}$	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	· - I			
	Is the organization licensed to issue qualified health plans in more than one state?	N/A	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				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		
				000	10015

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			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year		100	-110						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1								
_	officer, director, trustee, or key employee?	2		х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>								
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
	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?	7a		х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	Х							
	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion 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						
	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?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		Х						
	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			37						
	taxable entity during the year?	16a		X						
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								
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
40	Own website Another's website X Upon request Other (explain in Schedule O)		_:_:							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	tinan	cial							
00	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ► THE ORGANIZATION - (713) 526-7577									
	410 PIERCE STREET, SUITE 355, HOUSTON, TX 77002									

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.

X Check this box if neither the organization r	or any related	orga	aniza	ation	cor	npe	nsat	ed any current officer,	director, or trustee.		
(A)	(B)		(C)					(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	is bot	:h an	compensation	compensation	amount of	
	week	_					<u> </u>	from the	from related organizations	other compensation	
	(list any hours for	direct				P		organization	(W-2/1099-MISC)	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(1. 2, 1000 111100)	organization	
	organizations	trust	nal tru		oyee	ompe		X		and related	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations	
	line)	Indi	Inst	Officer of the contract of the	Key	Hig	P.				
(1) ROBERT D. SELLINGSLOH	15.00	,,		37						0	
PRESIDENT	15 00	Х		Х				0.	0.	0.	
(2) WILLIAM R. FRANKS	15.00	. ,		7.		X		0.	0.	•	
VICE-PRESIDENT	15.00	Х		Х				0.	0.	0.	
(3) MATT THIBODEAUX	13.00	X		X				0.	0.	0.	
SECRETARY/TREASURER		1		Δ.				0.	0.	0.	
		1									
	***)									
	111										
		1									
		l		1							

532007 12-16-15 Form **990** (2015)

Page 8

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	•			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable	,	Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	n	an	nount	of
	week		\vdash	Cer an	lu a u	recio	Jiruus	iee)	from	from related			other	
		(list any hours for	irecto						the	organization			pensa	
		related	or d	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	5C)		om the anizat	
		organizations	rustee	l trus		ee ee	nben		(۷۷-2/1099-101130)				arıızar d relat	
		below	dualt	itiona	L	nploy	st co I	<u>~</u>					anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	P me						
						_								
			1											
			-											
							\vdash							
				_										
								K						
1b	Sub-total				_				0.		0.			0.
	Total from continuation sheets to Part VI		_			_			0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	no r	eceived more than \$100	0,000 of reportab	le			0
	compensation from the organization	**	-										Yes	No
3	Did the organization list any former officer,	director or tru	ıcto	o ko	w or	nnle	21/00	or	highest componented of	employee on	ſ		103	140
3	line 1a? If "Yes," complete Schedule J for s								riighest compensated e			3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150								•			4		Х
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ uni	elat	ted organization or indiv	idual for services	i			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	-	-								npens	ation 1	from	
	the organization. Report compensation for	tne calendar y	ear	enai	ng v	vitn	or w	ritnir 		year.		((<u>, </u>	
	(A) Name and business	address	N	NC	3				(B) Description of s	services	С		nsatio	n
								\dashv						
	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	ster	d above) who received r	nore than				
_	\$100,000 of compensation from the organic					(0							

47-3549741 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP Page 9 Form 990 (2015) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Total revenue Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 500,000 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ 500,000. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 27. other similar amounts) 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 Revenue including \$ contributions reported on line 1c). See Part IV, line 18 Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue

500,027.

0.

e Total. Add lines 11a-11d

Total revenue. See instructions.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 a Management 47,390. 47,390. Legal Accounting Lobbying 28,443. 28,443. Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 50,000 50,000. column (A) amount, list line 11g expenses on Sch O.) 12,297 12,297. Advertising and promotion 12 1,208. 1,208. Office expenses 13 Information technology 14 15 Royalties Occupancy 16 395. <u>395.</u> Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,277. 1,277. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 7,396. 7,396. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) LEGACY IMPROVEMENT PROJ 72,951. 72,951. С All other expenses е 221,357. 72,951. 119,963. 28,443. Total functional expenses. Add lines 1 through 24e 25 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 Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 326,931. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 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 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 Assets 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 1,784. 15 Other assets. See Part IV, line 11 15 328,715 16 Total assets. Add lines 1 through 15 (must equal line 34) 0. 16 Accounts payable and accrued expenses 17 47,551 17 Grants payable 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 2,494. Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 50,045. 0. Total liabilities. Add lines 17 through 25 ... 26 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** Unrestricted net assets 27 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 0. 0. 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 278,670. Retained earnings, endowment, accumulated income, or other funds 32 32 278,670. 0. Total net assets or fund balances 33 33 328,715. Total liabilities and net assets/fund balances 0. 34

	MIDDOWN IMPROVEMENT AND DEVELOPMENT CORD	47-3549	711	_	10
	n 990 (2015) MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP	47-3349	/ 4 1	Pag	ge 12
ı aı					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	500	0.0	27.
2	Total expenses (must equal Part IX, column (A), line 25)	2			57.
3	Revenue less expenses. Subtract line 2 from line 1	3			70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		- / -	0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8		8			
9	Prior period adjustments 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	278	3 . 6	70.
Pa	rt XII Financial Statements and Reporting	10		- / -	
	Check if Schedule O contains a response or note to any line in this Part XII				
	Oncok ii Ochedule O Contains a response of note to any line in this rait XII		1	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (<u> </u>			
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
Zu	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		Zu		
	separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b		Х
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	basis,			
	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	audit			
_		addit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Act and OMB Circular A-133?

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

За

Х

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP

Employer identification number 47-3549741

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.					
Γhe	organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)						
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:	·					•				
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in				
		section 170(b)(1)(A)(iv). (C		,		, 3						
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	一	, ,	· ·				• •	nublic described in				
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8												
9	X	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
3		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment										
		income and unrelated busin See section 509(a)(2). (Con		(less section on tax) if	om busine	sses acqu	ired by the organization	arter June 30, 1973.				
10		An organization organized a	•	ively to toot for public or	ofaty Saa	costion E()()(a)(4)					
11	H	An organization organized a	•	•				nurnages of one or				
••	ш	more publicly supported or										
		lines 11a through 11d that	-					DIECK THE DOX III				
_		Type I. A supporting orga	* *			•		, aivina				
а	_											
		the supported organization			a majority	or the dire	ctors or trustees or the s	supporting				
L		organization. You must o	- ·		tion with it		ad arganization(a) by ba	win a				
b		Type II. A supporting org										
		control or management o			ame perso	ons that co	ontroi or manage the sup	рропеа				
_		organization(s). You mus	.		:			ماللنان الم				
С		☐ Type III functionally inte						ea with,				
		its supported organization						!+!(-)				
d		☐ Type III non-functionally										
		that is not functionally int						iveness				
		requirement (see instruct										
е		☐ Check this box if the orga					i Type i, Type ii, Type iii					
_		functionally integrated, or		nally integrated support	ing organi	zation.						
· ·		er the number of supported o		d arganization(a)								
<u>9</u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of				
		organization	.,	(described on lines 1-9	listed i	n your	support (see	other support (see				
				above (see instructions))	Yes	No No	instructions)	instructions)				
					1.55							
_												

Schedule A (Form 990 or 990-EZ) 2015 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP47-3549741 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				•. () ·		
	column (f)			•			
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support				1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (I					14	%
	Public support percentage from 2014					15	%
16a	33 1/3% support test - 2015. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	nis box and stop h	i ere. Explain in Pai	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	~	="		•		
b	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						•
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s ▶Ш

Schedule A (Form 990 or 990-EZ) 2015 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP47-3549741 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,,,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					500,000.	500,000.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge				* () *		
6	Total. Add lines 1 through 5					500,000.	500,000.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				1		0.
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						490,000.
(Add lines 7a and 7b					490,000.	490,000.
8	Public support. (Subtract line 7c from line 6.))				10,000.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6					500,000.	500,000.
10a	Gross income from interest,	• (
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources					27.	27.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b					27.	27.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	•					
	regularly carried on						_
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					500,027.	500,027.
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	
							<u>▶\X</u>
	ction C. Computation of Publ					г т	
	Public support percentage for 2015 (15	<u>%</u>
	Public support percentage from 2014					16	%
	ction D. Computation of Inve					l l	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2015. If the						/ is not
_	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						-
711	Private tolingation if the organization	IN CHO HOT CHACK 3	DOX OD 100 1/1 10	a oriun checkti	ms not and see inc	SITURTIONS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	4		
	1		
	2		
	_		
	За		
L	3b		
L	3c		
	4a		
	4 L		
	4b		
	4c		
	5a		
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	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
n 990	or 99	90-EZ	2015

	dule A (Form 990 or 990-EZ) 2015 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP 47 - 35	4974	1 Pa	age 5
Par	t IV Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		V	Na
4	Were a majority of the organization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
	польти туро штолеротину отденивания		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
h	Did the organization evercise a substantial degree of direction over the policies programs and activities of each	- 54		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2015 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP47-3549741 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4

emergency temporary reduction (see instructions) Lheck here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

5

6

Schedule A (Form 990 or 990-EZ) 2015

5

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2015 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP 47 - 3549741 Page 7

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrik	putions to attentive supported organizations to which the	ne organization is responsive	9	
	(provi	de details in Part VI). See instructions.			
9	Distrik	outable amount for 2015 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
	_		Excess Distributions	Underdistributions	Distributable
Secti	ion E -	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2015			
		onable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2015:		D. (D) Y	
а		, , ,			
b					
С					
d	From	2013			
е	From	2014			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
h	Applie	ed to 2015 distributable amount			
i	Carry	over from 2010 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrik	outions for 2015 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2015 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2015, if			
	any. S	Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6		ining underdistributions for 2015. Subtract lines 3h			
	and 4	b from line 1 (if amount greater than zero, see			
		ctions).			
7	Exces				
	and 4	c.			
8	Break	down of line 7:			
а					
b					
С	Exces	s from 2013			
d	Exces	s from 2014			
е	Exces	s from 2015			

Schedule A	(Form 990 or 990-EZ) 2015 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP47-3549741 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP

Employer identification number 47-3549741

111010111	TITITO V DILLUTT THE D		<u> </u>	TIETT COILE	1, 3313	<i>,</i>
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "\	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d In-person solicitations 2 a Did the organization have a written or 	e Solicita f Solicita g Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events		
key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	art VII) or entity in connection with prividuals or entities (fundraisers) pure	orofess	ional f	undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fund have o or con contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
STERLING ASSOCIATES - 55 NAUGH DR SUITE 601, HOUSTON,		Yes	No X	0.	28,443.	-28,443.
		5	(
		5	<			
	110					
	10.					
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	. Dutions	s or has been notified	28,443.	-28,443.
or licensing.					·	

Schedule G (Form 990 or 990-EZ) 2015 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP47-3549741 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2015 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP 4 7 - 3	<u> 3549741</u>	- Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	%
	b An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\sim \frac{1}{2} = \frac		
	c If "Yes," enter name and address of the third party:		
-			
	Name		
	Traine P		
	Address ▶		
	Address P		
16	Gaming manager information:		
10	Gaming manager information.		
	Name N		
	Name ►		
	Coming manager company tion N. A.		
	Gaming manager compensation > \$		
	Description of any description in which is a second of the		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
	• · · · · · · · · · · · · · · · · · · ·		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:	
(I) NAME OF FUNDRAISER: STERLING ASSOCIATES		
(I) ADDRESS OF FUNDRAISER: 55 WAUGH DR SUITE 601, HOUSTON, TX	77007	

Schedule C	G (Form 990 or 990-EZ) Supplemental Infe	MIDTOWN	IMPROVEMENT	AND	DEVELOPMENT	CORP47-35	49741	Page 4
Part IV	Supplemental Into	ormation (continu	ıed)					
					•			
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		00						
		X						

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Inspection **Employer identification number**

47-3549741

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AID AND ASSIST THE MIDTOWN REDEVELOPMENT AUTHORITY OF THE CITY OF HOUSTON, TEXAS WITH THE IMPLEMENTATION OF THE PROJECT PLAN FOR THE REINVESTMENT ZONE NUMBER TWO, CITY OF HOUSTON, TEXAS, AND THE MIDTOWN MANAGEMENT DISTRICT, A SPECIAL DISTRICT CREATED UNDER CHAPTER 3809, TEXAS SPECIAL DISTRICT LOCAL LAWS CODE, WITH THE PROMOTION, DEVELOPMENT, ENCOURAGEMENT AND MAINTENANCE OF EMPLOYMENT, COMMERCE, TRANSPORTATION, HOUSING, TOURISM, RECREATION, THE ARTS, ENTERTAINMENT, ECONOMIC DEVELOPMENT, SAFETY AND THE PUBLIC WELFARE IN THE MIDTOWN AREA OF THE CITY OF HOUSTON, TEXAS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TEXAS SPECIAL DISTRICT LOCAL LAWS CODE, WITH THE PROMOTION, DEVELOPMENT, ENCOURAGEMENT AND MAINTENANCE OF EMPLOYMENT, COMMERCE, TOURISM, RECREATION, THE ARTS, ENTERTAINMENT, TRANSPORTATION, HOUSING, ECONOMIC DEVELOPMENT, SAFETY AND THE PUBLIC WELFARE IN THE MIDTOWN AREA OF THE CITY OF HOUSTON, TEXAS.

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

A COPY OF THE FORM 990 IS SUBMITTED TO THE BOARD BEFORE IT IS FILED WITH THE IRS.

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

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Name of the organization MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP	Employer identification number 47-3549741
ART CONSULTANTS :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	50,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	50,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	50,000.
<u>;0</u>	

Form	8868 (Rev. 1-2014)					Page 2
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	ktension, d	complete only Part II and check this	s box	>	X
	. Only complete Part II if you have already been granted an			iled Form	8868.	
	ou are filing for an Automatic 3-Month Extension, comple					
Par	t II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	opies needed).	
			Enter filer's		ng number, see ins	
Type	or Name of exempt organization or other filer, see instru	uctions.		Employer	ridentification numb	er (EIN) or
print	MIDDOWN IMPROVEMENT AND DEV	ET ODM	ENTE CODD		47 254074	1
File by due da				0 . 1	47-354974	
filing ye	Number, street, and room or suite no. If a P.O. box, sour		tions.	Social se	curity number (SSN)
instruc	City, town or post office, state, and ZIP code. For a f	oreign add	lress, see instructions.			
	110001011, 111 77001					
Enter	the Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1
Appli	cation	Return	Application			Return
Is Fo	r	Code	Is For			Code
Form	990 or Form 990-EZ	01				
Form	990-BL	02	Form 1041-A			08
Form	4720 (individual)	03	Form 4720 (other than individual)			09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
STOR	P! Do not complete Part II if you were not already grante	d an auton	natic 3-month extension on a prev	iously file	ed Form 8868.	
	THE ORGANIZATI					
	e books are in the care of 410 PIERCE STR	EET,	SUITE 355 - HOUSTO	N, TX	77002	
Te	lephone No. \blacktriangleright (713) $5\overline{26-7577}$		Fax No			
	the organization does not have an office or place of busines					
• If 1	this <u>is fo</u> r a Group Return, enter the organization's four d <u>igit</u>	Group Exe	emption Number (GEN) I	f this is fo	r the whole group, o	heck this
box			ch a list with the names and EINs of	f all memb	ers the extension is	for.
4		NOVEM	BER 15, 2016			
5	For calendar year 2015 , or other tax year beginning		, and endin	g		
6	If the tax year entered in line 5 is for less than 12 months, or	check reas	on: Initial return	Final r	eturn	
	Change in accounting period					
7	State in detail why you need the extension					
	NEED ADDITIONAL TIME TO GATHE		NEEDED INFORMATIO	N TO	FILE A	
	COMPLETE AND ACCURATE TAX RET	URN.				
8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any			^
	nonrefundable credits. See instructions.			8a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069					
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					^
-	previously with Form 8868.			8b	\$	0.
С	Balance due. Subtract line 8b from line 8a. Include your pa	-	h this form, if required, by using			^
	EFTPS (Electronic Federal Tax Payment System). See instr		at he commissed for Double	8c	\$	0.
Under	penalties of periury. I declare that I have examined this form, include	ding accomp	st be completed for Part II of parying schedules and statements, and to	-	f my knowledge and b	elief,
	ue, correct, and complete, and that I am authorized to prepare this f					
Signa	ture Title	SECRE'	TARY/TREASURER	Date		
					E 0000 /D	1 001 1