• ~	Form (	990-T	E	xempt Orgai					Tax Return	Ļ	OMB No 1545-0687
4.5	(and proxy tax under section 6033(e))								2017		
CĞĖ		For calendar year 2017 or other tax year beginning, and ending						- 1	ZU 17		
ب		For the Treasury and the Treasury and the Treasury and Treasury and Revenue Service  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)							-   -   -   -   -   -   -   -   -   -	Open to Public Inspection for 501(c)(3) Organizations Only	
7		Check box if		Name of organization (	Check box if name c	hanged	and see instr	uctions.)			yer identification number
_		address changed							instructions)		
E		Exempt under section Print MIDTOWN, INC.						······································		0 - 4713174  Ited business activity codes	
		O1(©)(3_ ) OT Number, street, and room or suite no. If a P.O box, see instructions.  1236 WILDWOOD AVE								ned business activity codes istructions )	
		408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code							1	
_	_	]529(a)   COLUMBUS, GA 31906-2538									
(		F Group exemption number (See instructions.)								\	Other trust
-	I Doco	738,605. G Check organization type  X 501(c) corporation 501(c) trust 401(a) trust escribe the organization's primary unrelated business activity.									Other trust
<u>-</u>				oration a subsidiary in an a		nt-cube	idiary control	led group?		Ye	s X No
•				ifying number of the paren		เเ-อนบอ	idiary control	ieu group.		'`	3 [12] 110
J				JENNIFER ADAI				Telepi	hone number 🕨 7	706-	494-1663
	Part	I Unrelated	Trac	le or Business Inc	ome		(A) In	come	(B) Expense	s	(C) Net
	1 <b>a</b> G	ross receipts or sale:	S								٠,
		ess returns and allow			c Balance	1c					/~
		ost of goods sold (S	· ·		2				^ ~		
		•	ss profit. Subtract line 2 from line 1c							~ <u>~</u>	
			n net income (attach Schedule D)  oss) (Form 4797, Part II, line 17) (attach Form 4797)  s deduction for trusts  oss) from partnerships and S corporations (attach statement)  5								
		•								,	
		ent income (Schedul									
			debt-financed income (Schedule E)								
		Interest, annuities, royalties, and rents from controlled organizations (Sch F)  8    School   School									
		Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)									
		xploited exempt activ	-	• •		10			<del> </del>		
		dvertising income (S		•		11					
		ther income (See ins		•		12		0.	<del> </del>		
	Part	otal. Combine lines		ot Taken Elsewher	A (See instructions for	13	ations on de				
L				itions, deductions must							
-	14			rectors, and trustees (Sche						14	
										15	
1	16	Repairs and mainten	RECEIVED O							16	
		Bad debts		(S) 2018 (S)							
1	18	Interest (attach sche	dule)								
1		Taxes and licenses									
2	20	Charitable contribution	ons (See instructions for limitation rules) OGDEN, UT							20	
2	21	Depreciation (attach	Form 45	562)	CODE	1, 9	<u>'</u>	21			
2	22	Less depreciation cla	umed or	Schedule A and elsewher	e on return			22a		22b	
<u></u>	23	Depletion								23	
2018	24	Contributions to defe	erred co	mpensation plans						24	
										25_	
	26	Excess exempt expenses (Schedule I)								26	
2	27	Excess readership co	xcess readership costs (Schedule J)								
	28	Other deductions (at	ther deductions (attach schedule)								
		•	ons. Add lines 14 through 28							29	0.
W S	30	Inrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13								30	0.
2		et operating loss deduction (limited to the amount on line 30)								31	
<b>A</b>		Inrelated business taxable income before specific deduction. Subtract line 31 from line 30								32	0.
		Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)								33	1,000.
(C)	34	Unrelated business	taxable	income. Subtract line 33	from line 32. If line 33 is	greate	r than line 32,	enter the s	smaller of zero or		
-		line 32							·	34_	0.

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions

orm 990-T	(2017) MIDTOWN, INC.		20-47	<u>1</u> 3174	1	<b>1</b> Pa	age 2		
Part I									
35	Organizations Taxable as Corporations See instructions for tax computation.								
	Controlled group members (sections 1561 and 1563) check here   See instructions and:								
а	a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):								
_	(1) \$ (2) \$ (3) \$								
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)								
D	•								
_	· · · · · · · · · · · · · · · · · · ·			250			0.		
	Income tax on the amount on line 34	, ,	<b>•</b>	► 35c			<u> </u>		
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount o								
	Tax rate schedule or Schedule D (Form 1041)			<u>36</u>					
37	Proxy tax. See instructions			▶ 37					
38	Alternative minimum tax			38					
39	Tax on Non-Compliant Facility Income. See instructions			39					
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40			0.		
Part I	/ Tax and Payments								
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a							
	Other credits (see instructions)	41b		7					
	General business credit. Attach Form 3800	41c							
-	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		-1 1					
	Total credits Add lines 41a through 41d	710		41e					
	Subtract line 41e from line 40			1		_	0.		
42		~ [	7 045	42			<u>··</u>		
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	ob [	○ Other (attach schedule)		<del></del>		_		
44	Total tax. Add lines 42 and 43	1	1	44			0.		
45 a	Payments: A 2016 overpayment credited to 2017	45a_		_					
þ	2017 estimated tax payments	45b		<b>⊸</b> l . l					
C	Tax deposited with Form 8868	45c		_  `					
d	Foreign organizations: Tax paid or withheld at source (see instructions)								
е	Backup withholding (see instructions)								
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		7,					
	Other credits and payments Form 2439								
•	Form 4136 Other Total	45g							
46	Total payments. Add lines 45a through 45g		·	46					
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47					
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			► 48	_		0.		
48							0.		
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		1 54 4 4	49			<del>.</del>		
50 Dort \	Enter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded	<u>► 50</u>		_			
Part V									
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature of		•		<u> </u>	es	No_		
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization is				1		_ 1		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the fo	oreign i	country		<u> </u>				
	here <b>&gt;</b>						<u>X</u> _		
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansfero	r to, a foreign trust?				X		
	If YES, see instructions for other forms the organization may have to file.								
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				1	}	ļ		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements,	and to the best of my know	wledge and b	elief, it is true,				
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any	knowledge						
Here	ere   S-(S-20/8) EXECUTIVE DIRECTOR   May the IRS discuss this return the preparer shown below (so								
	Signature of officer Date Title	<u> </u>	DIRECTOR	instructions		ee ——	No		
							NU		
	Print/Type preparer's name Preparer's signature Dat		Check L	ıf PTI	N				
Paid	S. SCOTT VOYNICH, S. SCOTT SYNICH,	4 "رد	self- employ		0001401				
Prepa	rer CPA CPA	<del>/</del>			0001423				
Use C	nly Firm's name ► ROBINSON, GRIMES & COMPANY, P.C.		Firm's EIN	<u>► 5</u>	8-13743	304	<u> </u>		
	P.O. BOX 4299		ľ						
	Firm's address ► COLUMBUS, GA 31914		Phone no.	706-	<u>324-543</u>				
					ram 990	-T //	2047		

Schedule A - Cost of Goods	Sold. Enter method of	inventory valuation   N/A				
1 Inventory at beginning of year				6		
2 Purchases	2	7 Cost of goods sold Su	ıbtract line 6	1 1		
3 Cost of labor	3	from line 5. Enter here	and in Part I,			
4 a Additional section 263A costs		line 2		7	<del></del>	
(attach schedule)	4a	8 Do the rules of section	263A (with respect to		Yes	No
<ul><li>Other costs (attach schedule)</li></ul>	4b	property produced or a	cquired for resale) apply to		<u> </u>	لــــــا
5 Total. Add lines 1 through 4b	5	the organization?	'			
Schedule C - Rent Income (	From Real Property	and Personal Property L	eased With Real Pro	perty)		
(see instructions)					·····	
1. Description of property					<del>-</del>	
(1)						
(2)			· · · · · · · · · · · · · · · · · · ·			
(3)			·			
(4)	0 8-4		<del></del>			
4-2 5	2 Rent received or accrued	m real and personal property (if the percenta	3(a) Deductions direct	ly connect	ed with the income i	n
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than (D) Fro	m real and personal property (if the percental ent for personal property exceeds 50% or if the rent is based on profit or income)	ge columns 2(a)	and 2(b) (a	ttach schedule)	
(1)						
(2)						
(3)						
(4)				·		
Total	0 . Total		0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		(see instructions)	,,			
		2 Gross income from	Deductions directly co to debt-fina			
1 Description of debt-fir	anced property	or allocable to debt-	(a) Straight line depreciation	(b) Other deductions		ns
1 Description of dest in	tailoca property	financed property	(attach schedule)		' (attach schedule)	)
(1)						
(2)						
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjus of or allocat debt-financed (attach schedule)		6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	(	8 Allocable deduction 6 x total of c 3(a) and 3(b))	olumns
(1)		%				
(2)		%				
(3)		%				
(4)		%				
	•	1	Enter here and on page 1, Part I, line 7 column (A)		Enter here and on pa Part I, line 7, column	
Tatala			· ·	0.		0.
Totals Total dividends-received deductions	anludad ia anluma 0	•			<del></del>	0.
rutar dividends-received deductions if	ICIUUEU III COIUIIIII O					<u> </u>

Form 990-T (2017)

Schedule J - Advertising Income (see instructions)

## Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)			]	- ·		
(4)			]			Ī
Totals (carry to Part II, line (5))	<b>▶</b> 0.	0.				0.

Form 990-T (2017)

## Part II | Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis ) 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7 Excess readership costs (column 6 minus 2. Gross advertising income 3 Direct 5 Circulation 6. Readership 1. Name of periodical column 5, but not more than column 4) advertising costs costs (1) (2) (3) (4) 0. 0. 0. Totals from Part I Enter here and on page 1, Part I, line 11, col (B). Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part II, line 27 Totals, Part II (lines 1-5) 0 0. 0 Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form 990-T (2017)