

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , and ending

B Check if applicable:	C Name of organization MIDLAND AREA COMMUNITY FOUNDATION	D Employer identification number 38-2023395
<input type="checkbox"/> Address change	Doing business as	E Telephone number 989-839-9661
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	G Gross receipts\$ 10,880,431
<input type="checkbox"/> Initial return	76 ASHMAN CIRCLE	
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Amended return	MIDLAND MI 48640	
<input type="checkbox"/> Application pending	F Name and address of principal officer: SHARON MORTENSEN 76 ASHMAN CIRCLE MIDLAND MI 48640	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)
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.MIDLANDFOUNDATION.ORG	H(c) Group exemption number ▶
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: 1973	M State of legal domicile: MI

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 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	700
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-431,824
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,276,741	Current Year 7,048,990
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,059,993	3,611,357
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	169,144	-223,532
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,505,878	10,436,815
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,530,037	4,096,180
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	644,706	685,482
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 258,733		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,447,867	2,312,905
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,622,610	7,094,567	
19 Revenue less expenses. Subtract line 18 from line 12	5,883,268	3,342,248	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 94,332,894	End of Year 110,680,869
	21 Total liabilities (Part X, line 26)	2,719,929	2,643,149
	22 Net assets or fund balances. Subtract line 21 from line 20	91,612,965	108,037,720

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 SHARON MORTENSEN	Date PRESIDENT/CEO			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KELLIE M. BOS	Preparer's signature <i>Kellie M. Bos</i>	Date 04-24-2020	Check <input type="checkbox"/> if self-employed	PTIN P00448161
	Firm's name ▶ ANDREWS HOOPER PAVLIK PLC	Firm's EIN ▶ 38-3133790			
	Firm's address ▶ 5915 EASTMAN AVE STE 100 MIDLAND, MI 48640-6824	Phone no. 989-835-7721			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

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 [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] 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 \$ 1,849,895 including grants of \$ 960,725) (Revenue \$)

BUILDING OUR LIVELIHOOD (ECONOMIC DEVELOPMENT AND INFRASTRUCTURE) - THE LOCAL AREA CREATES AND SUSTAINS COMPETITIVE ADVANTAGES FOR EXISTING AND FUTURE BUSINESSES. THE FOUNDATION IS WELL-CONNECTED AND INVESTS IN PHYSICAL AND TECHNOLOGICAL INFRASTRUCTURE.

4b (Code:) (Expenses \$ 1,701,740 including grants of \$ 993,853) (Revenue \$)

ENRICHING OUR COMMUNITY (ARTS, CULTURE, ENTERTAINMENT, RECREATION, DIVERSITY, COMMUNITY LEADERSHIP, AND ENVIRONMENT) - THE LOCAL AREA IS A VIBRANT HUB OF ARTS, CULTURE, ENTERTAINMENT AND RECREATIONAL OPPORTUNITIES. THE FOUNDATION IS COMMITTED TO EQUALITY AND INCLUSION, AND WELCOMES, EMBRACES, AND ACCEPTS ALL PEOPLE. THE LOCAL AREA IS A SUSTAINABLE COMMUNITY THAT VALUES AND PROTECTS ITS NATURAL RESOURCES.

4c (Code:) (Expenses \$ 1,599,907 including grants of \$ 1,379,648) (Revenue \$)

DEVELOPING OUR TALENT (TALENT, EDUCATION, YOUTH DEVELOPMENT, AND ENGAGEMENT) - THE LOCAL AREA OFFERS HIGH QUALITY EDUCATION AND LEARNING OPPORTUNITIES THROUGHOUT LIFE, AND THE COMMUNITY NURTURES A SKILLED WORKFORCE AND PLACES HIGH VALUE ON POST-SECONDARY LEARNING. THE FOUNDATION PROVIDES OPPORTUNITIES FOR CHILDREN AND YOUTH TO REALIZE THEIR HOPES AND DREAMS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 932,877 including grants of \$ 761,954) (Revenue \$)

4e Total program service expenses 6,084,419

Part III Total Unrelated Business Taxable income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	81,251
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here CAYMAN ISLANDS	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **PRESIDENT/CEO**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **KELLIE M. BOS** Preparer's signature: *Kellie M. Bos* Date: 04-24-2020 Check if self-employed PTIN: **P00448161**

Firm's name: **ANDREWS HOOPER PAVLIK PLC** Firm's EIN: **38-3133790**

Firm's address: **5915 EASTMAN AVE STE 100 MIDLAND, MI 48640-6824** Phone no.: **989-835-7721**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <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? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
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 of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	18
1b	0

Part 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 return	2a	11
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)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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	X
b	If "Yes," enter the name of the foreign country CAYMAN ISLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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	12b	
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 on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
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.	15	
b	Enter the number of voting members included on line 1a, above, who are independent	15	
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 O.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MI**
- 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.
 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, 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 **▶**

**MIDLAND AREA COMMUNITY FOUNDATION 76 ASHMAN CIRCLE
MIDLAND**

MI 48640

989-839-9661

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

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

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

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

(A) Name and title	(B) Average hours per week 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 employee	Former			
(1) SHARON MORTENSEN PRESIDENT/CEO	40.00 0.00			X			144,402	0	20,433	
(2) ROD COLEMAN TREASURER	1.00 0.00	X		X			0	0	0	
(3) WILLIAM GARCHOW TRUSTEE	1.00 0.00	X					0	0	0	
(4) JOHN HATFIELD TRUSTEE	1.00 0.00	X					0	0	0	
(5) JEFF HERT TRUSTEE	2.00 0.00	X					0	0	0	
(6) KATIE HORNING TRUSTEE	1.00 0.00	X					0	0	0	
(7) JON LYNCH TRUSTEE	1.00 0.00	X					0	0	0	
(8) DAVE MARSH VICE CHAIR	1.00 0.00	X		X			0	0	0	
(9) CAROL MILLER TRUSTEE	2.00 0.00	X					0	0	0	
(10) JIM NIGRO TRUSTEE	1.00 0.00	X					0	0	0	
(11) MICHAEL ROGERS TRUSTEE	1.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week 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 employee	Former			
(12) ANGELA SHEETS	1.00									
TRUSTEE	0.00	X					0	0	0	
(13) DUNCAN STUART	3.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(14) DICK TOUVELL	3.00									
SECRETARY	0.00	X		X			0	0	0	
(15) KAY WAGNER	1.00									
TRUSTEE	0.00	X					0	0	0	
(16) JENNIFER WENDT	1.00									
TRUSTEE	0.00	X					0	0	0	
1b Subtotal							144,402		20,433	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							144,402		20,433	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 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				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,048,990			
	g Noncash contributions included in lines 1a-1f	1g	\$ 952,963			
	h Total. Add lines 1a-1f		7,048,990			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,216,856		2,216,856	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,838,117			
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b	443,616			
	c Gain or (loss)	7c	1,394,501			
	d Net gain or (loss)		1,394,501		1,394,501	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a MISCELLANEOUS INCOME	Business Code	900099 208,292		208,292	
	b 81-4832431 DAVIS LODG. VII		531390 -431,824	-431,824		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		-223,532			
12 Total revenue. See instructions		10,436,815	0	-431,824	3,819,649	

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 domestic organizations and domestic governments. See Part IV, line 21	3,312,844	3,312,844		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	783,336	783,336		
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	144,401	33,212	7,220	103,969
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	427,076	132,516	221,371	73,189
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,687	7,740	10,674	8,273
9 Other employee benefits	47,719	13,838	19,088	14,793
10 Payroll taxes	39,599	11,484	15,839	12,276
11 Fees for services (nonemployees):				
a Management				
b Legal	13,200	1,320	10,560	1,320
c Accounting	16,678		16,678	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	112,991		112,991	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	106,183		106,183	
12 Advertising and promotion	20,261	5,627	6,304	8,330
13 Office expenses	26,712	3,550	19,612	3,550
14 Information technology	50,461	11,214	39,247	
15 Royalties				
16 Occupancy	38,236	8,497	29,739	
17 Travel	14,001	2,800	11,201	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,590	3,148	9,442	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,828		30,828	
23 Insurance	46,520		46,520	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT EXPENSES	1,743,918	1,743,918		
b DEVELOPMENT	32,272			32,272
c EDUCATION & TRAINING	11,469	2,294	9,175	
d DUES	7,642		7,642	
e All other expenses	28,943	7,081	21,101	761
25 Total functional expenses. Add lines 1 through 24e	7,094,567	6,084,419	751,415	258,733
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
Assets	1	Cash—non-interest-bearing		1
	2	Savings and temporary cash investments	3,760,979	2 3,669,015
	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)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	131,440	9 192,941
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,716,280	
	b	Less: accumulated depreciation	10b 497,666	10c 1,218,614
	11	Investments—publicly traded securities	89,200,979	11 105,600,299
	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)	94,332,894	16 110,680,869	
Liabilities	17	Accounts payable and accrued expenses	299,941	17 54,329
	18	Grants payable	240,600	18 41,238
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to 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		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	2,179,388	25 2,547,582
	26	Total liabilities. Add lines 17 through 25	2,719,929	26 2,643,149
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	89,591,150	27 105,797,922
	28	Net assets with donor restrictions	2,021,815	28 2,239,798
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29
	30	Paid-in or capital surplus, or land, building, or equipment fund		30
	31	Retained earnings, endowment, accumulated income, or other funds		31
	32	Total net assets or fund balances	91,612,965	32 108,037,720
33	Total liabilities and net assets/fund balances	94,332,894	33 110,680,869	

Part 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	10,436,815
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,094,567
3	Revenue less expenses. Subtract line 2 from line 1	3	3,342,248
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	91,612,965
5	Net unrealized gains (losses) on investments	5	13,082,507
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	108,037,720

Part 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: <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		X
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	X	
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 on Schedule O.	X	
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?		X
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 on Schedule O and describe any steps taken to undergo such audits		

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.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,370,075	6,542,930	8,809,312	7,276,741	7,048,990	35,048,048
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	5,370,075	6,542,930	8,809,312	7,276,741	7,048,990	35,048,048
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)						9,292,125
6 Public support. Subtract line 5 from line 4						25,755,923

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	5,370,075	6,542,930	8,809,312	7,276,741	7,048,990	35,048,048
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,477,072	1,371,463	2,005,323	2,138,586	2,216,856	9,209,300
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	71,699	44,895	75,415	171,745	208,292	572,046
11 Total support. Add lines 7 through 10						44,829,394

12 Gross receipts from related activities, etc. (see instructions) 12

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	57.45%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	55.69%

16a **33 1/3% support test—2019.** 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

b **33 1/3% support test—2018.** 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

17a **10%-facts-and-circumstances test—2019.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2018.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME \$ **572,046**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

MIDLAND AREA COMMUNITY FOUNDATION

38-2023395

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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 make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

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" on 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:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	80,716,546	88,972,601	76,368,290	72,480,571	74,940,455
b Contributions	4,996,130	4,169,640	7,246,781	4,983,161	3,992,313
c Net investment earnings, gains, and losses	16,320,189	-5,863,597	11,433,226	4,426,920	-2,005,975
d Grants or scholarships	-3,899,461	-3,386,193	-3,658,749	-2,996,455	-2,357,447
e Other expenditures for facilities and programs					
f Administrative expenses	-3,099,566	-3,175,905	-2,416,947	-2,280,040	-2,088,775
g End of year balance	95,033,838	80,716,546	88,972,601	76,614,157	72,480,571

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

- a Board designated or quasi-endowment **▶ 97.65 %**
- b Permanent endowment **▶ 1.30 %**
- c Term endowment **▶ 1.05 %**

The percentages on 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 Yes No
- (ii) Related organizations Yes No

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

b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		733,647		733,647
b Buildings		746,554	271,888	474,666
c Leasehold improvements				
d Equipment		53,886	51,319	2,567
e Other		182,193	174,459	7,734
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,218,614

Part VII Investments – Other Securities.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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" on 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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO OTHER ORGANIZATIONS	2,547,582
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,547,582

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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	23,406,331
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	13,082,507	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	13,082,507
3	Subtract line 2e from line 1		3	10,323,824
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	112,991	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	112,991
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	10,436,815

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	6,981,576
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,981,576
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	112,991	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	112,991
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,094,567

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 V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE FOUNDATION MAINTAINS 548 ENDOWED FUNDS THAT INCLUDE BOTH A DONOR-RESTRICTED ENDOWMENT FUND AND FUNDS DESIGNATED BY THE FOUNDATION'S BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENT FUNDS. THE DONOR-RESTRICTED ENDOWMENT FUND IS THE KELLOGG YOUTH FUND FOR THE SUPPORT OF PROGRAMS OR PROJECTS FOR YOUTH. FUNDS DESIGNATED BY THE FOUNDATION'S BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENT FUNDS HAVE BEEN ESTABLISHED FOR A VARIETY OF REASONS.

PART X - FIN 48 FOOTNOTE

GENERALLY, TAX YEARS FROM 2016 THOROUGH THE CURRENT YEAR REMAIN OPEN TO EXAMINATION. THE FOUNDATION DOES NOT BELIEVE THAT THE RESULTS FROM ANY EXAMINATION OF THESE OPEN YEARS WOULD HAVE A MATERIAL ADVERSE EFFECT ON THE

Part XIII Supplemental Information *(continued)*

FOUNDATION.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ADOPTION OPTION, INC. 4008 W WACKERLY RD, PO BOX 2225 MIDLAND MI 48640	43-2017657	C3	6,000				YOUTH DEVELOPMENT
(2)	ALDRSGATE UNITED METHODIST CHURCH 2206 AIRFIELD LANE MIDLAND MI 48642	38-6073489	C3	9,900				COMMUNITY
(3)	ARC OF MIDLAND 2602 LOUANNA STREET MIDLAND MI 48640	38-1877764	C3	15,685				HUMAN SERVICES
(4)	BEAVERTON RURAL SCHOOLS 468 SOUTH ROSS STREET BEAVERTON MI 48612	38-6001276	GOV	12,015				EDUCATIONAL
(5)	BIG BROTHERS BIG SISTERS OF MIDLAND 2200 NORTH SAGINAW ROAD MIDLAND MI 48640	38-1553323	C3	43,350				YOUTH DEVELOPMENT
(6)	BLESSED SACRAMENT CHURCH 3109 SWEDE ROAD MIDLAND MI 48642	38-1419280	C3	9,654				EDUCATIONAL/COMM.
(7)	BULLOCK CREEK SCHOOLS 1420 SOUTH BADOUR RD. MIDLAND MI 48640	38-6002737	GOV	33,619				EDUCATION/YOUTH DEV
(8)	CARAMOOR CENTER FOR MUSIC AND THE 149 GIRDLE RIDGE ROAD KATONAH NY 10536	13-5643627	C3	26,000				ARTS/CULTURE
(9)	CHEMEKETA COMMUNITY COLLEGE PO BOX 14007 SALEM OR 97309	93-6097106	C3	10,000				ARTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **94**
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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(1)	CHIPPEWA NATURE CENTER 400 SOUTH BADOUR ROAD MIDLAND MI 48640	38-1859315	C3	154,036				ENVIRONMENT
(2)	CITY OF CLARE 202 WEST FIFTH STREET CLARE MI 48617	38-6004529	GOV	74,050				RECREATION/COMM.
(3)	CITY OF MIDLAND 333 WEST ELLSWORTH ST. MIDLAND MI 48640	38-6004711	GOV	300,162				RECREATION/COMM.
(4)	COLEMAN AREA FIRE AUTHORITY 413 E. RAILWAY ST COLEMAN MI 48618	38-0421800	GOV	65,000				COMMUNITY DEVELOP.
(5)	COLEMAN COMMUNITY SCHOOLS 4823 N. COLEMAN SCHOOLS DR. COLEMAN MI 48618	38-6007589	GOV	55,000				EDUCATION
(6)	COUNCIL OF MICHIGAN FOUNDATIONS 1 SOUTH HARBOR AVENUE, SUITE 3 GRAND HAVEN MI 49417	38-6263347	C3	10,100				COMMUNITY
(7)	COUNCIL ON DOMESTIC VIOLENCE AND 3115 ISABELLA ST. MIDLAND MI 48640	38-2283832	C3	38,301				HUMAN SERVICES
(8)	CREATIVE SPIRIT CENTER 1517 BAYLISS STREET MIDLAND MI 48641	38-3211474	C3	7,360				HUMAN SERVICES
(9)	EAGLE VILLAGE, INC. 5044 175TH AVENUE HERSEY MI 49639	38-1868217	C3	10,561				HUMAN SERVICES

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Schedule I (Form 990) (2019)

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(1)	FAMILIES AGAINST NARCOTICS PO BOX 1152 BAY CITY MI 48706	82-2694928	C3	11,200				HUMAN SERVICES
(2)	FAMILY AND CHILDREN'S SERVICES OF 1714 EASTMAN AVENUE MIDLAND MI 48640	38-1398840	C3	24,684				HUMAN SERVICES/COMM.
(3)	FAMILY LIFE RADIO 510 EAST ISABELLA ROAD MIDLAND MI 48640	38-1812892	C3	7,950				COMMUNITY
(4)	FEEDING AMERICA SAN DIEGO 9455 WAPLES ST. SAN DIEGO CA 92121	26-0457477	C3	10,000				YOUTH DEVELOPMENT
(5)	FELLOWSHIP FOUNDATION PO BOX 23813 WASHINGTON DC 20026	53-0204604	C3	8,000				COMMUNITY
(6)	FOR A BRIGHTER TOMORROW 1543 WASHINGTON ST MIDLAND MI 48642	47-3788131	C3	10,192				HUMAN SERVICES
(7)	GIRLS ON THE RUN - CENTRAL MICHIGAN PO BOX 310 SHEPHERD MI 48883	45-3198982	C3	6,750				YOUTH DEVELOPMENT
(8)	GLADWIN COMMUNITY SERVICES CORP. 215 S ANTLER ST. GLADWIN MI 48624	30-0247357	C3	10,000				HUMAN SERVICES
(9)	GLADWIN CONSERVATION DISTRICT 1501 N. STATE ST. GLADWIN MI 48624	38-1768542	C3	8,000				ENVIRONMENT

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(1)	GLADWIN COUNTY COMMUNITY FOUNDATION P.O. BOX 480 GLADWIN MI 48624	30-2020339	C3	32,000				RECREATIONAL
(2)	GLADWIN COUNTY TRAILS RECREATION 1000 W CEDAR AVE GLADWIN MI 48624	83-1126766	C3	20,000				COMMUNITY
(3)	GREAT LAKES BAY FOUNDATION 117 S. MAIN STREET, SUITE 3 FREELAND MI 48623	20-8146148	C3	100,000				HEALTH SERVICES
(4)	GREATER LANSING FOOD BANK 919 FILLEY ST. LANSING MI 48906	38-2424758	C3	5,500				HEALTH SERVICES
(5)	GREATER MIDLAND COMMUNITY CENTERS, 2205 N. JEFFERSON MIDLAND MI 48640	38-1534400	C3	157,593				COMM./YOUTH/REC.
(6)	HELPS INTERNATIONAL, INC. 15301 DALLAS PARKWAY, SUITE 200 ADDISON TX 75001	75-1966419	C3	25,000				HEALTH SERVICES
(7)	HIDDEN HARVEST 940 EAST GENESEE AVE PO BOX 1982 SAGINAW MI 48607	38-3350163	C2	15,000				HEALTH SERVICES
(8)	HIS HELPING HANDS OF CLARE COUNTY P.O. BOX 351 CLARE MI 48617	26-3987402	C3	10,000				HUMAN SERVICES
(9)	HOME TO STAY 205 S SAGINAW RD MIDLAND MI 48642	38-1913233	C3	17,326				HEALTH SERVICES

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(1)	HOPE TOWNSHIP 1160 E. CURTIS RD. HOPE MI 48628	38-3654242	GOV	40,000				COMMUNITY
(2)	HUMANE SOCIETY OF MIDLAND COUNTY 4371 EAST ASHMAN RD. MIDLAND MI 48642	38-6114132	C3	7,075				COMMUNITY
(3)	JEFFERSON MIDDLE SCHOOL 800 W. CHAPEL LANE MIDLAND MI 48640	38-6002734	GOV	6,000				EDUCATION
(4)	JUNIOR ACHIEVEMENT OF CENTRAL 309 E. INDIAN ST. MIDLAND MI 48640	38-6081685	C3	11,050				EDUCATION/YOUTH
(5)	KINGS DAUGHTERS AND SONS OF MIDLAND 2410 RODD STREET MIDLAND MI 48640	38-6093424	C3	26,243				COMM./HUMAN SERVICES
(6)	LARKIN TOWNSHIP FIRE DEPT 3027 N JEFFERSON RD MIDLAND MI 48642	38-2171898	GOV	37,414				COMMUNITY
(7)	LIONS VISUALLY IMPAIRED YOUTH CAMP 3409 FIVE LAKES RD. LAPEER MI 48446	38-2996775	C3	6,000				RECREATION
(8)	MARION-POLK FOOD SHARE 1660 SALEM INDUSTRIAL DRIVE NE SALEM OR 97301	94-3034161	C3	40,000				YOUTH
(9)	MESSIAH LUTHERAN CHURCH 1550 SOUTH POSEYVILLE ROAD MIDLAND MI 48640	38-2171740	C3	10,900				COMM IMP/HUMAN SERV

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(1)	METROPOLITAN OPERA GUILD, INC. 70 LINCOLN PLAZA CENTER NEW YORK NY 10023-6593	13-1681983	C3	15,000				ARTS
(2)	MICHIGAN AUDUBON SOCIETY 2310 SCIENCE PARKWAY, SUITE 200 OKEMOS MI 48864	38-1686621	C3	15,224				ENVIRONMENT
(3)	MICHIGAN CROSSROADS COUNCIL, INC., 5001 11 MILE ROAD AUBURN MI 48611	45-4003240	C3	7,561				YOUTH
(4)	MID MICHIGAN COMMUNITY ACTION 1574 EAST WASHINGTON ROAD FARWELL MI 48622	38-2056236	C3	17,510				COMMUNITY
(5)	MIDLAND AREA YOUTH FOOTBALL P.O. BOX 2046 MIDLAND MI 48641	32-0020348	C3	7,800				RECREATION
(6)	MIDLAND CAMPING COUNCIL P.O. BOX 2072 MIDLAND MI 48641-2072	38-1422404	C3	6,400				RECREATION/COMM.
(7)	MIDLAND CENTER FOR ACCESSIBLE 1509 WASHINGTON ST STE D MIDLAND MI 48640	38-3190310	C3	20,000				HEALTH SERVICES
(8)	MIDLAND CENTER FOR THE ARTS 1801 WEST ST. ANDREWS ROAD MIDLAND MI 48640	38-6114020	C3	96,785				ARTS
(9)	MIDLAND COMMUNITY CANCER SERVICES 400 ASHMAN STREET, SUITE 200 MIDLAND MI 48640	38-6073785	C3	13,750				HUMAN SERVICES

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(1)	MIDLAND COMMUNITY FORMER OFFENDER 1415 WASHINGTON ST MIDLAND MI 48640	81-2927442	C3	12,000				COMMUNITY
(2)	MIDLAND COUNTY AGRICULTURAL AND 6905 EASTMAN AVE. MIDLAND MI 48642	38-1539457	C3	100,000				RECREATION
(3)	MIDLAND COUNTY COUNCIL ON AGING 4700 DUBLIN AVENUE MIDLAND MI 48640	38-6107383	C3	35,375				HUMAN SERVICES/COMM.
(4)	MIDLAND COUNTY EDUCATIONAL SERVICES 3917 JEFFERSON AVENUE MIDLAND MI 48640	38-1739040	GOV	130,500				EDUCATION/YOUTH
(5)	MIDLAND COUNTY FOOD PANTRY NETWORK P.O. BOX 2521 MIDLAND MI 48641-2521	38-2480470	C3	22,262				HUMAN SERVICES
(6)	MIDLAND COUNTY HABITAT FOR HUMANITY 1703 S. SAGINAW RD. MIDLAND MI 48640	38-2884074	C3	54,403				HUMAN SERVICES/COMM.
(7)	MIDLAND COUNTY PARKS & RECREATION 220 W ELLSWORTH ST MIDLAND MI 48640	38-6004871	GOV	85,373				RECREATION
(8)	MIDLAND COUNTY PROBATE COURT 301 WEST MAIN STREET MIDLAND MI 48640	38-6004871	GOV	18,000				YOUTH
(9)	MIDLAND EXPLORER'S BOOSTERS, INC. PO BOX 43 AUBURN MI 48611	38-2656547	C3	6,000				RECREATION

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(1)	MIDLAND KIDS FIRST 1715 ASHMAN ST. MIDLAND MI 48642	26-0748605	C3	49,161				YOUTH
(2)	MIDLAND KING'S DAUGHTERS HOME OF 2410 RODD STREET MIDLAND MI 48640	38-1547021	C3	13,950				HUMAN SERVICES
(3)	MIDLAND'S OPEN DOOR 412 W. BUTTLES ST MIDLAND MI 48640-1614	38-2161429	C3	8,300				HUMAN SERVICES
(4)	MIDLAND PUBLIC SCHOOLS 600 E. CARPENTER ST. MIDLAND MI 48642	38-6002734	GOV	102,643				EDUCATION/YOUTH/REC.
(5)	MIDMICHIGAN HEALTH 4000 WELLNESS DR. MIDLAND MI 48670	38-2455948	C3	7,596				HUMAN SERVICES/EDUC.
(6)	MIDMICHIGAN HOME CARE 3007 N SAGINAW RD MIDLAND MI 48640	38-1459397	C3	10,295				HUMAN SERVICES
(7)	NATIONAL EXCHANGE CLUB FOUNDATION 3050 CENTRAL AVE. TOLEDO OH 43606	34-6571404	C3	12,000				COMMUNITY
(8)	NATIONAL NETWORK OF DEPRESSION 2350 GREEN ROAD ANN ARBOR MI 48105	80-0270977	C3	33,750				HEALTH SERVICES
(9)	NORTHERN MI MOBILE CHILD 127 N. SECOND ST. HARRISON MI 48625	46-2508124	C3	20,100				HUMAN SERVICES/YOUTH

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(1)	NORTHWOOD UNIVERSITY 4000 WHITING DRIVE MIDLAND MI 48640	38-1624684	C3	31,000				EDUCATION/YOUTH
(2)	OREGON COUNCIL FOR THE HUMANITIES 921 SW WASHINGTON ST. PORTLAND OR 97205	93-0716419	C3	10,000				COMMUNITY
(3)	PAWS WITH A CAUSE 4646 SOUTH DIVISION WAYLAND MI 49348	38-2370342	C3	5,945				COMMUNITY
(4)	PERE MARQUETTE DISTRICT LIBRARY 185 EAST FOURTH ST. CLARE MI 48617	81-0665024	GOV	7,200				COMMUNITY
(5)	PINECREST FARMS 413 N. HOMER RD. MIDLAND MI 48640	38-6004871	GOV	100,000				COMMUNITY
(6)	PROJECT 111 2300 N. DEER VALLEY DR MIDLAND MI 48642	81-1761749	C3	7,642				YOUTH
(7)	REACHING OUR COMMUNITY KIDS 2205 JEFFERSON AVE, PO BOX 2143 MIDLAND MI 48641	38-3541096	C3	66,000				YOUTH/EDUCATION
(8)	REECE COMMUNITY LIVING ENDEAVOR PO BOX 2212 MIDLAND MI 48641	38-6082605	C3	54,287				HEALTH/COMMUNITY DEV
(9)	RESONATORS COMPETITIVE DRUMLINE P.O. BOX 2791 MIDLAND MI 48641	26-1315960	C3	10,000				ARTS

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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	RURAL COMMUNITY HEALTH WORKER P.O. BOX 563 BEAVERTON MI 48612	83-1310759	C3	40,000				HEALTH SERVICES
(2)	SAGINAW COMMUNITY FOUNDATION 1 TUSCOLA ST., SUITE 100B SAGINAW MI 48607	38-2474297	C3	10,333				COMMUNITY
(3)	SALVATION ARMY OF MIDLAND 330 WALDO AVENUE, P.O. BOX 1447 MIDLAND MI 48641	38-1370971	C3	20,538				HUMAN SERVICES
(4)	ST JOHN'S LUTHERAN CHURCH LC-M 505 EAST CARPENTER MIDLAND MI 48640	38-1474946	C3	9,100				COMMUNITY
(5)	SUMMER LUNCH BUNCH 309 M-18 GLADWIN MI 48624	38-2347646	C3	7,000				COMMUNITY
(6)	TEN SIXTEEN RECOVERY NETWORK 133 N. SAGINAW RD. MIDLAND MI 48640	38-2278390	C3	30,000				HUMAN SERVICES
(7)	THE LEGACY CENTER FOR COMM. SUCCESS 3200 JAMES SAVAGE RD MIDLAND MI 48642	80-0109585	C3	56,181				HEALTH/COMMUNITY
(8)	THE LITTLE FORKS CONSERVANCY 105 POST ST MIDLAND MI 48640	38-3353122	C3	184,250				ENVIRONMENT
(9)	UNITED WAY OF MIDLAND COUNTY 115 JEROME STREET MIDLAND MI 48640	38-1434224	C3	63,259				COMMUNITY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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2019

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Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF MICHIGAN 515 E. JEFFERSON ST., SUITE 2500 ANN ARBOR MI 48109	38-6006309	GOV	26,586				EDUCATION
(2)	WAI-IAM INC 217 SYCAMORE ST. LANSING MI 48933	46-4036273	C3	7,000				EDUCATION
(3)	WEST MIDLAND FAMILY CENTER PO BOX 1985 MIDLAND MI 48641-1985	38-2416339	C3	54,834				COMMUNITY/ENVIRON.
(4)	YWCA GREAT LAKES BAY REGION 1104 WASHINGTON AVE. BAY CITY MI 48708	36-3396932	C3	10,000				COMMUNITY
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS PAID					
2 DIRECTLY TO EDUCATIONAL					
3 INSTITUTIONS	215	783,336			
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

**SCHEDULE I
(Form 990)**

Supplemental Information

2019

For calendar year 2019, or tax year beginning , and ending

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
FOR GRANTS THAT ARE APPROVED WITHIN THE FOUNDATION'S QUARTERLY GRANT CYCLE,
GRANTEES ARE REQUIRED TO REPORT BACK TO THE FOUNDATION THROUGH REPORTS.
THESE REPORTS NORMALLY INCLUDE PICTURES OF PROJECTS COMPLETED, UTILIZATION
OF FUNDS, ETC. GRANTS THAT ARE DONOR INITIATED THROUGH FUNDS SUCH AS DONOR
ADVISED FUNDS, DESIGNATED FUNDS, PROJECT FUNDS, AND AGENCY FUNDS, DO NOT
HAVE THE SAME REPORTING REQUIREMENTS.

PART IV - ADDITIONAL INFORMATION

ALL SCHOLARSHIPS ARE PAID DIRECTLY TO EDUCATIONAL INSTITUTIONS. NO CHECKS
ARE WRITTEN TO INDIVIDUALS.

SCHEDULE J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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Open to Public Inspection

Department of the Treasury
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Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHARON MORTENSEN PRESIDENT/CEO	(i)	144,402	0	0	7,187	13,246	164,835	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	18	952,963	
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION

THE NUBMER IN PART I COLUMN (B) IS THE NUMBER OF CONTRIBUTORS WHO DONATED STOCK DURING THE YEAR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

FORM 990 - ORGANIZATION'S MISSION

OUR MISSION IS TO PROVIDE PHILANTHROPIC LEADERSHIP TO STRENGTHEN OUR
COMMUNITY BY FOSTERING COLLABORATION AND GIVING TODAY AND IN THE FUTURE.
SINCE 1973, MIDLAND AREA COMMUNITY FOUNDATION HAS PROVIDED AN AVENUE FOR
INDIVIDUALS AND ORGANIZATIONS TO CHANGE THE COMMUNITY THROUGH PHILANTHROPIC
GIVING. MACF AWARDS GRANTS AND SCHOLARSHIPS, OFFERS THE ABILITY FOR
INDIVIDUALS AND FAMILIES TO INVEST IN THE COMMUNITY, AND SERVES AS A
CATALYST FOR COLLABORATION AND CHANGE BY LEADING COMMUNITY DIALOGUE AND
ACTION ON CRITICAL ISSUES.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

CARING FOR OUR PEOPLE (HUMAN SERVICES, SOCIAL SERVICES, POVERTY, HOUSING,
MENTAL AND PHYSICAL HEALTH, AND PUBLIC SAFETY) - THE LOCAL COMMUNITY
PROVIDES A COORDINATED AND COMPREHENSIVE SYSTEM OF SUPPORTIVE HEALTH AND
HUMAN SERVICES SO THAT ALL MAY THRIVE. THE FOUNDATION ENCOURAGES SELF-
SUFFICIENCY AND ACCEPTS ITS RESPONSIBILITY TO COLLABORATE TO CREATE THE
SAFEST COMMUNITY IN THE COUNTRY.

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES

CAYMAN ISLANDS

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE FOUNDATION IS A MEMBERSHIP ORGANIZATION. ANYONE CAN BE A MEMBER AS
LONG AS THEY MAKE A CONTRIBUTION TO THE FOUNDATION DURING THE CURRENT OR
PREVIOUS FISCAL YEAR. LEGACY SOCIETY MEMBERS AND INDIVIDUAL FUND HOLDERS

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

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ARE ALSO MEMBERS AS WELL AS ALL INDIVIDUALS WHO WERE MEMBERS OF THE FOUNDATION ON MAY 16, 2000 AT THE TIME THE BYLAWS WERE REVISED.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS EACH YEAR THE FOUNDATION HAS A MEETING OF THE MEMBERS AND THEY VOTE ON INDIVIDUALS GOVERNING THE ORGANIZATION.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS AT THE ANNUAL MEETING, MEMBERS VOTE ON BOARD APPOINTMENTS AND WITH THE NOTICE OF THE MEETING, ARE PROVIDED NOTICE OF ANY BYLAW AMENDMENTS OR REPEALS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS FIRST REVIEWED BY MANAGEMENT, THEN THE AUDIT/STANDARDS COMMITTEE, AND FINALLY IT IS SENT TO THE TRUSTEES FOR APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY EVERY YEAR, THE STAFF AND TRUSTEES ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST POLICY. BY COMPLETING THIS EVERY YEAR, ANY CHANGES THROUGHOUT THE YEAR THAT MIGHT AFFECT THIS POLICY ARE ELIMINATED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE ORGANIZATION HAS A HUMAN RESOURCE COMMITTEE THAT MEETS TO REVIEW SALARIES ON AN ANNUAL BASIS. THEY MEET TO DISCUSS ANY RAISES (IF APPLICABLE) AND REVIEW COMPARABLE SALARY DATA FROM CMF AND COF.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

Name of the organization

Employer identification number

MIDLAND AREA COMMUNITY FOUNDATION

38-2023395

THE ORGANIZATION HAS A HUMAN RESOURCE COMMITTEE THAT MEETS TO REVIEW SALARIES ON AN ANNUAL BASIS. THEY MEET TO DISCUSS ANY RAISES (IF APPLICABLE) AND REVIEW COMPARABLE SALARY DATA FROM CMF AND COF.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE FOUNDATION MAKES MOST DOCUMENTS AVAILABLE ON ITS WEBSITE. THOSE DOCUMENTS NOT AVAILABLE ON THE WEBSITE ARE AVAILABLE UPON REQUEST MADE TO THE FOUNDATION'S CFO.