Form <b>C</b>	90
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# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

22 Open to Public

Depart	ment	ot	the	reasury
Interna	Rev	eni	ie S	ervice

Interna	al Reven	ue Service	Go to www.irs.gov/Form990 for instructions and the latest inform	ation.	Inspection
A For the 2022 calend			ar year, or tax year beginning , 2022, and end	ing	, 20
B	Check if a	applicable:	C Name of organization MID-AMERICA EDC	D Er	nployer identification number
ΠΑ	Address of	change	Doing business as		35-1171494
=	lame cha	-	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Te	lephone number
=	nitial retu	-	400 WEST WILSON BRIDGE RD	120	(614)221-1900
8		Irn/terminated		ross receipts	
			City or town, state or province, country, and ZIP or foreign postal code WORTHINGTON, OH 43085	\$	289,565
		on pending	F Name and address of principal officer:		urn for subordinates? Yes X No
L ′	ppiicatic	birpending		H(b) Are all subordi	
			501(c)(3) X 501(c) ( <b>6</b> ) (insert no.) 4947(a)(1) or 527		
		npt status:		· ·	a list. See instructions
	Vebsite:		Corporation Trust Association Other L Year of formation: 195	H(c) Group exempti	
Pa				<b>M</b> State of	legal domicile: OH
га	1	Summar			
	1	•	ibe the organization's mission or most significant activities: MID-AMERICA EDC I		
ø		-		REGION IN S	SITE SELECTION,
Governance		EDUCATIO	N PROGRAMS, MARKETING AND NETWORKING.		
ern					
Š	2		bx if the organization discontinued its operations or disposed of more than 25% of its	1	
	3		oting members of the governing body (Part VI, line 1a)		
ŝ	4		dependent voting members of the governing body (Part VI, line 1b)		
viti	5		r of individuals employed in calendar year 2022 (Part V, line 2a)		0
Activities &	6	Total numbe	r of volunteers (estimate if necessary)	6	
4	7a		ed business revenue from Part VIII, column (C), line 12		a 0
	b	Net unrelate	d business taxable income from Form 990-T, Part I, line 11	71	0 0
				Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		45,452
ne	9	Program ser	vice revenue (Part VIII, line 2g)		244,113
Revenue	10	Investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d)		0
Re	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		289,565
	13	Grants and s	imilar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0
	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)		0
ses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)		0
Expenses	b	Total fundra	sing expenses (Part IX, column (D), line 25) 0		
Ă	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		305,007
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		305,007
	19	Revenue les	s expenses. Subtract line 18 from line 12		(15,442)
- 4	3		Begi	nning of Current Yea	r End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)	144,60	7 116,878
Asse	21	Total liabilitie	es (Part X, line 26)	48,38	7 36,100
Net	22		r fund balances. Subtract line 21 from line 20	96,22	
	rt II		re Block	- · · ·	
Unde	er penalti	ies of perjury, I de	slare that I have examined this return, including accompanying schedules and statements, and to the best of my know	wledge and belief, it is	
true,	correct,	and complete. De	claration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
		TRAC	EY HOGAN		
Sig	n	Signature of office			Date
Her		TRAC	EY HOGAN, SECRETARY		
		Type or print nar			

	Type or print name and title						
	Print/Type preparer's name		Preparer's signature	Date		Check if	PTIN
Paid	Wade Steen			04-07-2023		self-employed	P01340967
Preparer	Firm's name	Steen &	Company		Firm's	EIN	
Use Only	Firm's address	222 E To	wn St		Phone	no.	
		Columbus	ОН 43215			614-	832-9399
May the IRS	discuss this return with the	he preparer sh	own above? See instructions	 			X Yes 🗌 No

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Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	MID-AMERICA EDC IS THE PRIMARY RESOURCE FOR ECONOMIC DEVELOPMENT PROFESSION	
	MID-AMERICA REGION IN SITE SELECTION, EDUCATION PROGRAMS, MARKETING AND NE	TWORKING.
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 🕱 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?	🗌 Yes 🕱 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	-
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 157,256 including grants of \$ ) (Revenu	e \$ )
ти	MID-AMERICA EDC IS THE PRIMARY RESOURCE FOR ECONOMIC DEVELOPMENT PROFESSION	
	MID-AMERICA REGION IN SITE SELECTION, EDUCATION PROGRAMS, MARKETING AND NET	
4b	(Code:) (Expenses \$ including grants of \$) (Revenu	e \$ )
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)
4d	Other program services (Describe on Schedule O.)	,
4.	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e EEA	Total program service expenses     157,256	Form <b>990</b> (2022)
		1 0111 330 (2022)

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Pa	rt IV Checklist of Required Schedules		Yes	Ne
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		tes	No
	complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions			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)			A
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
3	assessments, or similar amounts as defined in Rev. Proc. 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	5		
U	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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	••••		x
'		7		v
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	/		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			
40	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			
	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,			
	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	<u>11</u> a	1	х
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	<u>11k</u>	)	х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	;	x
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			x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	•	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	<u>11</u> f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	I X	
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		)	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		;	х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14	a	х
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	14	b	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 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 See instructions	17	'	х
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		х
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		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	۱ <u> </u>	х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	<b>20</b> k	)	
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		х
		<b>-</b>		(0000)

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Pa	rt IV Checklist of Required Schedules (continued)		Vee	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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
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 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		
с	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		
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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
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 entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	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		<u> </u>
		For	n <b>00</b> 0	12022

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 returm 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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		х
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		х
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
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			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
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.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

For	M 990 (2022) MID-AMERICA EDC 35-11714	.94	P	'age <b>b</b>
Pa	art 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 instruction	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI			x
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	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 on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		r	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10		
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	164		
<u>Soc</u>	organization's exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 900 is required to be filed			
17 19	List the states with which a copy of this Form 990 is required to be filed Ohio			
18	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.			
10	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	ACCENT ON MANAGEMENT (614)221-1900, 400 W. WISON BRIDGE RD, WORTHINGTON, OH 43085			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, H	ighest Compensated Employees, and	ī
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compe	nsated Employees	_
1a Complete t	nis table for all persons required to be listed. Report compensation for the calendar year	ending with or within the	
organization's t	ax year.		
<ul> <li>List all of the second s</li></ul>	he organization's current officers, directors, trustees (whether individuals or organization	ns), 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

x Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	itea erganizat	011 001	mpor			ny can				
					(C)					
(A)	(B)	(-1-	. at -1-		sition	nan one		(D)	(E)	(F)
Name and title	Average					han one s both an		Reportable	Reportable	Estimated amount
	hours	offic	er and	l a dir	rector	/trustee)		compensation	compensation	of other
	per week			from the organization (W-2/	from related organizations (W-2/	compensation from the				
	(list any hours for	Individual trustee or director	Inst	Officer	Key	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	irect	Institutional trustee	cer	Key employee	nest ploye	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	or al tru	nali		bloye	e com				
	below	Istee	trust		ĕ	pens				
	dotted line)		ee			Highest compensated employee				
						<u> </u>				
(1) TRACEY HOGAN	16.00									
SEC AND MANAGING DIRECTOR		х						0	0	0
(2) HORTON HOBBS	2.00									
1st VP/TREASURER				х				0	0	0
(3) BRANDON MARSHALL										
3rd VP				х				0	0	0
(4) MATT_MARSHALL	2.00									
2nd VP/MEMBERSHIP				х				0	0	0
(5) DEAN_DZIEDZIC	2.00									
IMMEDIATE PAST PRESIDENT				x				0	0	0
(6) KEITH_GILLENWATER	2.00									
PRESIDENT				x				0	0	0
(7)										
(8)										
(9)										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
(13)										
<u>(14)</u>										
										Farma <b>000</b> (0000)

Form 9			ERICA EDC										5-1171			age <b>8</b>
Part	VII	Section A. Officers,	Directors,	Frustees,	Key I	Em			es, an	d F	lighest Comp	ensated	Emplo	oyees	(cont	inued
		(A) Name and title		(B)     Position (do not check more than one box, unless person is both an hours       Average hours     officer and a director/trustee)							(D) Reportable compensation from the	(E) Reportable compensation from related	able ation ated	(F) Estimated amou of other compensation from the		
				(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		organization related organi		
<u>(15)</u>					_											
<u>(16)</u>					-											
(17)					-											
<u>(18)</u>					-											
<u>(</u> 19)					-											
(20)					-											
(21)					-											
(22)					-											
(23)					-											
(24)				·	-											
(25)					-											
1b c d		otal				•••	•••	•••	•••	•	0		0			0
2	Total	number of individuals (inclu table compensation from the	uding but not limi									of				
3	Did th	ne organization list any for	mer officer, dire						-						Yes	No
4	For a	oyee on line 1a? <i>If</i> "Yes," c ny individual listed on line 1 nization and related organiz	a, is the sum of r	eportable co	ompens	atior	n and	d oth	er com	npen	sation from the			3		x
5	Did a	idual	eceive or accrue	e compensat	ion from	n any	/ unr	elate	ed orga	aniza	ation or individual			4		x x
Secti		. Independent Contra		· · ·												
1		blete this table for your five h rensation from the organizat	-										ax year.			
			(A) e and business addre								(B) Description of servic			(C)	otion	
		ivalli												Compens		
				<u></u> _												
2		number of independent cor ved more than \$100,000 of		-			se lis	sted	above)	) wh	0					

Form 99				ICA EDC					35-1171	494 Page
Part	VIII	Statement of Rev								
		Check if Schedule O co	ontair	is a responsi	e or n	ote to any line in this	s Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b	Membership dues			1b	45,452				
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events			1c					
no Do	d				1d					
ffts, r An	e	Government grants (contr			1e					
jiai Ujiai		f All other contributions, gifts, grants,								
Sin	.	and similar amounts not in	-		1f					
buti	g									
1 G	9	lines 1a-1f			1g	\$				
a c	h	Total. Add lines 1a-1f					45,452			
	- ···		••	••••		Business Code	15,152			
	22	PROGRAMS & SERVIC	ידיכ	DEV		611710	158,058	158,058		
		SPONSORSHIPS	.53	KEV		611710	80,825	80,825		
Revenue	C C	SPONSORSHIPS				511/10	00,825	80,825		
Revenue		MISC PROGRAM REVE	NTTTE			611710	5,230	5,230		
Rev		MISC PROGRAM REVE	NUE	G		011/10	5,230	5,230		
) —	e f	All other program service		200						
							244,113			
		Total. Add lines 2a-2f .					244,113			
	3	Investment income (includi								
		other similar amounts) . Income from investment of								
	4					F				
	5	Royalties	••							
	0	One an anala	0	(i) Real		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)	· ·							
	7a	Gross amount from		(i) Securitie	es	(ii) Other				
		sales of assets								
		other than inventory	7a							
	D	Less: cost or other basis	71-							
Other Revenue		and sales expenses								
eve		Gain or (loss)								
Ϋ́Υ		Net gain or (loss) Gross income from fundra			• • •					
the	oa									
0		events (not including \$								
		1c). See Part IV, line 18			8a					
	h	Less: direct expenses .			8b					
		Net income or (loss) from t				-				
	1	Gross income from gaming		aising event	° . └					
	50	activities, See Part IV, line			9a					
	h	Less: direct expenses .			9b					
		Net income or (loss) from	-	ng activities	•••					
	10a	Gross sales of inventory, le returns and allowances .			10a					
	h	Less: cost of goods sold			108					
		Net income or (loss) from s				-				
			Jaies	or inventory	••	Business Code				
	110									
ē										
enu						1 1				
Revenue	C d	All other revenue								
		Total. Add lines 11a-11d						044 112		
	12	Total revenue. See instru	CUOF		• • •		289,565	244,113	0	

Part IX

22) MID-AMERICA EDC Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to	any line in this Part IX		••••••••••	
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
<u>8b,</u> 9	9b, and 10b of Part VIII.	i utai expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
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 (nonemployees):				
а	Management	71,269		71,269	
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, column				
	(A) amount, list line 11g expenses on Schedule O.)	7,950		7,950	
12	Advertising and promotion				
13	Office expenses	4,832		4,832	
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	157,256	157,256		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		1,689		1,689	
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.)				
а	SPONSORSHIP EXPENSES	21,838		21,838	
b	MARKETING EXPENSES	8,597		8,597	
С	BOARD EXPENSES	17,285		17,285	
d	TECHNOLOGY EXPENSES	8,979		8,979	
е	All other expenses	5,312		5,312	
25	Total functional expenses. Add lines 1 through 24e	305,007	157,256	147,751	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)				

	990 (20		3!	5-1171	494 Page 11
Par	t 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
	1	Cash - non-interest-bearing	144,538	1	108,615
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\ldots$		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	69	9	8,263
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	144,607	16	116,878
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	48,387	19	36,100
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
dei-		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	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			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	48,387	26	36,100
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
ů.	27	Net assets without donor restrictions	96,220	27	80,778
3ala	28	Net assets with donor restrictions		28	
Б		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ase	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	96,220	32	80,778
_	33	Total liabilities and net assets/fund balances	144,607	33	116,878

EEA

Form 990 (2022)

Form	990 (2022) MID-AMERICA EDC 3	5-117149	4	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		289,	,565
2	Total expenses (must equal Part IX, column (A), line 25)	2		305,	,007
3	Revenue less expenses. Subtract line 2 from line 1	3		(15,	,442)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		96,	,220
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 on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		80,	,778
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	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 audit, 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 on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990	(2022)

SCHEDULE D	
(Form 990)	

## **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.

OMB No. 1545-0047

Open to	Public

Department of the Treasury Internal Revenue Service Name of the organization

er i
1

	Inspection
er identific	ation number
5-11714	94

MID-A	MERICA EDC			35-1171494
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Simil	lar Funds or Accour	nts.
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 6.	
	· · ·	(a) Donor advis		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets he	ld in donor advised	
Ū	funds are the organization's property, subject to the organization	-		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a			
Ū	only for charitable purposes and not for the benefit of the do			
	conferring impermissible private benefit?			No
Par				
1 41	Complete if the organization answered "Yes"	on Form 000 Part IV	line 7	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreation			riably important land area
	Protection of natural habitat		Preservation of a certif	rically important land area
			Preservation of a certin	
•	Preservation of open space	Contractor and Contractor	dente des families des seus	
2	Complete lines 2a through 2d if the organization held a quali	med conservation contribu	ation in the form of a con	
_	easement on the last day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic st	. ,		2c
d	Number of conservation easements included in (c) acquired			
_	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the organ	ization during the
	tax year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		-	
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	d enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and ent	forcing conservation eas	ements during the year
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requiremer	nts of section 170(h)(4)(l	
	and section 170(h)(4)(B)(ii)?			Yes 🗌 No
9	In Part XIII, describe how the organization reports conserva-			
	balance sheet, and include, if applicable, the text of the footn	note to the organization's f	financial statements that	describes the
	organization's accounting for conservation easements.			
Par				er Similar Assets.
	Complete if the organization answered "Yes"			
1a	If the organization elected, as permitted under FASB ASC 9			
	of art, historical treasures, or other similar assets held for pu			ce of public
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its revenu	e statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or	research in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1 $\ldots$			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre	easures, or other similar a	assets for financial gain,	provide the
	following amounts required to be reported under FASB ASC	C 958 relating to these ite	ms:	
а	Revenue included on Form 990, Part VIII, line 1			· · · · \$

\$

	le D (Form 990) 2022 MI		-						35-117			Page	
Par	t III Organization	ns Maintaining	Colle	ctions of	Art, His	torical T	reasures	, or Ot	ther Similar A	ssets	i (cor	ntinuec	I)
3	Using the organization's		ion, and	other record	ds, check a	ny of the fo	blowing that r	nake si	gnificant use of its	6			
	collection items (check	all that apply):				_							
а	Public exhibition				d		r exchange p	-					
b	Scholarly research				е	Other							
С	Preservation for futu	-											
4	Provide a description of	the organization's c	collection	ns and expla	in how they	/ further the	e organizatio	n's exen	npt purpose in Pa	rt			
	XIII.												
5	During the year, did the	-										Π	
Dem	assets to be sold to rais				part of the	organizatio	on's collectio	n?	• • • • • • • •		Yes	No	
Par		Custodial Arra			on Form	~ 000 D	ort IV/ line	0	reported on a	mount	00 F	- 	
	•	he organization	answe	ered res	on For	n 990, P	art IV, line	9, or	reported an a	nount	on F	orm	
	990, Part X,		ion or of	har intermed	liam for oor	tributiono	or other coor	to not					
1a	Is the organization an a included on Form 990, F	-			-						Vaa		
Ь							• • • • • •	• • • •		•• 🗆	res	∐ No	
b	If "Yes," explain the arra				ulowing la	Jie.			Δ	mount			
~	Beginning balance .							. 10		mount			
c d	Additions during the year												-
e	Distributions during the								-				
f	Ending balance	•											
2a	Did the organization inc										Yes	No	
b	If "Yes," explain the arra								•			П	
Par		-											_
	Complete if t	he organization	answe	ered "Yes'	" on Forr	n 990, P	art IV, line	10.					
	ľ			urrent year		or year	(c) Two years		(d) Three years bac	k (e)	Four y	ears back	
1a	Beginning of year balar	nce											-
b	Contributions												
С	Net investment earnings	s, gains, and											
	losses												
d	Grants or scholarships												
е	Other expenditures for f	acilities and											
	programs												
f	Administrative expenses	s											
g	End of year balance												
2	Provide the estimated p	-	-		ce (line 1g,	column (a)	)) held as:						
а	Board designated or qu	asi-endowment		%									
b	Permanent endowment		)										
C	Term endowment	%											
	The percentages on line												
3a	Are there endowment fu	unds not in the poss	ession o	of the organiz	zation that a	are held ar	nd administer	ed for th	e		5		
	organization by:											Yes No	)
	(i) Unrelated organiza									-	la(i)		
	(ii) Related organizatio										a(ii)		
b	If "Yes" on line 3a(ii), ar	-		•				••••		•• [	3b		
4	Describe in Part XIII the				dowment fu	nds.							
Par		ngs, and Equip			" on Forr	~ 000 D	ort IV/ line	110	Soo Form 000		VIII	00.10	
		he organization	answe										
	Description of p	roperty		(a) Cost or oth (investm			r other basis other)	• • •	Accumulated lepreciation	(d)	Book v	/alue	
10	Land			(investin	,								
1а ь			· · -										
b	Leasehold improvemen	•••••											
c d	Equipment												
u e													
	Add lines 1a through 1e			orm 990 Pa	rt X. colum	n (B), line	10c.)						-
EEA		, (a) maor			, colum	(=),				hedule	D (For	m 990) 20	)22

Schedule D (Form 990) 2022

	Complete if the organization answered	I "Yes" on For	m 990, Par	t IV, line	11b. See For	m 990, Part X, line 12.
	<ul> <li>(a) Description of security or category (including name of security)</li> </ul>		(b) Book va	alue	. ,	Method of valuation: end-of-year market value
(1) Financial c	erivatives					
(2) Closely-he	Id equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H) Total (Column	n (b) must equal Form 990, Part X, col. (B) line 12	)				
Part VIII	Investments - Program Related.	.)				
	Complete if the organization answered	l "Yes" on For	m 990 Par	t IV line	11c See For	m 990 Part X line 13
	(a) Description of investment		(b) Book va	alue	( )	Method of valuation: end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 13	.)				
Part IX	Other Assets.		000 D	( N / P		
	Complete if the organization answered		m 990, Par	t IV, line	Tid. See For	
(4)	(a) De	escription				(b) Book value
(1)						
(2)						
(3)						
<u>(4)</u> (5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 15	)				
Part X	Other Liabilities.					
	Complete if the organization answered	l "Yes" on For	m 990, Par	t IV, line	11e or 11f. S	ee Form 990, Part X,
	line 25.		,	,		, ,
1.	(a) Description of liability	(b) Book v	alue			
(1) Federal i	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)				-		
(7)				-		
(8)						
(9)				-		
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 25.).					

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . .

35-1171494

Page 3

Schedule D (Form 990) 2022

Part VII

MID-AMERICA EDC

**Investments - Other Securities.** 

Schedu	le D (Form 990) 2022 MID-AMERICA EDC	35-1171494	Page 4
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	289,565
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	289,565
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	. 4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		289,565
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	305,007
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	305,007
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	305,007
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## SCHEDULE O (Form 990)

## 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

MID-AMERICA EDC

Employer identification number

35-1171494

## 01. Management duties delegation (Part VI, line 3)

THE BOARD HAS ENGAGED AN ASSOCIATION MANAGEMENT COMPANY TO MANAGE AND PERFORM THE

DAY-TO-DAY ACTIVITIES OF MID-AMERICA EDC. THE MANAGEMENT COMPANY WORKS UNDER THE DIRECTION

OF THE OFFICERS AND BOARD.

#### 02. Members or stockholder classes and rights (Part VI, line 6)

INDIVIDUALS ELIGIBLE FOR MEMBERSHIP IN MAEDC MAY BE RESIDENTS OF THE STATES SERVED BY

MID-AMERICA EDC OR NON-RESIDENTS. THE BOARD IS RESPONSIBLE FOR ESTABLISHING

CLASSIFICATIONS OF MEMBERSHIP.

#### 03. Member election for additional members (Part VI, line 7a)

THE MEMBERS ELECT THE BOARD OF DIRECTORS.

#### 04. Governing body decisions (Part VI, line 7b)

THE BOARD IS RESPONSIBLE FOR MANAGEMENT OF MID-AMERICA EDC.

#### 05. Governing body meeting documentation (Part VI, line 8a)

THE BOARD KEEPS MINUTES OF ALL ITS MEETINGS AND THEY ARE AVAILABLE TO MEMBERS UPON

REQUEST.

## 06. Form 990 governing body review (Part VI, line 11)

THE OFFICERS REVIEW THE FORM 990 BEFORE IT IS FILED.

## 07. Conflict of interest policy compliance (Part VI, line 12c)

ALL BOARD MEMBERS ARE AWARE OF THE CONFLICT OF INTEREST POLICY AND ATTEST TO COMPLIANCE

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
MID-AMERICA EDC	35-1171494
WITH IT.	
08. Form 990 availability to public (Part VI, line 18)	
AVAILABLE UPON REQUEST	
09. Governing documents, etc, available to public (Part VI, line 19)	
os. Governing documents, etc, available to public (Part VI, line 19)	
AVAILABLE UPON REQUEST	

PROGRAM EXPENSES          Description       Amount         COMPETITIVENESS CONFERENCE       \$ 101,10         BEST PRACTICE CONFERENCE       56,15         Total: \$ 157,25         SPONSORSHIPS         Description         ALL SPONSORSHIPS       \$ 80,82         MISC PROGRAM		Overflow Statement bage is not filed with the return. It is for your records only.)		<b>2022</b> Page 1
Description       Amount         COMPETITIVENESS CONFERENCE       \$ 101,10;         BEST PRACTICE CONFERENCE       56,15;         Total:       \$ 157,25;         SPONSORSHIPS         Description         ALL SPONSORSHIPS       \$ 80,82;         MISC PROGRAM         Description         MISC PROGRAM         Description         MISC PROGRAM         Description         Amount         \$ 5,23	Name(s) as shown on return MID-AMERICA EDC			FEIN 35-1171494
Description       Amount         COMPETITIVENESS CONFERENCE       \$ 101,10;         BEST PRACTICE CONFERENCE       56,15;         Total:       \$ 157,25;         SPONSORSHIPS         Description         ALL SPONSORSHIPS       \$ 80,82;         MISC PROGRAM         Description         MISC PROGRAM         Description         MISC PROGRAM         Description         Amount         \$ 5,23				
COMPETITIVENESS CONFERENCE       \$ 101,103         BEST PRACTICE CONFERENCE       56,154         Total: \$ 157,250         SPONSORSHIPS         Description         Amount         Amount         SPONSORSHIPS         Description         MISC PROGRAM         Description         OTHER REVENUE         Amount         \$ 5,230		PROGRAM EXPENSES		
BEST PRACTICE CONFERENCE       56,15-         Total: \$       157,25-         SPONSORSHIPS       Amount         ALL SPONSORSHIPS       \$ 80,82-         MISC PROGRAM       MISC PROGRAM         Description       Amount         OTHER REVENUE       \$ 5,23-				
SPONSORSHIPS         Description       Amount         ALL SPONSORSHIPS       \$ 80,82         Total: \$ 80,82         MISC PROGRAM         Description       Amount         OTHER REVENUE       \$ 5,23				
Description       Amount         ALL SPONSORSHIPS       \$ 80,82         Total:       \$ 80,82         MISC PROGRAM       Amount         OTHER REVENUE       \$ 5,23			Total:	\$157,25
ALL SPONSORSHIPS \$ 80,82 Total: \$ 80,82 MISC PROGRAM Description Amount OTHER REVENUE \$ 5,23		SPONSORSHIPS		
ALL SPONSORSHIPS \$ 80,82 Total: \$ 80,82 MISC PROGRAM Description Amount OTHER REVENUE \$ 5,23	Description			Amount
MISC PROGRAM          Description       Amount         OTHER REVENUE       \$ 5,23			Totol.	\$ 80,82
DescriptionAmountOTHER REVENUE\$ 5,23			TOTAL:	\$ <u>80,82</u>
OTHER REVENUE \$ 5,23		MISC PROGRAM		
Total: \$5,23				_ <u>Amount</u>
	OTHER REVENUE		Total:	\$ <u>5,23</u>