Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

A F	or the	\pm 2015 calendar year, or tax year beginning \pm JUL \pm 1, \pm 2015 and e	ending U	<u>JUN 30, 2016</u>	,
В	heck if	C Name of organization		D Employer identif	ication number
	Addres	MID EAST DEVELOPMENT CORPORATION			
<u>_</u>	Name change				701175
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1385 JOHN SMALL AVENUE	Room/suite		er 974-1853
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	389,406.
	Amend			H(a) Is this a group r	eturn
	Applica tion	F Name and address of principal oπicer:		for subordinates	
	pendin	g		H(b) Are all subordinates i	ncluded? Yes No
17	ax-exe	mpt status: X 501(c)(3) 501(c) ()	r 527	If "No," attach a	list. (see instructions)
JV	Vebsit	e:▶ WWW.MIDEASTCOM.ORG		H(c) Group exemption	on number
K F	orm of	organization; X Corporation Trust Association Other	L Year	of formation: 1991	M State of legal domicile: NC
		Summary			
	1	Briefly describe the organization's mission or most significant activities: FACIL	ITATE	AFFORDABLE	HOUSING
Activities & Governance		FOR THE ELDERLY.			
'n	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
S)		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			0
ήtie		Total number of volunteers (estimate if necessary)		4	0
Ç		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
đυ	8 (Contributions and grants (Part VIII, line 1h)		130,655.	126,619.
ň	9 1	Program service revenue (Part VIII, line 2g)		251,555.	261,627.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		124.	1,160.
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		382,334.	389,406.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ф	þ.	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
யி	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		389,807.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		389,807.	
		Revenue less expenses. Subtract line 18 from line 12		<7,473.>	8,125.
Net Assets or Fund Balances			Be	eginning of Current Year	End of Year
sets	20	Fotal assets (Part X, line 16)		1,336,306.	1,332,906.
t As	21	Fotal liabilities (Part X, line 26)		1,591,221.	1,579,696.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	<u></u>	<254,915.>	<246,790.>
	ırt II	Signature Block			,
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
				D-1-	
Sign	ו ו	Signature of officer	001	Date	14/16
Her	e		ecto	<u>r ''</u>	117/10
		Type or print name and title	- 11	Doto I r	I DTIN
		Print/Type preparer's name Preparer's signature		Date Check [PTIN
Paid -		GREGORY S. ADAMS GREGORY S. ADAMS		1/14/16 self-emplo	yed P00338791
Prep	r		СО	Firm's EIN ▶	56-1824665
Use	Only	Firm's address 4024 OLEANDER DRIVE SUITE 3		/.	10\ 700 4050
		WILMINGTON, NC 28403		Phone no. (9	
May	the IR	S discuss this return with the preparer shown above? (see instructions)			Yes No

4e

Form 990 (2015) MID EAST DEVELOPMENT CORPORATION Part IV Checklist of Required Schedules

	A		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			
	similar 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		<u> </u>
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 temporarily restricted endowments, permanent			
	endowments, or 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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_ <u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_ <u>X</u> _
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	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			4,5
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			77
	complete Schedule G. Part III	19	000	X

Checklist, of Required Schedules (continued) Yes No Х 20a 20a Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Part IX, column (A), line 2? If "Yes," complete Schedule I. Parts I and III 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 Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," Х 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 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): X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 28c director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N. Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 34 Part V, line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes." complete Schedule R. Part V. line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Form 990 (2015) MID EAST DEVELOPMENT CORPORATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in 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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	100000000000000000000000000000000000000	X
	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	2555000550	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1000000		
	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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
_	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	1		
b	i i			
10-	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	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	l	
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		Commence of the Commence of th
a	Note. See the instructions for additional information the organization must report on Schedule O.	134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
Ŋ	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
	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 in Schedule O	14b		

MID EAST DEVELOPMENT CORPORATION 56-1701175 Form 990 (2015) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI 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 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 10 b Enter the number of voting members included in 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 X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 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 X 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 Х 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: Х 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 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, 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. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 X 13 Did the organization have a written whistleblower policy? 13 X 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 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official Х b Other officers or key employees of the organization 15b 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 (or 1024 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. Upon request Other (explain in Schedule O) X Own website Another's website Describe in 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:

NC

27889

JANET DODGE, FINANCE DIRECTOR

1385 JOHN SMALL AVENUE, WASHINGTON,

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-()[[]	221	(/() ())	

MID EAST DEVELOPMENT CORPORATION

56-1701175

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

 • List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

<u> </u>	Check this box if neither the organization ne	or any related o	orga	niza	<u>tion</u>	cor	nper	isate	ed any current officer, d	irector, or trustee.	·
	(A) Name and Title	(B) Average hours per week	(do box offic	not c	(e Pos	C) itior		one	(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	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)	SEE ATTACHED	0.00		х					0.	0.	0.
•											

Part VII Section A. Officers, Directors, Tru		<u>وەرد</u> ا	ees,		<u>з нц</u> С)	ynes	st U		,		
(A)	(B) Average			Pos	•	1		(D) Reportable	(E) Reportable		(F) Estimated
Name and title	hours per		not c	heck	more	than o		compensation	compensation	1	amount of
	week	offi	icer ar					from	from related		other
	(list any	ector						the	organizations		mpensation
	hours for related	or dir	9			ated		organization	(W-2/1099-MISC		from the
	organizations	trustee or director	trustee		98	npens		(W-2/1099-MISC)			rganization nd related
	below	dual t	Institutional	_	Key employee	st cor					ganizations
	line)	Individual	Instit	Officer	Кеу в	Highest compensated employee	Form				
		<u> </u>									
		├	<u> </u>			┢	_				

										-	
		_									
1b Sub-total								0.		2.	0.
c Total from continuation sheets to Part V							•	0.		0.	0.
d Total (add lines 1b and 1c)								0.		0.	0.
 Total number of individuals (including but compensation from the organization 	not limited to th	ose	IISTE	a ab	ove	y wn	o re	ceived more than \$100,	ou or reportable		0
											Yes No
3 Did the organization list any former office			e, ke	y em	nplo	yee,	or h	nighest compensated en	nployee on		X
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s								or companyation from the		3	A
and related organizations greater than \$15										4	X
5 Did any person listed on line 1a receive or											
rendered to the organization? If "Yes." con	•				•			•		5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest co the organization. Report compensation for	•									nsation f	rom
(A)							Ĭ	(B)			(C)
Name and busines	s address	NC	ONE	3			4	Description of s	ervices	Comp	ensation
								·····			
							\dashv		·		
							\dashv				
- 100 miles											
2 Total number of independent contractors (ot lin	nitec	l to t	thos		ted	above) who received mo	ore than		
\$100,000 of compensation from the organ	ization 🟲				·	,				_	000 (0045)

MID EAST DEVELOPMENT CORPORATION 56-1701175 Page 9 Form 990 (2015) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII **(D)** Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue , Gifts, Grants nilar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 1d d Related organizations 126,619. e Government grants (contributions) 1e Contributions, and Other Simi f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 126,619. h Total. Add lines 1a-1f Business Code 196,936. 531190 196,936. 2 a RENTAL INCOME Program Service 64,691. b OTHER LOCAL REVENUE 64,691. f All other program service revenue 261,627. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,160. 1,160. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

389,406.

262,787

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	<u>νετε <i>αιι columns. All oth</i>e</u> se or note to anv line in	<i>er organizations must col</i> this Part IX	rnpiete column (A).	X
	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	**			
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			Electrical Control of the Control of	
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	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	99,495.	99,495.		
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	105 500	105 600		
	column (A) amount, list line 11g expenses on Sch 0.)	187,680.	187,680.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				10-11-20-01-2
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,043.	44,043.		
20	Interest	44,043.	44,043.		
21	Payments to affiliates	50,063.	50,063.		
22	Depreciation, depletion, and amortization	50,003.	30,003.		
23	Insurance Other expenses, Itemize expenses not covered		10.500		
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
C					
d					
	All other expenses	201 001	201 001	^	^
25_	Total functional expenses. Add lines 1 through 24e	381,281.	381,281.	0.	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 if following SOP 98-2 (ASC 958-720)		I	I	I

Form 990 (2015)
Part X | Balance Sheet

		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
		Officer in definedure of contains a response of not	e to any	, into in this react.	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			294,514.	1	339,495.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			20,446.	4	22,187.
•	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of secti		13			
Ø		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		1		7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,109.	9	2,050.
	10a	Land, buildings, and equipment: cost or other					
			10a	1,935,181.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	966,007.	1,019,237.	10c	969,174.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	l1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			1,336,306.	16	1,332,906.
	17	Accounts payable and accrued expenses			27,110.	17	35,119.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV c	of Schedule D		21	gregation and continue of the
S	22	Loans and other payables to current and former					
ij		key employees, highest compensated employees	s, and c	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ted thire	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	arties		24	WWW.
	25	Other liabilities (including federal income tax, pay		i i			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of	1 564 111		4 544 555
		Schedule D		l l	1,564,111.	25	1,544,577.
	26	Total liabilities. Add lines 17 through 25			1,591,221.	26	1,579,696.
		Organizations that follow SFAS 117 (ASC 958)		chere ► 🔼 and	100		
es		complete lines 27 through 29, and lines 33 and			<254,915.>		-246 700 s
anc anc	27	Unrestricted net assets			<254,915.>	27	<246,790.>
3ak	28					28	
ק	29					29	
Ξ		Organizations that do not follow SFAS 117 (AS	SC 958)), cneck here 🕨 📖 📗			
ō		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			<254,915.>	32	<246,790.>
~	33	Total net assets or fund balances			1,336,306.	33 34	1,332,906.
	34	Total liabilities and net assets/fund balances			T, JJU, JUU.	ا 1-74 ا	1,JJZ,JUU•

Form	990 (2015) MID EAST DEVELOPMENT CORPORATION	20-T/	011/2	Page	12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u> [
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,400	
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,28:	
3	Revenue less expenses. Subtract line 2 from line 1	3		,12	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<254,	915	<u>.></u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<246,	790	<u>·></u>
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII		1	L	
			5303353	Yes N	Vo
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	, , ,		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				- <u>- </u>
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				X
	Act and OMB Circular A-133?		3a	-+	<u>~</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	990 (20	
			⊦orm :	55U (2(Л5)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

MID EAST DEVELOPMENT CORPORATION

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

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

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

f Enter the number of supported organizations

OMB No. 1545-0047

Open to Public Inspection

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 11, check only one box.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). 10 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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,

Provide the following information about the supported organization(s) (vi) Amount of (iii) Type of organization (iv) Is the organization (v) Amount of monetary (i) Name of supported (ii) EIN listed in your (described on lines 1-9 other support (see support (see organization governing document? above (see instructions)) instructions) instructions)

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 MID EAST DEVELOPMENT CORPORATION 56-1701

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
_							
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			I			
4	Total. Add lines 1 through 3						-
5	The portion of total contributions					1000	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First five years. If the Form 990 is for	•	•				
	organization, check this box and stor	o here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization	***************************************			▶□
b	33 1/3% support test - 2014. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2015. If the org	anization did not d	check a box on line	13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=			
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization						
			,,				

Schedule A (Form 990 or 990-EZ) 2015 MID EAST DEVELOPMENT CORPORATION

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to			·			
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	<u></u>					
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						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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.)	i					
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3) organizat	tion,
check this box and stop here						
Section C. Computation of Publi	c Support Per	centage			T	
15 Public support percentage for 2015 (li			olumn (f))		15	%
16 Public support percentage from 2014					16	%
Section D. Computation of Inves			10 (^)		147	0/
17 Investment income percentage for 20					17	<u>%</u> %
18 Investment income percentage from 2					18 2 1/3% and line 17	
19a 33 1/3% support tests - 2015. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2014. If the						. —
line 18 is not more than 33 1/3%, che		- ·		as a publicly suppo his box and see ins		

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
U		
7		
8		
9a		
9b		
9c		
10a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ıg Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust o	n Nov. 20, 1970. See instruct	tions. All	
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.		
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
	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			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion 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	The state of the s		
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			
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	lly-integra	ted Type III supporting organiz	zation (see	
	instructions)	-	· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
_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			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	4400		
		(i)	(ii) Underdistributions	(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
	Di 1 il 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			ALCOHOL:
a				
b_				
	From 2013			
	From 2014			
-	Total of lines 3a through e	Section 1.		
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)		The state of the s	
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			The state of the s
	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).	·		
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
<u>b</u>		The state of the s		
	Excess from 2013			The state of the s
	Excess from 2014			
е	Excess from 2015			

Schedule A	(Form 990 or 990-EZ) 2015 MID	EAST	DEVELOPME	NT CO	RPORATIO	V	56-1701175	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 ar Section D, lines 5, 6, and 8; and P (See instructions.)	c, 4b, 4c, (nd 3: Part	5a, 6, 9a, 9b, 9c, 1 IV. Section E. lines	1a, 11b, ar 1c. 2a. 2b	nd 11c; Part IV, S . 3a and 3b: Part	Section B, lines 1 : V. line 1: Part V.	and 2; Part IV, Sectior Section B. line 1e; Pa	n C, rt V,
	(Coo mondonono)							
·								
								•
· 								
			· · · · · · · · · · · · · · · · · · ·					
Ar.								
								····
	:							

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MID EAST DEVELOPMENT CORPORATION

Employer identification number 56-1701175

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	torically important land area			
	Protection of natural habitat	Preservation of a cer	tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	Production (All Const			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements					
b						
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register					
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax			
	year >					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
_	violations, and enforcement of the conservation easements it holds? Ves No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year					
6	Staff and volunteer nours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	servation easements during the year			
_	Amount of expenses incurred in monitoring, inspecting, hand	line of violations, and enforcing concents	tion accoments during the year			
7		iling of violations, and emorcing conserva	ition easements during the year			
_	Does each conservation easement reported on line 2(d) above	o estinfu the requirements of section 170	/b\//\/\P\/i\			
8	•					
^	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation					
9	include, if applicable, the text of the footnote to the organization					
		ion a manda statementa that describes	the organization addodnaing for			
Pai	conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.					
100012000	Complete if the organization answered "Yes" on Form					
	If the organization elected, as permitted under SFAS 116 (AS		nent and balance sheet works of art,			
ıu	historical treasures, or other similar assets held for public exh					
	the text of the footnote to its financial statements that describ					
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ed					
	relating to these items:	,	,,			
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$			
	· ·		. .			
2	If the organization received or held works of art, historical trea					
_	the following amounts required to be reported under SFAS 1:					
а	Revenue included on Form 990, Part VIII, line 1		> \$			
	Assets included in Form 990, Part X					

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		98,750.		98,750.
b Buildings		1,787,237.	916,813.	870,424.
c Leasehold improvements				
d Equipment		49,194.	49,194.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	969,174.			

Schedule D (Form 990) 2015

MID EACH DE	VELOPMENT CO	™ T T T T T T T T T T T T T T T T T T T	56-1701175 Page
Schedule D (Form 990) 2015 MID EAST DE Part VII Investments - Other Securities.	VELOPMENT CO	RFORALION	30 1701173 Page
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11b. See Form 990. Part X.	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(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"		ne 11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
Total. (Col. (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 lin	ne 11d. See Form 990. Part X	line 15
	Description	io Trai Coo Foili Coo, Faitz,	(b) Book value
(1)			
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (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, lin		Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) OTHER LIABILITIES		1,526,762.	
(3) SECURITY DEPOSITS		17,815.	
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,544,577. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(7) (8) (9)

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number

MID EAST DEVELOPMENT CORPORATION

Inspection

56-1701175

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: 147,008. PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 147,008. TOTAL EXPENSES CONTRACTUAL SERVICES: 40,672. PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 40,672. TOTAL EXPENSES 187,680. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A