(Rev. January 2020) Department of the Treasury Internal Revenue Service

932001 01-20-20

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

OMB No 1545-0047
2019
Openito Public
Inspection 12

Α	For	the 2	019 calendar year, or tax year beginning JUL 1, 2019 and	ending	JUN 30, 2020	
В	Chec	ck if	C Name of organization		D Employer identific	cation number
4		ıcable				
	cl	ddress hange	MID EAST DEVELOPMENT CORPORATION	-		
	cl	ame hange	Doing business as		56-17011	75
	re	nitial aturn	Number and street (or P.O. box if mail is not delivered to street address)	Room/si		
	lre	inal sturn/ srmin-	1502 N MARKET STREET		<u> 252-974-</u>	
	af	ted	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	346,691.
上	re	mended sturn pplica-	WASHINGTON, NC 27009		H(a) Is this a group re	
202) to	on ending	F Name and address of principal officer	1	for subordinates	
\asymp	_		V 504 1/0	~~	H(b) Are all subordinates in	
			pt status: X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) ▶ WWW.MIDEASTCOM.ORG	OK D		list (see instructions)
			ganization: X Corporation Trust Association Other	Tiv	H(c) Group exemption	A State of legal domicile: NC
	art	HILL S	Summary		ear or formation. 1771 N	of State of legal domicile, 140
_		1 Br		LTTA'	TE AFFORDABLE	HOUSING
			OR THE ELDERLY.			
		_	neck this box If the organization discontinued its operations or dispose	sed of m	ore than 25% of its net ass	sets
Z å			umber of voting members of the governing body (Part VI, line 1a)		RECEIVED 3	10
3 8	3		imber of independent voting members of the governing body (Part VI, line 1b)	1 1	TOLIVED &	10
₽ ≪			tal number of individuals employed in calendar year 2019 (Part V, line 2a)	B076	JUN 1 4 2021	0
ctivities		6 To	tal number of volunteers (estimate if necessary)	8	3011 14 2021	0
Ę		7 a To	otal unrelated business revenue from Part VIII, column (C), line 12	1 -	<u></u>	<u> </u>
_	1	b Ne	et unrelated business taxable income from Form 990-T, line 39		OGDEN, UT 76	0.
					Prior Year	Current Year
<u>a</u>	ا ا		ontnbutions and grants (Part VIII, line 1h)		106,397.	100,809.
2	!		ogram service revenue (Part VIII, line 2g)		214,098.	243,063.
Revenue	1		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,747.	2,819.
	י ן		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		323,242.	346,691.
	_		ntal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		323,242.	0.
			rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	۱.		enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Fxnenses			ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
20			otational fundraising expenses (Part IX, column (D), line 25)	0.		
Ĭ.	آ ۱		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		307,881.	318,324.
			otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		307,881.	318,324.
			evenue less expenses Subtract line 18 from line 12		15,361.	28,367.
ъ	S				Beginning of Current Year	End of Year
Assets or	<u> </u>	20 To	otal assets (Part X, line 16)		1,289,255.	1,265,546.
	d f	21 To	otal liabilities (Part X, line 26)		1,514,923.	1,462,847.
Net.		22 No	et assets or fund balances. Subtract line 21 from line 20		<225,668.>	<197,301.>
	į		Signature Block			
		•	es of perjury, I declare that I have examined this return, including accompanying schedule		-	knowledge and belief, it is
tru	e, <u>c</u> c	orrect, a	and complete. Declaration of preparer (other than officer) is based on all information of w	nich prepa	arer nas any knowledge.	10912021
۵.			Signature of officer		Date /	10 1/2021
Sig			n. Brant Buck		54.0	
He	re		Type or print name and title		<u> </u>	
_		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	rint/Type preparer's name Preparer's signature	201	Date Check	PTIN
Pai	id		REGORY S. ADAMS GREGORY S. ADAM	S S	Date Check Check of Self-employ	
	par			E CO	Firm's EIN	56-1824665
	e Or		rm's address 4024 OLEANDER DRIVE SUITE 3			
		, I,	WILMINGTON, NC 28403		Phone no. (9	10) 799-4872
Ma	ıy tl	he IRS	discuss this return with the preparer shown above? (see instructions)			Yes No
		01-20-2		ons.		Form 990 (2019)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Par	990 (2019) MID EAST DEVELOPMENT CORPORATION 56-1701175 Page 2 till] 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 FACILITATE AFFORDABLE HOUSING FOR THE ELDERLY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$318,324. including grants of \$) (Revenue \$)
41	
4b	(Code) (Expenses \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 318,324.

56-1701175

Form 990 (2019) MID EAST DEVELOPMENT CORPORATION Partily 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	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_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	7535	4.50	3
	as applicable	- AT 14:	1100	A. 150
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,
	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	١		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f				х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		Х
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization maintain an office, employees, or agents outside or the office states: Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	l	Х

Form **990** (2019)

Form 990 (2019) MID EAST DEVELOPMENT CORPORATION

[Part IV.] Checklist of Required Schedules (continued)

<u> </u>	St.		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
. .	-Schedule J	23		X_
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			l
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	- A-172	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions).		-	<u>Calcul</u>
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	280		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		X
200	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
0 2	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1	!	
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	Ь
Pa	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Ι.	┸
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4.5		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		الکی ا	
	(gambling) winnings to prize winners?	1c	<u>L</u>	

Page 5

	[Continued]		1	
_	·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			V .
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		├—
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			_V
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
En	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	F -		X
5a		5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<u> </u>
C C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
0a	any contributions that were not tax deductible as chantable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Va		 **
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	_	х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			\vdash
Ū	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
4-	amounts due or received from them.)			_
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
.	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		_
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N	<u></u>		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
-	If "Yes," complete Form 4720, Schedule O.	. <u>. </u>		
			990	(00.00)

MID EAST DEVELOPMENT CORPORATION 56-1701175 Form 990 (2019) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing... body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization 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 X 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Upon request Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records JANET DODGE, FINANCE DIRECTOR - 2529741830

1385 JOHN SMALL AVENUE, WASHINGTON,

•						
Form 990 (2	2019) MI	D EAST	DEVELOPMENT	CORPORATION	56-1701175	Page 7
Part VII	Compensation of	Officers, D	irectors, Trustees	, Key Employees, I	lighest Compensated	
•	Employees, and Ir	ndependen	t Contractors			
	Check if Schedule O co	ntains a respo	onse or note to any line	in this Part VII		
Section A.	Officers, Directors, To	rustees, Key	Employees, and Highe	st Compensated Emplo	yees	

- 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

See instructions for the order in which to list the persons above

Check this box if neither the organization no	or any related of	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A) Name and title	(B) Average hours per week	(do box	not ci	(C) Position check more than one less person is both an and a director/trustee)		one i an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director			organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
(1) SEE ATTACHED	0.00		х					0.	0.	0.
						_				
	-	_								
	-									
		 		_		T				

	the organization Report Compensation for the Calenda	year ending with or	will ill the organization stax year.	
	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
				
2	Total number of independent contractors (including bu	t not limited to those	listed above) who received more than	

\$100,000 of compensation from the organization

Form 990 (2019) MID EAS
Part VIII Statement of Revenue

		_	Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
			Check il Schedule O Contains a response t	Si rioto to daily iiit	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ည တ	1 :	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b		<u>.</u>			
ថិឱ្យ			Fundraising events 1c					
Εţ								
엹			Related organizations 1d	100 000			,	
š,		е	Government grants (contributions) 1e	100,809.				
ទ្ធនា	•	f	All other contributions, gifts, grants, and					
			similar amounts not included above 1f					
ĒĢ		g	Noncash contributions included in lines 1a-1f					
ŞΞ		_	Total. Add lines 1a-1f		100,809.			
 		<u></u>	Total: Add Into Ta 11	Business Code				
			DENMAI THOOME	531190	211,563.	211,563.		
Program Service Revenue			RENTAL INCOME	221130				
ه ک	- 1	b	OTHER LOCAL REVENUE		31,500.	31,500.		
និដ្ឋ		С						
톭쮦		d					_	
ğΨ		e					-	
<u>د</u> ا			All other program service revenue					
_					243,063.			
\rightarrow		_	Total. Add lines 2a-2f		243,003.			
- 1	3		Investment income (including dividends, intere	st, and	0.010	0.010		
l			other similar amounts)	▶	2,819.	2,819.		
	4		Income from investment of tax-exempt bond p	roceeds 🕨				
	5		Royalties	•				
			(i) Real	(ii) Personal				
	6	ė.	Gross rerits 6a					
	_	_						
			Rental income or (loss) 6c					
ŀ			Net rental income or (loss)	▶.				
	7	а	Gross amount from sales of (i) Securities	(iı) Other			İ	
			assets other than inventory 7a					
		b	Less: cost or other basis					
<u>o</u>			and sales expenses 7b				ļ	
Ĕ			Gain or (loss) 7c					
Revenue				•			-	-
<u>ب</u>			Net gain or (loss)		·	. <u></u>	I	
je l	8		Gross income from fundraising events (not				l	
ð			including \$ of					
ŀ			contributions reported on line 1c) See					
ŀ			Part IV, line 18					
		b	Less. direct expenses 8b					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities See					 "
	9	a						
i			Part IV, line 19					
		b	Less direct expenses 9b			_		
		C	Net income or (loss) from gaming activities	<u> </u>				
]	10	а	Gross sales of inventory, less returns					
			and allowances					l
		h	Less: cost of goods sold 10b	 				
					-			
\rightarrow	_	C	Net income or (loss) from sales of inventory	Division on the				
ွ				Business Code	·			
og a	11	а					ļ	
E d		b						
Miscellaneous Revenue		С					L	
<u> </u>			All other revenue					
Σ			Total. Add lines 11a-11d		<u>.</u>			
	40				346,691.	245,882.	0.	0.
	12		Total revenue. See instructions	,,,, , ,, ,	<u> </u>	227,002.		<u></u>

Secti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response			ripiete column (A).	X
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		одролово	goward	
-	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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (nonemployees)				
а	Management	68,306.	68,306.		
b	Legal				
С	Accounting				·
d	Lobbying			7.0	
е	Professional fundraising services. See Part IV, line 17				<u>. </u>
f	Investment management fees			.=	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	182,742.	182,742.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4.0	4 4 4 4 4		.
20	Interest	16,682.	16,682.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,594.	50,594.		<u>. </u>
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a					
b				· -	
C				· · · · · ·	<u> </u>
d	All other overses				····
	All other expenses Add loss 1 through 24s	318,324.	318,324.	0.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	310,324.	310,324.	- 0.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 422,942. 443,748. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 23,295. 28,597. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 1.484. 9 2,260. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 1,951,537. basis Complete Part VI of Schedule D 10a 790,941. 1,160,596. 841,534. b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 1,265,546. 1,289,255. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 34,336. 34,831. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 1,480,587. 1,428,016. 25 of Schedule D 462,847. 514,923. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. <225,668.> <197,301.> Net assets without donor restrictions 27 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 <225,668.> <197,301.> 32 32 Total net assets or fund balances $1,289,\overline{255}$ 1,265,546. 33 Total liabilities and net assets/fund balances

Form 990 (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public

Name of the organization

MID EAST DEVELOPMENT CORPORATION

Employer identification number 56-1701175

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 X A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

	edule A (Form 990 or 990 EZ) 2019 M rt II Support Schedule for	ID EAST D	EVELOPMEN'	T CORPORA	TION (b)(1)(A)(iv) and	56-170 170(b)(1)(A)(v	
<u> </u>	· (Complete only if you checked	•		`			•
	fails to qualify under the tests			-	or railed to quality c	macri arem mare	Gorganization
Ŝ ₀	ction A. Public Support	noted below, pied		,			
		4 3 2045	#10040	(1) 0017	(4) 2012	(-) 0010	1 /O Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						Y
-	membership fees received(Do.not include any "unusual grants")			-			
•	Tax revenues levied for the organ-	 	<u>. </u>		 		
2	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			-		/	<u> </u>
Ŭ	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			/	1		
	amount shown on line 11,			/			
	column (f)				ļ		<u> </u>
	Public support. Subtract line 5 from line 4 ction B. Total Support				<u> </u>		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	√(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			/			
8	Gross income from interest,		/	ľ			
	dividends, payments received on						
	secunties loans, rents, royalties,						
	and income from similar sources				<u></u>		<u> </u>
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		/	<u> </u>	·		
10	Other income Do not include gain	/	ľ				
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10				+		
	Gross receipts from related activities,	oto /see/instructio	l	l	<u> </u>	12	<u> </u>
13		. /		d fourth, or fifth t	ax vear as a section		
	organization, check this box and stor	/-		,	,		▶□
Se	ction C. Computation of Publi		centage				
14	Public support percentage for 2019/(ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, tine 14			15	%
16a	33 1/3% support test - 2019. /If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				▶∟
ŧ	33 1/3% support test - 2018. If the	-			d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac					rt vi now the orga	Inization
	meets the "facts;ánd-circumstances"	-		- · · ·	_	17a, and line 15 :-	10% or
t	10% -facts-and-circumstances test	_					
	more, and if the organization meets the organization meets the "facts-and-circ						▶ □
12	Private foundation. If the organization						s 🕌
<u></u>	,	and the chook a					0 or 990-EZ) 2019
	/				23		- , · ·

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.) Section A. Public Support (d) 2018 (e) 2019 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017(f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions. merchandise sold or services performed, 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 organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (b) 2016 (a) 2015 (c) 2017 (f) Total Calendar year (or fiscal year beginning in) (d) 2018 (e) 2019 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support/percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 Public support percentage from 2018 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a/33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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 (as 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.
- 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		
	<u> </u>	_	
	2_		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
,		\vdash	
	8		
	9a		\equiv
	L		
	9b		
	9c		
	10a		
	10h		

<u>Sche</u>	dule A (Form 990 or 990-EZ) 2019 MID EAST DEVELOPMENT CORPORATION 56-17	011/	<u>э Ра</u>	age 5
Par	t IV Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		 -
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to-a-b, cr c, provide detail in Part VI.	11c		L
Sec [*]	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		'	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ĺ
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	,		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ľ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			<u> </u>
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			l
	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			<u> </u>
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			,
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			<u> </u>
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations Complete line 3 below.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	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			<u> </u>
	that these activities constituted substantially all of its activities	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			l
	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		Ш	igspace
	activities but for the organization's involvement	2b		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			<u> </u>
	trustees of each of the supported organizations? Provide details in Part VI.	3a_	إـــــا	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>	L	<u> </u>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2019 MID EAST DEVELOPMENT CO	RPORA	TION	56-1701175 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries-of-prior-year distributions	. 2	<u> </u>	to harge _
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current 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	<u></u>	
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	Subtract line 2 from line 1d.	3	<u>-</u>	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6	<u> </u>	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	<u> </u>	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	illy integrate	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Sche Pa r	dule A (Form 990 or 990 EZ) 2019 MID EAST DEVE TV Type III Non-Functionally Integrated 509(6-1701175 Page 7
Sect	on D - Distributions		(COMMINGEO)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
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	e organization is responsive		
	(provide details in Part VI) See instructions	3		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions		_	
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7. \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019 MID	EAST DEVELOPMENT (CORPORATION	56-1701175 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1, Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8; and Pa (See instructions.)	:, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b d 3. Part IV. Section F. lines 1c. 2a.	o, and 11c, Part IV, Section B, line: . 2b. 3a. and 3b. Part V. line 1. Pai	s 1 and 2; Part IV, Section C, rt V. Section B. line 1e: Part V.
				
•				
			•	
		<u> </u>		

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MID EAST DEVELOPMENT CORPORATION

Employer identification number 56-1701175

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	Accounts. Complete if the
-	organization answered "Yes" on Form 990, Part IV, lin	e 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 (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		d only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" on Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	F	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	fisted in the National Register		2d
3	Number of conservation easements modified, transferred, rela	eased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ition easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	that describes the
	organization's accounting for conservation easements	CA . Il'ata da I Turanana an Othan	Cimilar Assats
Pai	t III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Form	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put		rance of public
	service, provide in Part XIII the text of the footnote to its finar		
þ	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treatment		n, provide
	the following amounts required to be reported under FASB 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		

		T DEVELOPM				- Otho	r Cimila		011/5	Page 2
	0.949								(continue)	ed)
3 .	Using the organization's acquisition, accession	on, and other record	is, cneck	any of the f	following that	make s	ignificant	use of its		
	collection items (check all that apply)		. \Box							
a	Public exhibition				hange progra	am				
b	Scholarly research	•	е	Other						
С	Preservation for future generations									
4 -	Provide a description of the organization's co							se in Part	XIII	-
5	Dunng the year, did the organization solicit o					er sımılar	assets	_	٦,,	
Do	to be sold to raise funds rather than to be mart IV Escrow and Custodial Arrangement						F 00/	. Don't 1) (Yes	No
Fai	reported an amount on Form 990, Par		ete if the	organizatio	n answered	Yes on	Form 990	o, Part IV,	line 9, or	
			diami far a		o or other co.	oto not	noludod			
па	Is the organization an agent, trustee, custodi	an or other intermed	mary for c	CONTIDUTION	s or other as:	sets not	included		Yes	No
_	on Form 990, Part X?	and complete the fo	llowne t	abla				<u> </u>	7 162	NO
D	If "Yes," explain the arrangement in Part XIII	and complete the id	mowing t	able			<u></u>		Amount	
_	Decimaling halance						1c		Amount	
	Beginning balance Additions during the year						1d			
a	Distributions during the year						1e			
e 4	• ,						1f			
20	Ending balance Did the organization include an amount on Fo	orm 000 Part Y line	21 for 6	secrow or cu	istodial acco	unt liabil	•		Yes	☐ No
2a	If "Yes," explain the arrangement in Part XIII.		•				ıty :		_ 163	=
Pai							10.			
		(a) Current year	1	rior year	(c) Two yea	T	(d) Three	vears back	(e) Four y	ears back
1a	Beginning of year balance	(a) canone year	1	e. year	(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0) /	
b	Contributions	-	Ì			Ì				
c	Net investment earnings, gains, and losses					Ì			1	
d	Grants or scholarships					1			<u> </u>	
e	Other expenditures for facilities		i							
_	and programs									
f	Administrative expenses		1							
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1c	a, column (a))) held as	•				
а	Board designated or quasi-endowment	•	%		•					
ь	Permanent endowment	%	_							
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posses		ation tha	t are held ar	nd administer	ed for th	e organız	ation	_	
	by								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b_	
4	Describe in Part XIII the intended uses of the		wment f	unds						
Paı	tt VI _ Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	, line 11a S	See Form 990	, Part X,	line 10			
	Description of property	(a) Cost or o		(b) Cost	t or other	(c) A	ccumulat	ed	(d) Book v	/alue
		basis (investi	ment)		(other)	de	preciation	1		
1a	Land				8,750.					<u>,750.</u>
b	Buildings			1,81	2,523.	1,:	<u>120,3</u>	33.	<u>692</u>	<u>,190.</u>
С	Leasehold improvements									
d	Equipment			4	0,264.		40,2	63.		1.
е	Other							+_		0.4.5
Total	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colum	nn (B), line 1	0c.)				790	<u>,941.</u>

Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end	l-of-year market value
1) Financia	al derivatives			
2) Closely	held equity interests			
3) Other				<u></u>
(A)				
(B)				
(C)				
(D)			-	
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c See Form 990, Part X, line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				<u> </u>
(6)				
(7)				
(8)				
(9)				
_ • -	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Part X, line 15	
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				-
(6)				
(7)				
(8)				- "
(9)				
	umn (b) must equal Form 990. Part X. col. (B) line	e 15)	•	-
Part X	Other Liabilities.	·		·
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability		<u> </u>	(b) Book value
	deral income taxes	<u> </u>		
	THER LIABILITIES			1,409,388.
	CURITY DEPOSITS			18,628.
(4)				
(5)		·-··-		-
(6)				
(7)		<u></u>		
(8)				
(9)	A)	- 25 l		1,428,016.
	umn (b) must equal Form 990. Part X. col. (B) line y for uncertain tax positions In Part XIII, provide		the organization's financial statements the	
	y for uncertain tax positions in Part Alli, provide zation's liability for uncertain tax positions under			
organiz	ation's liability for uncertain tax positions under	FASD ASC 740 CHECK NE	are in une text of the loothole has been pro	THOSU IIII aIL AIII

	rt XI Reconciliation of Revenue per Audited Financial State	ements With Revenue	e ner Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		o por riotarii.	
1	Total revenue, gains, and other support per audited financial statements		T ₁	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
– a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d		2d		
е	Add lines 2a through 2d	 	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	tomonto With Evnen	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	· · · · · · · · · · · · · · · · · · ·	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما		
a	Donated services and use of facilities	2a		
b	Prior year adjustments Other losses	2b 2c		
c d		2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
h				
b	Other (Describe in Part XIII)	4b		
	Other (Describe in Part XIII) Add lines 4a and 4b	_ 4b	4c	
c 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.		4c 5	
c 5	Add lines 4a and 4b			
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information.	Part IV, lines 1b and 2b, Part	5	
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part	5	
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³ SCHEDULE O

(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-F7

► Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Name of the organization

MID EAST DEVELOPMENT CORPORATION

Employer identification number 56-1701175

FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD REVIEWS THE FORM EACH YEAR.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENT IS REVIEWED AT BOARD MEETING AND PLACED ON WEB SITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OPERATION OF PROGRAM SERVICES:	
PROGRAM SERVICE EXPENSES	145,251.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	145,251.
CONTRACTUAL SERVICES:	
PROGRAM SERVICE EXPENSES	37,491.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	37,491.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	182,742.
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