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Form 990

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)

► 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.

OMB No. 1545-0047

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning _____, and ending _____

B Check if applicable	C Name of organization Mid-States Minority Supplier Development Council, Inc.	D Employer identification number 35-1466848
<input type="checkbox"/> Address change	Doing Business As	
<input checked="" type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 2126 North Meridian Street	Room/suite
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code Indianapolis IN 46202	
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	F Name and address of principal officer Carolyn Mosby 2126 North Meridian Street Indianapolis IN 46202	
		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
		H(c) Group exemption number ►
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website ► www.midstatesmsdc.org	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 1976 M State of legal domicile IN	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Schedule O			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3 22	4 22	
	5 Number of voting members of the governing body (Part VI, line 1a)	5 10	6 15	
	7 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	7a 0	7b 0	
	8 Total unrelated business revenue from Part VIII, column (C), line 12			
	9 Net unrelated business taxable income from Form 990-T, line 34			
Revenue	10 Contributions and grants (Part VIII, line 1h)	413,370	437,022	
	11 Program service revenue (Part VIII, line 2g)	573,320	518,430	
	12 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	597	526	
	13 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	14 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	987,287	955,978	
	15 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
	16 Benefits paid to or for members (Part IX, column (A), line 4)			0
	17 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
	18 Professional fundraising fees (Part IX, column (A), line 11e)			0
	19 Total fundraising expenses (Part IX, column (D), line 25)	347,204	325,826	
	20 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	734,067	668,401	
	21 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,081,271	994,227	
22 Revenue less expenses Subtract line 18 from line 12	-93,984	-38,249		
23 Beginning of Current Year			End of Year	
24 Total assets (Part X, line 16)	1,301,980	1,163,848		
25 Total liabilities (Part X, line 26)	660,249	560,366		
26 Net assets or fund balances Subtract line 21 from line 20	641,731	603,482		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Carolyn Mosby		Date 11/13/14
	Type or print name and title		
Paid	Print/Type preparer's name Jesse Vasquez	Preparer's signature Jesse Vasquez	Date 11/13/14 Check <input type="checkbox"/> if self-employed PTIN P00544512
Preparer	Firm's name ► Vasquez Group, LLC		Firm's EIN ► 27-1989751
Use Only	Firm's address ► 2126 N Meridian St Ste 120 Indianapolis, IN 46202-1317		Phone no 317-828-4718

May the IRS discuss this return with the preparer shown above? (see instructions)

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

Form 990 (2013)

3

Form 8868 (Rev. 1-2014)

Page 2

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions Mid-States Minority Supplier Development Council, Inc.	Employer identification number (EIN) or 35-1466848
	Number, street, and room or suite no. If a P O box, see instructions 2126 North Meridian Street	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions Indianapolis IN 46202	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **►Carolyn Mosby** **2126 N. Meridian St, Indianapolis IN 46214**
Telephone No **► 317-921-2675** FAX No **►**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____** If this is for the whole group, check this box **►** If it is for part of the group, check this box **►** and attach a list with the names and EINs of all members the extension is for **_____**

4 I request an additional 3-month extension of time until **11/15/14**5 For calendar year **2013**, or other tax year beginning **_____**, and ending **_____**6 If the tax year entered in line 5 is for less than 12 months, check reason **►** Initial return **►** Final return
► Change in accounting period

7 State in detail why you need the extension

Requesting second extension to allow sufficient time for the audited financials to be completed.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **►**Title **► President & CEO**Date **► 07/30/14**Form **8868** (Rev. 1-2014)

Form 990 (2013) **Mid-States Minority Supplier** **35-1466848**Page **2****Part III Statement of Program Service Accomplishments****Check if Schedule O contains a response or note to any line in this Part III****1 Briefly describe the organization's mission****See Schedule O****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 measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a (Code) (Expenses \$ **471,052** including grants of\$) (Revenue \$)****See Schedule O****4b (Code) (Expenses \$ **including grants of\$) (Revenue \$)******4c (Code) (Expenses \$ **including grants of\$) (Revenue \$)******4d Other program services (Describe in Schedule O)****(Expenses \$ **including grants of\$) (Revenue \$)******4e Total program service expenses ► **471,052****

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
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		
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		
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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c	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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2013) **Mid-States Minority Supplier**
Part IV Checklist of Required Schedules (continued)

35-1466848

Page 4

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on 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	
c	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) and 501(c)(4) 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	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5, 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 so, complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	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	33	X
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	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	
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	36	
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	37	
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	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		

Form 990 (2013)

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

1a	10
1b	

1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1c	
----	--

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2a	10
----	----

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

2b	X
----	---

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a	X
3b	X

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

4a	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

5a	X
5b	X
5c	

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)?

6a	X
6b	

b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

7a	X
7b	X

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

7c	X
----	---

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

7d	
----	--

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

7e	X
7f	X
7g	
7h	

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?

8	
---	--

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

9a	
9b	

7 **Organizations that may receive deductible contributions under section 170(c).**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

10a	
10b	

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

11a	
11b	

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

12a	
-----	--

d If "Yes," indicate the number of Forms 8282 filed during the year

12b	
-----	--

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

13a	
-----	--

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

13b	
-----	--

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

13c	
-----	--

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

14a	X
-----	---

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

14b	
-----	--

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966?

10a	
10b	

b Did the organization make a distribution to a donor, donor advisor, or related person?

11a	
11b	

10 **Section 501(c)(7) organizations.** Enter

11b	
-----	--

a Initiation fees and capital contributions included on Part VIII, line 12

12a	
-----	--

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

12b	
-----	--

11 **Section 501(c)(12) organizations.** Enter

13a	
-----	--

a Gross income from members or shareholders

13b	
-----	--

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

13c	
-----	--

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

14a	X
-----	---

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

14b	
-----	--

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.

13a	
-----	--

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

13b	
-----	--

c Enter the amount of reserves on hand

13c	
-----	--

14a Did the organization receive any payments for indoor tanning services during the tax year?

14a	X
-----	---

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b	
-----	--

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
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 in Schedule O	1a 22	
1b		1b 22	
2		2	<input checked="" type="checkbox"/>
3		3	<input checked="" type="checkbox"/>
4		4	<input checked="" type="checkbox"/>
5		5	<input checked="" type="checkbox"/>
6		6 <input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a <input checked="" type="checkbox"/>	
a	The governing body?	8b <input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?		
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 in Schedule O	9	<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a	10a <input checked="" type="checkbox"/>	
b		
11a	11a <input checked="" type="checkbox"/>	
b		
12a	12a <input checked="" type="checkbox"/>	
b	12b <input checked="" type="checkbox"/>	
c		
13	12c <input checked="" type="checkbox"/>	
14	13 <input checked="" type="checkbox"/>	
15	14 <input checked="" type="checkbox"/>	
a		
b		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	15a <input checked="" type="checkbox"/>	
b	15b <input checked="" type="checkbox"/>	
If "Yes" to line 16a or 16b, describe the process in Schedule O (see instructions)		
16a	16a <input checked="" type="checkbox"/>	
b	16b <input checked="" type="checkbox"/>	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **IN**
- 18 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
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **Carolyn Mosby**

2126 North Meridian Street

IN 46214

317-921-2675

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) Kenneth Beteet	10.00								
Board Chair	0.00	X		X			0	0	0
(2) Michael Jennings	10.00								
2nd Chair	0.00	X		X			0	0	0
(3) Tom Kerker	1.00								
Director	0.00	X					0	0	0
(4) David Gadis	10.00								
Immediate Past Chair	0.00	X		X			0	0	0
(5) Brenda Burke	1.00								
Director	0.00	X					0	0	0
(6) Calvin Shannon	1.00								
Director	0.00	X					0	0	0
(7) Carl Drummer	1.00								
Director	0.00	X					0	0	0
(8) Debra Simmons-Wilson	10.00								
MBEIC Chair	0.00	X		X			0	0	0
(9) James Duke	10.00								
Secretary	0.00	X		X			0	0	0
(10) Richard Wise	1.00								
Director	0.00	X					0	0	0
(11) Jesse Moore	1.00								
Director	0.00	X					0	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former			
(12) Joseph Smith	1.00									
Director	0.00	X						0	0	0
(13) Richard Miller	1.00									
Director	0.00	X						0	0	0
(14) Robert Halter	1.00									
Director	0.00	X						0	0	0
(15) Ronald Minnis	1.00									
Director	0.00	X						0	0	0
(16) Steve Corbitt	1.00									
Director	0.00	X						0	0	0
(17) Tim Blagsvedt	10.00									
Treasurer	0.00	X	X					0	0	0
(18) Alan Johnson	1.00									
Director	0.00	X						0	0	0
(19) Brian Sanders	1.00									
Director	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								95,000		
d Total (add lines 1b and 1c)								95,000		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	3	X
4	4	X
5	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		
(12) Jim Hudson Director	1.00 0.00		X					0	0	0
(13) Reese A. Hamilton Director	1.00 0.00		X					0	0	0
(14) Carolyn Mosby President/CEO	40.00 0.00			X				95,000	0	0
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							►	95,000		
c Total from continuation sheets to Part VII, Section A							►			
d Total (add lines 1b and 1c)							►			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	112,000			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	211,500			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	113,522			
	g Noncash contributions included in lines 1a-1f		\$			
	h Total. Add lines 1a-1f		► 437,022			
Program Service Revenue	2a Tradeshow Fees	Busn Code				
	b MBE Certification Fees		208,195	208,195		
	c Annual Dinner Meeting		108,975	108,975		
	d Golf Outing		87,145	87,145		
	e Training & Development		71,990	71,990		
	f All other program service revenue		36,400	36,400		
	g Total. Add lines 2a-2f		5,725	5,725		
	h Total. Add lines 1a-1f		► 518,430			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		526		526	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
	b Less rental exps	25,881				
	c Rental inc or (loss)					
	d Net rental income or (loss)		►			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)		►				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)						
See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events	►					
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities	►					
10a 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	►					
11a Miscellaneous Revenue	Busn Code					
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		► 955,978	518,430	0	526	
12 Total revenue. See instructions		►				

Part IX 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 not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	95,000	71,250	23,750	
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	189,447	142,085	47,362	
8 Pension plan accrals and contributions (include section 401(k) and 403(b) employer contributions)	14,143	10,607	3,536	
9 Other employee benefits	4,183	3,137	1,046	
10 Payroll taxes	23,053	17,290	5,763	
11 Fees for services (non-employees)				
a Management				
b Legal	1,565		1,565	
c Accounting	23,780		23,780	
d Lobbying				
e 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)				
12 Advertising and promotion	2,325		2,325	
13 Office expenses	49,522		49,522	
14 Information technology	9,226		9,226	
15 Royalties				
16 Occupancy	23,150		23,150	
17 Travel	26,161	26,161		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,760	3,760		
20 Interest	20,095		20,095	
21 Payments to affiliates	25,889	25,889		
22 Depreciation, depletion, and amortization	8,083		8,083	
23 Insurance				
24 Other expenses. Itemize expenses not covered 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 O)				
a MBDA Business Center	215,065		215,065	
b Trade Show expense	80,180	80,180		
c Annual Dinner Meeting	39,573	39,573		
d Bad debt	35,900	13,400	22,500	
e All other expenses	104,127	37,720	66,407	
25 Total functional expenses. Add lines 1 through 24e	994,227	471,052	523,175	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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
	1 Cash—non-interest bearing	104,172	1	32,403
	2 Savings and temporary cash investments	184,997	2	185,303
	3 Pledges and grants receivable, net	7,966	3	4,600
	4 Accounts receivable, net	59,220	4	25,129
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,570	9	7,912
Assets	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,472,331		
	b Less accumulated depreciation	565,591	10c	906,740
	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	3,082	14	1,761
	15 Other assets See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,301,980	16	1,163,848
	17 Accounts payable and accrued expenses	13,903	17	12,507
	18 Grants payable		18	
	19 Deferred revenue	122,800	19	45,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	515,261	23	497,151
	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	8,285	25	5,708
	26 Total liabilities. Add lines 17 through 25	660,249	26	560,366
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	635,731	27	603,482
	28 Temporarily restricted net assets	6,000	28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	641,731	33	603,482
	34 Total liabilities and net assets/fund balances	1,301,980	34	1,163,848

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck 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	955,978
2 Total expenses (must equal Part IX, column (A), line 25)	2	994,227
3 Revenue less expenses Subtract line 2 from line 1	3	-38,249
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	641,731
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	
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	603,482

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	<input checked="" type="checkbox"/>
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2013)

SCHEDULE A
 (Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service
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.

OMB No. 1545-0047

2013Open to Public
Inspection

Name of the organization

**Mid-States Minority Supplier
Development Council, Inc.**Employer identification number
35-1466848**Part I 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)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 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.
 5 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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 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.)
 9 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)
 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for
Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 **Mid-States Minority Supplier****35-1466848**

Page 2

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	215,499	203,532	364,768	413,370	437,022	1,634,191
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3	215,499	203,532	364,768	413,370	437,022	1,634,191
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1,634,191

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	215,499	203,532	364,768	413,370	437,022	1,634,191
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,655	28,519	19,706	16,474	26,407	122,761
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 IV)						
11 Total support. Add lines 7 through 10						1,756,952
12 Gross receipts from related activities, etc (see instructions)					12	518,430
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	93.01%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	90.44%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes," to 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

2013Open to Public
Inspection

Name of the organization

**Mid-States Minority Supplier
Development Council, Inc.**

Employer identification number

35-1466848**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No**Part II Conservation Easements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
►7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$
(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$
b Assets included in Form 990, Part X ► \$

Schedule D (Form 990) 2013 **Mid-States Minority Supplier**

35-1466848

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

Yes	No
3a(i)	
3a(ii)	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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		106,500		106,500
b Buildings		1,265,453	487,025	778,428
c Leasehold improvements				
d Equipment		100,378	78,566	21,812
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			►	906,740

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 **Mid-States Minority Supplier****35-1466848**

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Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation 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. (Column (b) must equal Form 990, Part X, col (B) line 12) ►

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Interest Payable	2,285
(3) Security Deposits	1,957
(4) Wages Payable	1,466
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►

5,7082. 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

Schedule D (Form 990) 2013 **Mid-States Minority Supplier****35-1466848****Page 4****Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	1,027,267
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	45,408
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	25,881
e Add lines 2a through 2d	2e	71,289
3 Subtract line 2e from line 1	3	955,978
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	955,978

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	1,065,516
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	45,408
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	25,881
e Add lines 2a through 2d	2e	71,289
3 Subtract line 2e from line 1	3	994,227
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	994,227

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

Part X - FIN 48 Footnote

Mid-State MSDC is a not-for-profit organization exempt from income taxes under Section 501(c)(3) for the Internal Revenue Code, therefore no expense or liability has been recognized for income taxes in the accompanying financial statements. Management believes it has adequately addressed all relevant tax positions and that there are no unrecorded tax liabilities.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Rental Income \$ 25,881

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Rental expense \$ 25,881

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

**Mid-States Minority Supplier
Development Council, Inc.**

Employer identification number

35-1466848

Form 990 - Organization's Mission

The primary mission of the Mid-States Minority Supplier Development Council (Mid-States MSDC) is to promote and cultivate successful minority enterprises within the Central Illinois, Indiana and Eastern Missouri business communities. The Mid-States MSDC serves as an advocate for the economic well-being and growth of certified MBEs, while also providing a direct connection for corporations who are committed to purchasing products and services from Mid-States MSDC-certified MBEs.

The Mid-States MSDC is an affiliate of the National Minority Supplier Development Council (NMSDC), and one of 24 regional councils operating in the United States. The Council was created by the Indianapolis business community in the mid '70s to address and support minority business development.

Through the dedication and continuing support of its original founders, the Indiana Regional Purchasing Council (IRPC) as it was initially named, became the Indiana Regional Minority Purchasing Council (IRMPC), followed by the Indiana Regional Minority Supplier Development Council (IRMSDC), the Indiana Business Diversity Council (IBDC), Indiana Minority Supplier Development Council (IMSDC) and now, the Mid-States Minority Supplier Development Council (Mid-States MSDC). The successive name changes reflect the increasing scope of programs and services made available to the minority business community.

Mid-States Minority Supplier35-1466848**Form 990, Part III, Line 4a - First Accomplishment**

The Mid-States MSDC is supported by corporate membership dues, contributions, and by funding from the NMSDC.

HOW WE HELP

Often, bringing together corporate and minority businesses is simply a communication issue. Membership in the Council helps to solve that problem by providing the vehicle for effective networking and communication. Many activities and programs of the Council are designed to bring buyers and sellers together to discuss business problems and share knowledge.

Belonging to the Mid-States MSDC is good for businesses because a sound minority purchasing program increases the quality and depth of an organization's supplier base. It is good for the local economy because increased minority purchasing equates to the growth of small companies and increased local employment. The Council works closely with other organizations serving the needs of the majority and the minority business community.

Throughout its 38 year history the Council has facilitated more than \$10 billion in purchases of goods and services from the minority business community by America's major corporations. The organization relies on revenue generated from fundraising events, educational programs, membership dues and grants. We plan and host four major networking events annually including a minority business tradeshow, two golf outings and an annual dinner and awards gala. In addition, we offer premier workshops and

Schedule O (Form 990 or 990-EZ) (2013)

Page 2

Name of the organization

Mid-States Minority Supplier

Employer identification number

35-1466848

seminars to further develop minority businesses and to educate majority corporations.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders**Yes**

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
 Form 990 is submitted to each member of the governing body before being filed with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Officers and directors are required to disclose any conflicts of interest on an annual basis.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
 Governing documents are available to the public upon request.

Form 990, Part IX, Line 24e - Other Expenses

Description	Amount
Golf Outing expense	\$ 30,839 \$ 0 \$ 0
Merger expenses	\$ 0 \$ 29,702 \$ 0
Misc expenses	\$ 0 \$ 18,607 \$ 0
Equipment Rental	\$ 0 \$ 10,102 \$ 0

Schedule O (Form 990 or 990-EZ) (2013)

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Name of the organization

Mid-States Minority Supplier

Employer identification number

35-1466848**Training & Develop exp**

\$	6,881	\$	0	\$	0
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Meals & Entertainment

\$	0	\$	4,939	\$	0
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Dues & Subscriptions

\$	0	\$	2,685	\$	0
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Transition expenses

\$	0	\$	372	\$	0
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Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Rental Income	\$	25,881
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Rental expense	\$	-25,881
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