(*************************************	EXT	ENDED TO NOV	EMB	ER 15, 2019)			
Forfin 990-T	Exempt Orga	anization Bus	sine	ss Income 1	Гах Returr	1 _	OMB No 1545-0687	
		and proxy tax und					2040	
r ₂	For calendar year 2018 or other tax year beginning, and ending					_	2018	
Department of the Treasury	Go to www irs gov/Form990T for instructions and the latest information.						Open to Public Inspection fo	
Internal 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 food (c)(3) Organizations Only eyer identification number	
A Check box if	Name of organization (Check box if name of	changed	and see instructions.)		(Emplo	oyees' trust, see ctions)	
	address changed The Third Third					1	20-4713174	
B Exempt under section Sol(C)(B)	Print MIDTOWN, I		V C00 ID	etructione		E Unrela	ited business activity code	
408(e) 220(e)						(See in	structions)	
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code							
529(a)		GA 31906-25						
C Book value of all assets		mber (See instructions)						
at end of year 713,5	83. G Check organization t	ype ▶ X 501(c) cor	poration	501(c) trust	401(a) trust	Other trust	
H Enter the number of the	organization's unrelated trades of	r businesses 🕨	1	Describi	e the only (or first) ur	related		
trade or business here	NONE _			If only one	e, complete Parts I-V.	. If more	than one,	
describe the first in the b	ank space at the end of the prev	ious sentence, complete P	arts I an	d II, complete a Schedu	le M for each addition	nal trade	10	
business, then complete						_		
	the corporation a subsidiary in a		nt-subsi	diary controlled group?	→ (Yes	s X No	
	nd identifying number of the pai			T.		706	104 1662	
	KELLEY WATT Trade or Business In			(A) Income	hone number > 7		494-1663 (C) Net	
	· · · · · · · · · · · · · · · · · · ·	lcome	т	(A) IIIcome	(B) Expense	১ মুহ হু∾	Habbar Street a	
1 a Gross receipts or sale		- Polones	,					
b Less returns and allow		c Balance	1c 2		- 1 VE SW 1 SAG		The state of the s	
2 Cost of goods sold (S3 Gross profit. Subtract	·		3				7.000 1 2 <u>25 0010 010</u>	
3 Gross profit. Subtract 4 a Capital gain net incom			4a					
, -	4797, Part II, line 17) (attach Fo	rm 4797)	4b	 ,	1 1 1 1 1 1 1 T F	7		
c Capital loss deduction			4c		1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
•	partnership or an S corporation	(attach statement)	5		S. 4 F. F. 12.			
6 Rent income (Schedu	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6					
•	ed income (Schedule E)		7					
8 Interest, annuities, roy	alties, and rents from a controll	ed organization (Schedule F)	8					
9 Investment income of	a section 501(c)(7), (9), or (17)	organization (Schedule G	9					
-10 Exploited exempt activ	vity income (Schedule I)		10	_				
1 Advertising income (S	11 Advertising income (Schedule J)				(1)			
_	structions, attach schedule)		12		F. 1885 1 11, 7	7 75		
13 Total Combine lines			13	0.	.1			
	ns Not Taken Elsewh contributions, deductions mu							
<u> </u>			RI	CEIVED	33 111001110)	141		
	icers, directors, and trustees (So	' T F				14		
15 Salaries and wages 16 Repairs and mainten	anco	B608	٨١١		ည္တ ု	16		
17 Bad debts	anoc	[2]	ΑU	G 3 0 2019	SS-OSC	17		
_	dule) (see instructions)	<i> </i> L			<u>۳</u>	18		
19 Taxes and licenses		1	OG	DEN, UT	-1	19		
	ons (See instructions for limitati	on rules)			J	20		
21 Depreciation (attach	Form 4562)	·		21		ادران سرا متحشد معاط		
	umed on Schedule A and elsewh	ere on return		22a		22b		
23 Depletion						23		
24 Contributions to defe	erred compensation plans					24		
25 Employee benefit pro	ograms					25		
26 Excess exempt expe	•					26		
27 Excess readership co	•					27		
28 Other deductions (at	•					28		
	dd lines 14 through 28		-11 5	N		29	0	
	axable income before net operat	-				30	0.	
	erating loss arising in tax years		ary 1, 20	io (see instructions)		31	0.	
22 LIBROURISH BUICINGCC 1	avama incoma Simiraci iida ()							

Form, 990-	(2018) MIDTOWN, INC.			131/4	Page Z	
Part I	II Total Unrelated Business Taxable Income					
, 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	33	0.			
34	Amounts paid for disallowed fringes	34				
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)					
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	um of				
	lines 33 and 34			36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.	
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line	36,				
	enter the smaller of zero or line 36			38	0.	
Part I	V Tax Computation					
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		<u> </u>	39	0.	
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 3	38 from:			
	Tax rate schedule or Schedule D (Form 1041)		•	40		
41	Proxy tax See instructions		•	41		
42	Alternative minimum tax (trusts only)		•	42		
43	Tax on Noncompliant Facility Income See Instructions			43		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.	
Part \						
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a				
b	Other credits (see instructions)	45b		7		
c	General business credit Attach Form 3800	45c		7		
•	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		7		
	Total credits Add lines 45a through 45d			45e		
46	Subtract line 45e from line 44			46	0.	
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 88	66	Other (attach schedule)	47		
48	Total tax Add lines 46 and 47 (see instructions)		- ,	48	0.	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.	
	Payments A 2017 overpayment credited to 2018	50a				
	2018 estimated tax payments	50b		7		
	Tax deposited with Form 8868	50c		1		
	Foreign organizations Tax paid or withheld at source (see instructions)	50d		7		
	Backup withholding (see instructions)	50e		7		
	Credit for small employer health insurance premiums (attach Form 8941)	50f				
	Other credits, adjustments, and payments Form 2439			i		
3	Form 4136 Other Total	50g				
51	Total payments Add lines 50a through 50g			51		
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached			52		
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	53		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54				
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax		Refunded	55		
Part \		on (se				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other	authority		Yes No	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may ha	ive to file		_	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		<u> </u>	
	here				X	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to, a foreign trust?		X	
	If "Yes," see instructions for other forms the organization may have to file					
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$					
	Under penalties of persusy. Toclare that Unave examined this return, including accompanying schedules and s correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepar	tatement	s, and to the best of my knowledge	owledge and be	lief, it is true,	
Sign	correct, and complete becaution of prepare (office main taxbayer) is based on an information of which prepare	er nas an		May the IBS disc	cuss this return with	
Here	Muk / /2 · 08/26/19 EXECUTI	VE I		he preparer sho		
	Signature of officer Date Title		11	nstructions)?	X Yes No	
	Print/Type preparer's name Preparer's signature Date	e a l	Check	if PTIN		
Paid	S. SCOTT VOYNICH, S. SCOTT TYPYCH,	8/2	self- employed			
Prepa	rer CPA CPA CPA TOUT (X	<i>Y</i>	<u> </u>	P00	014238	
Use C	STATE OF THE COMPANY DIC		Fırm's EIN ▶	58-	1374304	
030 0	P.O. BOX 4299			•		
	Firm's address ► COLUMBUS, GA 31914		Phone no "	<u>706-32</u>	<u>4-5435 </u>	
823711 01	-09-19			Fo	rm 990-T (2018)	

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory valuation N/A					
Inventory at beginning of year 1			6 Inventory at end of year	6				
2 Purchases 2			7 Cost of goods sold. Si	ubtract l	ine 6			
3 Cost of labor	3		from line 5 Enter here	and in F	Part I,			
4 a Additional section 263A costs			line 2		L	7		
(attach schedule)	4a		8 Do the rules of section	Yes No				
b Other costs (attach schedule)	4b_	.	property produced or a	acquired	d for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Prop	erty) 		
1 Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued			3/a\ Deductions directly	connected with the income in		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	nd personal property (if the percentage ersonal property exceeds 50% or if t is based on profit or income)			d 2(b) (attach schedule)				
(1)						<u></u>		
(2)					<u></u>			
(3)								
(4)								
Total	0.	Total		0.	1			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	ı (A)			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	0.		
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)					
1 Description of debt-financed property			2. Gross income from		3 Deductions directly connected with or allocable to debt-financed property			
			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)								
(2)					· · · · · · · · · · · · · · · · · · ·			
(3)		-						
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			%					
(2)			%					
(3)			%					
(4)			%			_		
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals			>		0.	0.		
Total dividends-received deductions in	cluded in column	18			▶	0.		
						Form 990-T (2018)		

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Totals (carry to Part II, line (5))

0

0.

Form 990-T (2018)

20-4713174 Form 990-T (2018) MIDTOWN, INC. 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) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 2 Gross advertising income 6 Readership costs 3 Direct 5. Circulation 1 Name of periodical advertising costs income (1) (2) (3) (4) 0. 0. Totals from Part I \blacktriangleright 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and Enter here and on page 1, Part I, line 11, col (B) on page 1, Part II, line 27 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable to unrelated business time devoted to business 2 Title 1 Name (1) (2) % % (3)

Form 990-T (2018)

0.

%

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(4)

Total. Enter here and on page 1, Part II, line 14