EXTENDED TO NOVEMBER 15, 2018

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.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP Name change MIDTOWN PARK CONSERVANCY 47-3549741 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 410 PIERCE STREET, SUITE 355 (713) 526-7577City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 1,388,118. Amended return 77002 HOUSTON, TX H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MATT THIBODEAUX for subordinates? [Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Other > L Year of formation: 2013 M State of legal domicile: TX Association Summary Part I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 4,204,045. 1,338,064. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 913. 754. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 49,300. 56,155. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,261,113. 1,388,118. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 312,938. 418,829. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 71,038. 16a Professional fundraising fees (Part IX, column (A), line 11e) 26,500. **b** Total fundraising expenses (Part IX, column (D), line 25) 692,021. 1,614,082. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,075,997. 2,059,411. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,185,116. -671,293. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 3,754,858. 3,108,790. Total assets (Part X, line 16) 316,297. 291,072. 21 Total liabilities (Part X, line 26) 三年 463,786. 792,493 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MATT THIBODEAUX, SECRETARY/TREASURER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 11/09/18 self-employed P01268482 KRISTEN SIMPSON KRISTEN SIMPSON Paid Firm's name ▶ CARR, RIGGS & INGRAM, LLC Firm's EIN ▶ 72-1396621 Preparer Firm's address TWO RIVERWAY, 15TH FLOOR Use Only Phone no. 713-621-8090 HOUSTON, TX 77056

No

X Yes

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

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Pai	t 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: 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 the prior Form 990 or 990-EZ? 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?
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	
	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.
	OF THE CITI OF HOUSTON, TEXAS:
	
4b	(Code:) (Expenses \$
	
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,768,258.
	Form 990 (2017)

Form 990 (2017)

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Pa	rt 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)?			
	If "Yes," complete Schedule A	1	Х	
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			
	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? 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			
	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		Х
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	Х	

foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

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

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Schedule D, Parts XI and XII

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

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

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Х

18

X

X

12a

13

14a

15

17

Part IV Checklist of Required Schedules (continued)

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20a Dt the organization operate one or more hispital facilities? If "Yes," complete Schedule II and the CRA, of the organization or good poils audited framadia statements to this return? 20b Life organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. Column (A), line 27 If "Yes," complete Schedule I, Part I and II 21 X 22 Dd 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, Part I and III 22 X 23 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 4 as bout compensation of the organization summar and former officers, directors, trustees, key employees, and highest compensation of the organization summar and former officers, directors, trustees, key employees, and highest compensation of the organization summar and former officers, directors, trustees, key employees, and highest compensation of the organization summar and former officers, directors, trustees, key employees, and highest compensation of the organization summar and former officers, directors, trustees, key employees, and highest compensation of the organization summar and the same at 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," enswer lines 24 brough 24d and complete Schedule K, If "Yes," to see the same and the same and complete Schedule K, If "Yes," to see the same and the sam				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization report more than \$5,000 of grants or other assistance to a for domestic individuals on part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 2 II 3. A part IX and III 3. 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 3. Did the organization in severy the 1 to Part IX (scition 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 IX. If "No." to go to line 25a 24b 10 the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, if the was stead det Poecember 31, 2002? If "Yes," anower lines 24b through 24d and complete Schedule IX. If "No." to line 25a 24b 10 the organization have a tax-exempt bonds suse with an a refunding escrow at any time during the year to defease any tax exempt bonds? 1 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
adomestic government on Part IX, column (A), line 17 // Pres,* complete Schedule /, Parts I and II 2	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 X 23 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 and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Schedule I. Part III and III and the ast according to the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule II. If Yes," the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule II. If Yes," answer lines 240 through 24d and complete Schedule II. If Yes, I are also in the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization available posson during the year? If Yes, "complete Schedule I. Part I II transaction with a disqualified posson during the year? 25d Did the organization available that the transaction was not been reported on any of the organization spiror Forms 990 or 990-E27 if "Yes," complete Schedule I. Part II	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
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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? "I "Yes," complete Schedule J. 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? "I "Yes," answer lines 24th through 24d and compiles Schedule K. If "No", go to line 25a. 25a Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Did the organization reserves the zonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year" I "Yes," complete Schedule L, Part I. 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year" I "Yes," complete Schedule L, Part I. 25c Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year" I "Yes," complete Schedule L, Part I. 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year" I "Yes," complete Schedule L, Part I. 25c Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, furstees, key employees, inghest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV. 27c Is the organization party to a Dusiness transaction with one of the following parties (see Schedule L, Part IV. 28d Was the organization aparty to a Dusiness transaction with one of the following parties (see Schedule L, Part IV. 28d Is A C An entity of which a current or former officer, director, trustee, or key employee or a family member of a current or former officer, director, trustee, or key employee or a family member of a curren		Part IX, column (A), line 2? If "Yes." complete Schedule I. Parts I and III	22		X
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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 25b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25d Section 501(x)3, 501(x)4, and 501(x)(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	24a				
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any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d					
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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	d				
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I					
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-E2? If "Yes," complete Schedule L, Part II 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 filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 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 iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 34 X 32 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 II, III, or IV, and Part V, line 1 34 X 35a Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or			25a		х
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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			35a		
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 X 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 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 X	b		05:		
If "Yes," complete Schedule R, Part V, line 2 36 X 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 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 X	00		350		\vdash
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 X	36				_v
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 X			36		├^
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	37				_v
Note. All Form 990 filers are required to complete Schedule O	00		37		┢┸
	38			v	
		Note. All Form 990 filers are required to complete Schedule U			(0017)

Form 990 (2017) MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

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ı aı	Check if Schedule O contains a response or note to any line in this Part V					
	Check is deficidate of contains a response of flote to any line in this rait v		<u></u>			Na
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	45		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	_	<u> </u>			
C	(gambling) winnings to prize winners?			1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ϊ		-10		
Zu	filed for the calendar year ending with or within the year covered by this return	2a	0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction			LU		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a				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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	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 se	rvices p	rovided to the payor?	7a		Х
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 requ	uired			
	to file Form 8282?			7с		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	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
				9b		
10	Section 501(c)(7) organizations. Enter:	۱	I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1			
11	Section 501(c)(12) organizations. Enter:	44-	I			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b)	12a		
		12b	(IZa		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	LIZU	l			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			ioa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
J	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
			L	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
	The state of the s				990	(0017)

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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

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	3		
	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		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
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?	3		x
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			
<i>,</i> a	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
b	and the state of t	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	х	
a	The governing body? Each committee with authority to act on behalf of the governing body?		X	
b		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sac	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i>	9		Α.
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	l NI a
10-	Did the averagination have lead shoutons because as efficience	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	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.	40-		Х
12a	, , , , , , , , , , , , , , , , , , ,	12a		
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	١		
	in Schedule O how this was done	12c		v
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
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?			37
a	The organization's CEO, Executive Director, or top management official	15a		X 77
b	Other officers or key employees of the organization	15b		X
	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			17
	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			
<u> </u>	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)	availabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, and	d financ	ial	
	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			

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Form 990 (2017)

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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 ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck) than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week		l a		110010	1711 43		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	ruste	l trus		ee/	mpen		(** 2/ 1033 1/1100)		and related
	below	dual t	rtiona	L	l old n	st co	15			organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			3
(1) ROBERT D. SELLINGSLOH	15.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) WILLIAM R. FRANKS	15.00							_	_	_
VICE-PRESIDENT		Х		X				0.	0.	0.
(3) MATT THIBODEAUX	15.00							_		_
SECRETARY/TREASURER		Х	_	Х		-		0.	0.	0.
-										

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2017) MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP

Part VIII Statement of Revenue

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ı u	IL VI	Check if Schedule O conta		or note to any lin	o in this Part VIII			
		CHECK II SCHEdule O COILE	airis a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
ran	b	Membership dues	1b					
Y, G	c	Fundraising events	1c					
aifts ar A	c	Related organizations						
s, G mila	e	Government grants (contributi						
Sign	f	All other contributions, gifts, grant						
buti her		similar amounts not included abov		338,064.				
ġĘ.	c	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	'		1,338,064.			
				Business Code				
ø	2 a	1						
, ki	b							
Ser	c							
E S	c							
gra	e							
Program Service Revenue		All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			754.			754.
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	4.4.000					
		Less: rental expenses						
		Rental income or (loss)						
				•	44,300.			44,300.
		Net rental income or (loss)			11,300.			44,500.
	/ 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)						
	c	Net gain or (loss)		<u></u>				
Other Revenue	8 a	 Gross income from fundraising including \$ 						
eve		contributions reported on line	<u> </u>					
Ř		Part IV, line 18	a					
the	b	Less: direct expenses						
Ò		Net income or (loss) from fund						
		Gross income from gaming ac	-					
		Part IV, line 19						
	h	Less: direct expenses						
		: Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 6	and allowances						
	L	Less: cost of goods sold						
	C	: Net income or (loss) from sales Miscellaneous Revenue		Business Code				
	11 ^	OTHER INCOME	<u> </u>	900099	5,000.			5,000.
	b				2,000.			
	c							
	C	All other revenue			5 000			
		Total. Add lines 11a-11d			5,000.		^	E0 054
	12	Total revenue. See instructions.			μ,300,110 .	0.	0.	50,054.

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MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP

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Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must complete		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	401 040	272 251	100 500	
7	Other salaries and wages	401,840.	273,251.	128,589.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	16,989.	10 522	6,456.	
9	Other employee benefits	10,303.	10,533.	0,430.	
10	Payroll taxes			+	
11	Fees for services (non-employees):				
a	Management	68,519.	51,389.	17 130	
b	Legal	11,335.	31,303.	17,130. 11,335.	
	Accounting	11,555.		11,555.	
	Lobbying Professional fundraising services. See Part IV, line 17	26,500.			26,500.
f	Investment management fees	20,500.			20,500.
'	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	707,003.	707,003.		
12	Advertising and promotion	32,218.	70770001	135.	32,083.
13	Office expenses	64,043.	12,500.	51,543.	32,0000
14	Information technology	106.	106.	02,0201	
15	Royalties				
16	Occupancy	29,996.	21,600.	8,396.	
17	Travel	6,022.	6,022.	. , , , , ,	
18	Payments of travel or entertainment expenses	- , -	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,414.	7,414.		
20	Interest	-	-		
21	Payments to affiliates		_		
22	Depreciation, depletion, and amortization				
23	Insurance	8,986.		8,986.	
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 O.)				
а	MIDTOWN PARKING GARAGE	280,321.	280,321.		
b	LEGACY IMPROVEMENT PROJ	213,549.	213,549.		
c	PARK SERIES	184,570.	184,570.		
d			,		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,059,411.	1,768,258.	232,570.	58,583.
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)				5 000 (2017)

Form 990 (2017)

Part X | Balance Sheet

MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP

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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,319,818.	1	3,080,644.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	434,678.	4	27,834.
	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			
ι		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	362.	9	312.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation10b		10c	
	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)	3,754,858.	16	3,108,790.
	17	Accounts payable and accrued expenses	289,541.	17	315,893.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	1,531.	23	404.
	24	Unsecured notes and loans payable to unrelated third parties	1,331.	24	404.
	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			
				25	
	26	Schedule D Total liabilities. Add lines 17 through 25	291,072.	26	316,297.
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	23270721	20	320/23/1
		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	826,354.	27	603,434.
alan	28	Temporarily restricted net assets	2,637,432.	28	2,189,059.
B	29	Permanently restricted net assets	•	29	, ,
oun.		Organizations that do not follow SFAS 117 (ASC 958), check here			
Ē		and complete lines 30 through 34.			
ts o	30	Capital stock or trust principal, or current funds		30	
sse.	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	
Š	33	Total net assets or fund balances	3,463,786.	33	2,792,493.
	34	Total liabilities and net assets/fund balances	3,754,858.	34	3,108,790.
					Form 990 (2017)

	990 (2017) MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP	47-	3549741	Pag	ge 12
Par	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			
			4 22		4.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,38		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,05		
3	Revenue less expenses. Subtract line 2 from line 1	3	-67		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,46	3,7	86.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	2,79	2,4	<u>93.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scheduler and the second	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audi	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP

Employer identification number

				EMENT AND DE				7-3549/41				
Pa	rt I	Reason for Public C	Charity Status (All organizations must co	omplete th	is part.) Se	e instructions.					
he	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of chu	urches, or associatio	n of churches described	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 organization described in section 170(b)(1)(A)(iii).										
4	一	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	ш	city, and state:		,				,				
5		An organization operated for	or the benefit of a col	lege or university owner	or operat	ed by a go	vernmental unit describe					
J				loge of anivoloity owner	or operat	ca by a go	verninental unit desemb	5 4 III				
_		section 170(b)(1)(A)(iv). (C		and the second s	4-	70(1-)(4)(4)	<i>(</i> .)					
6	H	A federal, state, or local gov	· ·				• •					
7		An organization that normal	•	ntial part of its support f	rom a gove	ernmental	unit or from the general i	public described in				
		section 170(b)(1)(A)(vi). (Co										
8	\square	A community trust describe										
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	e or				
		university:										
10	X	An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membership fees, ar	nd gross receipts from				
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or				
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3).	Check the box in				
		lines 12a through 12d that of										
а		Type I. A supporting orga					, ,	aivina				
_		the supported organization	•		•	_						
		organization. You must c			i majority c	in the direc	toro or tradiced or the ot	аррогинд				
h		¬ ~	-		tion with it	e cupporto	nd organization(s), by bay	ina				
b		Type II. A supporting orga	•					-				
		control or management of			ame perso	ns mai co	ntroi or manage the supp	Jortea				
		organization(s). You mus						1 20				
С		Type III functionally inte					• •	ed with,				
		its supported organization										
d							• • • • • •	* *				
		that is not functionally into	-		•		•	veness				
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	s A and D,	and Part	V.					
е		☐ Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or										
f	Ente	er the number of supported o	organizations									
g		vide the following information			I (iv) le the erec	anization listed						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
ota	.1											

Schedule A (Form 990 or 990-EZ) 2017 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP 47-3549741 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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	r the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2017 (I	, ,,	•	.,,		14	%
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2016. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test	- 2017. If the orc	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	- 2016. If the orc	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai	n in Part VI how th	e
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	cly supported orga	ınization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ▶
					Sch	edule A (Form 990	or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP 47-3549741 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			500,000.	4204045.	1338064.	6042109.
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 business 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			500 000	1001015	1000001	6040400
	Total. Add lines 1 through 5			500,000.	4204045.	1338064.	6042109.
7	Amounts included on lines 1, 2, and						_
ı	3 received from disqualified persons						0.
ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				004000	c c10	0045540
	amount on line 13 for the year				2340900.	6,612.	2347512.
	Add lines 7a and 7b				2340900.	6,612.	2347512.
	Public support. (Subtract line 7c from line 6.)						3694597.
	• • • • • • • • • • • • • • • • • • • •	(-) 0040	(1-) 004.4	(-) 0045	(-1) 0040	(-) 0047	(6) T-+-1
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015 500,000.	(d) 2016 4204045.	(e) 2017 1338064.	(f) Total 6042109.
	Amounts from line 6 Gross income from interest,			300,000.	4204043.	1330004.	0042109.
104	dividends, payments received on securities loans, rents, royalties, and income from similar sources			27.	913.	754.	1,694.
ŀ	Unrelated business taxable income						
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b			27.	913.	754.	1,694.
	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.	4204958.	1338818.	6043803.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ation,
	check this box and stop here						►X
Se	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13,	column (f))		15	%
	Public support percentage from 2016		-			16	%
	ction D. Computation of Inves					Г	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2017. If the						7 is not
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2016. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
~0	vate roundation, it the organization	ALL GIOL OF ICON A	DUA UIT III IC 14, 13	שמ, טו ושט, טווכטת נוו	10 DON ALIU SEE 1115		

Schedule A (Form 990 or 990-EZ) 2017 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP 47-3549741 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 12a or 12b 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
1		
2		
За		
3b		
30		
0-		
3c		
_		
4a		
4b		
4c		
50		
5a		
5b		
5c		
6		
7		
8		
9a		
3a		
01		
9b		
9c		
9c		
9c		
9c 10a		

Schedule A (Form 990 or 990-EZ) 2017 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP 47-3549741 Page 5 Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c 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 Section 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions, С Yes No Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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 activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2017 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP 47-3549741 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 (explain in Part VI.) 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) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 8 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 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A)

2

3

<u>4</u> 5

Schedule A (Form 990 or 990-EZ) 2017

2 Enter 85% of line 1

5

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

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

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP 47-3549741 Page 7

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nnizations (continued)	rage r
Secti	on D - Distributions		(00.0000)	Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified 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	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 99	90-EZ) 2017	MIDTO	WN IM	[PROVE]	MENT A	ND :	DEVEL	OPMENT	CORP	47-35	49741	Page 8
Part VI	Supplemer Part IV, Sectio line 1; Part IV, Section D, line (See instructio	ntal Inforing A, lines 1, Section D, es 5, 6, and	mation. ; , 2, 3b, 3c, 4 lines 2 and	Provide th 4b, 4c, 5a 3; Part IV,	e explanation, 6, 9a, 9b, 9 , Section E,	ons require 9c, 11a, 11 lines 1c, 2	d by Palb, and a, 2b, 3	art II, line l 11c; Part 3a, and 3b	10; Part II, li IV, Section ; Part V, line	ne 17a or 1 B, lines 1 a e 1; Part V, 9	7b; Part III, nd 2; Part I Section B,	line 12; V, Section (line 1e; Part	Ο,
		,											

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP

Employer identification number 47-3549741

Pai	t I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's exclu-	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisor	ors in writing that grant funds can be used	l only
	for charitable purposes and not for the benefit of the donor or dor	nor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the organiz	ation answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (c	heck all that apply).	
	Preservation of land for public use (e.g., recreation or educa	ation) Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structur		. 2c
d	Number of conservation easements included in (c) acquired after		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the orga	anization during the tax
_	year -		
4	Number of states where property subject to conservation easeme	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the periodic		
6	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	illing of violations, and emorcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation	assements during the year
′	\$\\$\$ \$\$ \$\$	or violations, and emorcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above sat	isfy the requirements of section 170(h)(4)((B)(i)
Ū			
9	In Part XIII, describe how the organization reports conservation ea		
	include, if applicable, the text of the footnote to the organization's	•	,
	conservation easements.		3
Pai	t III Organizations Maintaining Collections of Art	, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 95	8), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes t	hese items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 95	8), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educate	tion, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical treasure		
	the following amounts required to be reported under SFAS 116 (A	SC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2017

	rt III Organizations Maintaining Co	IMPROVEME						47-35 r Assets			age 2
3	Using the organization's acquisition, accessio										
Ū	(check all that apply):	ii, und outer record	10, 0110010	arry or the r	onowing that c	aro a org	i iii oan c	100 01 110 0	Onconon	1101110	
а	Public exhibition	(a 🗀 ı	oan or exc	hange progran	ns					
b	Scholarly research				9- 9						
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explai	n how the	ey further th	ne organization	's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or			-	-						
	to be sold to raise funds rather than to be mai				*				Yes		No
Par	rt IV Escrow and Custodial Arrang								ine 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	ın or other intermed	liary for c	ontributions	s or other asse	ts not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing ta	ıble:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo						ty?		Yes		∐ No
	If "Yes," explain the arrangement in Part XIII.										
Par	rt V Endowment Funds. Complete if				1						
	<u></u>	(a) Current year	(b) P	rior year	(c) Two years	back	(d) Three y	years back	(e) Four	years	back
1a	Beginning of year balance										
D	Contributions										
C	Net investment earnings, gains, and losses										
a	Grants or scholarships Other expenditures for facilities										
е	Other expenditures for facilities										
	and programs Administrative expenses										
g											
2	Provide the estimated percentage of the curre	ent vear end halanc	e (line 1a	column (a))) held as:						
– a	Board designated or quasi-endowment		% %	, оошти (а)	,, riola as.						
b	Permanent endowment	%	— /°								
	Temporarily restricted endowment	,°									
_	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses	· ·	ation that	are held ar	nd administere	d for the	e organiza	ation			
	by:	•					· ·			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Par	rt VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990	D, Part IV,	line 11a. S	ee Form 990, I	Part X, I	ine 10.				
	Description of property	(a) Cost or o			or other	٠,	ccumulate		(d) Boo	k valu	е
		basis (investi	ment)	basis	(other)	dep	reciation				
	Land	l l									
	Buildings										
	Leasehold improvements	l l									
	Equipment										
	Other Add lines 1a through 1e (Column (d) must as		· ·	(D) " :							0.

Schedule D (Form 990) 2017

a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
Financial derivatives				
Closely-held equity interests				
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line (b) Book value			d of voor morket value
(a) Description of investment	(b) book value	(c) ivietnod of v	aluation. Cost or en	d-of-year market value
(1)		+		
(2)		1		
(3)		1		
(4)		1		
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990,	Part X, line 15.	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line Description	11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [1]		11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [(1) (2) (3)		11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4)		11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5)		11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5)		11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) E (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		>	
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Paparistion of liability.	Description	11e or 11f. See Form	>	
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	Description		>	
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	Description	11e or 11f. See Form	>	
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)	Description	11e or 11f. See Form	>	
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Potal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)	Description	11e or 11f. See Form	>	
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	11e or 11f. See Form	>	
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	11e or 11f. See Form	>	
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	11e or 11f. See Form	>	
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	11e or 11f. See Form	>	
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description	11e or 11f. See Form	>	
Complete if the organization answered "Yes" or (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)	11e or 11f. See Form	>	

732053 10-09-17

	dule D (Form 990) 2017 MIDTOWN IMPROVEMENT AND DEV				3549741	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,836,	491.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1				
	Net unrealized gains (losses) on investments	2a		-		
	Donated services and use of facilities	2b		-		
	Recoveries of prior year grants	2c	706 646	-		
	Other (Describe in Part XIII.)	2d	786,646.		706	616
_	Add lines 2a through 2d			2e	1,049,	646.
3	Subtract line 2e from line 1			3	1,049,	045.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	امدا				
	Investment expenses not included on Form 990, Part VIII, line 7b		338,273.	-		
	Other (Describe in Part XIII.)		•	4.	338	273
	Add lines 4a and 4b			4c 5	338, 1,388,	118
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)t XII Reconciliation of Expenses per Audited Financial Statemen	nts With	Fynenses ner F		1,300,	110.
· u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	TICO VVICI	Expended per i	iotai i	••	
1	Total expenses and losses per audited financial statements			1	2,059,	411.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	2,000,	
	Donated services and use of facilities	2a				
	Prior year adjustments	2b		-		
	Other losses	2c				
d	Other (Describe in Part XIII.)			-		
	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,059,	411.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)					
	Add lines 4a and 4b			4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,059,	411.
	t XIII Supplemental Information.				•	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b	and 2b; Part V, line 4	; Part)	K, line 2; Part X	I,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal inforr	nation.			
PAR	T X, LINE 2:					
MIL	CORP IS A NOT-FOR-PROFIT ORGANIZATION THAT	IS E	KEMPT FROM	INC	OME TAXE	S
UNI	ER SECTION 501(C)(3) OF THE INTERNAL REVENU	JE COI	DE AND IS C	LAS	SIFIED A	S
<u>A F</u>	UBLIC CHARITY UNDER SECTION 509(A)(2).					
mit	CONCEDUANCY ACCOUNTS FOR INCEDUATION TO PO	7 T M T A 1	TO THEFT TO	. та	MODE	
THE	CONSERVANCY ACCOUNTS FOR UNCERTAIN TAX PO	STITOI	NS, WHEN IT	TS	MORE	
тти	ELV MILAN NOM MILAM CHOLL AN ACCEM OD A LIAD	TT TM37	מדנו ספ ספ	**************************************	755 7.0	OΕ
тти	ELY THAN NOT, THAT SUCH AN ASSET OR A LIAB:	TPTJĀ	MILL DE KE	АЦТ	LED. AS	OF
חפר	EMBER 31, 2017 AND 2016, MANAGEMENT BELIEV	הכ שתו	PDE WEDE NO	TTNT	~EDMATN	
DEC	EMBER 31, 2017 AND 2010, MANAGEMENT BELLEVI	נחו מים	EKE WEKE NO	OIN	CEKIAIN	
тах	POSTTIONS.					
1177	POSITIONS.					
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:					
NET	ASSETS RELEASED FROM RESTRICTIONS					

Schedule D (Form 990) 2017 Part XIII Supplemental Info	MIDTOWN	IMPROVEMENT	AND	DEVELOPMENT	CORP	47-3549741	Page 5
Part XIII Supplemental Info	rmation _{(contin}	ued)					
PART XI, LINE 4B -	OTHER ADJ	USTMENTS:					
GRANTS AND CONTRIBU	TIONS						

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MIDTOWN	IMPROVEMENT AND D	EVEI	COPI	MENT CORP	Employer ide 47 – 3549	entification number 741
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	I filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	ed funds through any of the followin e Solicitate f Solicitate g X Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover lising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees, or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
TERLING ASSOCIATES - 55		Yes	No			
AUGH DR SUITE 601, HOUSTON,			Х	0.	26,500.	-26,500.
otal					26,500.	-26,500.
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP 47-3549741 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) Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 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 (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 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: _ Schedule G (Form 990 or 990-EZ) 2017

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017 MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP 47-3549741 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 The organization's facility 13a 9
b An outside facility
THE LITTLE THE HAITE AND AUDIESS OF THE PERSON WHO PREPARES THE ORGANIZATION'S GAITHING/SPECIAL EVENTS DOOKS AND TECOTOS.
Name ▶
Address
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount
of gaming revenue retained by the third party > \$
c If "Yes," enter name and address of the third party:
Name ▶
Address >
16 Gaming manager information:
Name ▶
Gaming manager compensation ▶ \$
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
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 > \$
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
· · · · · · · · · · · · · · · · · · ·
/T NAME OF FUNDDATCED. CHEDITAG ACCOCTANGE
(I) NAME OF FUNDRAISER: STERLING ASSOCIATES
(I) ADDRESS OF FUNDRAISER: 55 WAUGH DR SUITE 601, HOUSTON, TX 77007

Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	MIDTOWN	IMPROVEMENT	AND	DEVELOPMENT	CORP	47-3549741	Page 4
Part IV	Supplemental Infor	mation _{(contin}	ued)					
-								

Schedule G (Form 990 or 990-EZ)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP

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,
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 VI, SECTION B, LINE 11B:
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:

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

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

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page 2 Employer identification number
MIDTOWN IMPROVEMENT AND DEVELOPMENT CORP	47-3549741
ART CONSULTANTS:	
PROGRAM SERVICE EXPENSES	556,837.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	556,837.
PAYROLL EXPENSES:	
PROGRAM SERVICE EXPENSES	19,009.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,009.
SECURITY:	
PROGRAM SERVICE EXPENSES	131,157.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	131,157.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	707,003.
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