

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MIDLAND AREA COMMUNITY FOUNDATION</b>	<b>D</b> Employer identification number <b>38-2023395</b>	
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <b>989-839-9661</b>
	<b>76 ASHMAN CIRCLE</b>		
City, town or post office, state, and ZIP code <b>MIDLAND MI 48640</b>		<b>G</b> Gross receipts \$ <b>6,801,633</b>	
<b>F</b> Name and address of principal officer: <b>CRAIG MCDONALD</b> <b>76 ASHMAN CIRCLE</b> <b>MIDLAND MI 48640</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> 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			
<b>J</b> Website: ▶ <b>WWW.MIDLANDFOUNDATION.ORG</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1973</b> <b>M</b> State of legal domicile: <b>MI</b>	

Part I Summary		
	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>STRENGTHENING OUR COMMUNITY BY PROVIDING LEADERSHIP, FOSTERING COLLABORATION ON LOCAL NEEDS AND ISSUES, AND ENCOURAGING A LEGACY OF GIVING THROUGH GRANTS, SCHOLARSHIPS, AND EVENTS.</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>   <b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>   <b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>   <b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>   <b>400</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>   <b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>   <b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: <b>3,230,957</b> Current Year: <b>1,914,834</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	0   0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,963,256</b>   <b>2,540,845</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>87,125</b>   <b>92,415</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,281,338</b>   <b>4,548,094</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0   0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>418,195</b>   <b>425,011</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0   0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>126,251</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>989,937</b>   <b>710,165</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>3,763,194</b>   <b>3,481,841</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,518,144</b>   <b>1,066,253</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: <b>65,536,367</b> End of Year: <b>73,391,036</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,472,445</b>   <b>1,692,582</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>64,063,922</b>   <b>71,698,454</b>

**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.

<b>Sign Here</b>	Signature of officer	Date
	<b>SHARON MORTENSEN</b> Type or print name and title	<b>PRESIDENT AND CEO</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KELLIE M. BOS</b>	Preparer's signature <i>Kellie M. Bos</i>	Date <b>4/25/13</b>	Check <input type="checkbox"/> if PTIN	
	Firm's name ▶ <b>ANDREWS HOOPER PAVLIK PLC</b>	Firm's EIN ▶			
	Firm's address ▶ <b>5915 EASTMAN AVE STE 100 MIDLAND, MI 48640-6824</b>	Phone no. <b>989-835-7721</b>			

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 to any question in this Part III

1 Briefly describe the organization's mission:

STRENGTHENING OUR COMMUNITY BY PROVIDING LEADERSHIP, FOSTERING COLLABORATION ON LOCAL NEEDS AND ISSUES, AND ENCOURAGING A LEGACY OF GIVING THROUGH GRANTS, SCHOLARSHIPS, AND EVENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,012,384 including grants of \$ 2,012,384 ) (Revenue \$ )

THE FOUNDATION PROVIDES COMMUNITY SERVICE ACTIVITIES AND ALSO SUPPORTS OTHER COMMUNITY SERVICE ACTIVITIES BY PROVIDING GRANTS TO NON-PROFIT ORGANIZATIONS. IN 2012, THE FOUNDATION MADE GRANTS TO 184 ORGANIZATIONS THROUGHOUT THE UNITED STATES, WITH THE MAJORITY LOCATED IN THE MID-MICHIGAN AREA.

4b (Code: ) (Expenses \$ 334,281 including grants of \$ 334,281 ) (Revenue \$ )

DURING 2012, THE FOUNDATION PROVIDED 195 SCHOLARSHIPS TO 151 RECIPIENTS TO ASSIST THEM WITH FURTHERING THEIR EDUCATION EITHER IN A TRADITIONAL COLLEGE SETTING OR AT A TECHNICAL TRAINING INSTITUTION.

4c (Code: ) (Expenses \$ 587,237 including grants of \$ ) (Revenue \$ )

THE FOUNDATION SUPPORTS MANY PROJECTS THROUGHOUT THE COMMUNITY AND INCURS EXPENSES RELATED TO THESE PROJECTS. IN 2012, SOME OF THE MAJOR PROJECTS INCLUDED ACCESS TO RECREATION, RENOVATION OF CENTRAL PARK BAND SHELL, RENOVATION OF SANTA HOUSE, ENTRANCEWAYS INITIATIVE AND OTHERS. IN ADDITION, THE FOUNDATION INCURS OTHER EXPENSES TO FULFILL ITS' MISSIONS AND GOALS.

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,933,902

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?	<b>X</b>	
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>CAYMAN ISLANDS</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		<b>X</b>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in 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, or 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); 7b 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 in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c 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 (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SHARON MORTENSEN 76 ASHMAN CIRCLE

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH LUMBERT	2.00									
SECRETARY	0.00	X		X			0	0	0	
(2) KEVIN GAY	1.00									
TRUSTEE	0.00	X					0	0	0	
(3) MELISSA BARNARD	2.00									
VICE CHAIR	0.00	X		X			0	0	0	
(4) JUDY RAPANOS	1.00									
TRUSTEE	0.00	X					0	0	0	
(5) CAROL DONAGHY	1.00									
TRUSTEE	0.00	X					0	0	0	
(6) MARY DRAVES	1.00									
TRUSTEE	0.00	X					0	0	0	
(7) SAM HOWARD	1.00									
TRUSTEE	0.00	X					0	0	0	
(8) ALISON GOETHE	1.00									
TRUSTEE	0.00	X					0	0	0	
(9) DAVID RAMAKER	1.00									
TRUSTEE	0.00	X					0	0	0	
(10) LIZ KAPLA	1.00									
TRUSTEE	0.00	X					0	0	0	
(11) JOAN HERBERT	1.00									
TRUSTEE	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 (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) <b>CAL IEUTER</b>	2.00									
TREASURER	0.00	X		X			0	0	0	
(13) <b>CRAIG MCDONALD</b>	2.00									
CHAIR	0.00	X		X			0	0	0	
(14) <b>MIKE RUSH</b>	1.00									
TRUSTEE	0.00	X					0	0	0	
(15) <b>ANGELA HINE</b>	1.00									
TRUSTEE	0.00	X					0	0	0	
(16) <b>JANET MCGUIRE</b>	40.00									
FORMER PRESIDENT/CEO	0.00			X			58,445	0	3,518	
(17) <b>SHARON MORTENSEN</b>	40.00									
PRESIDENT/CEO	0.00			X			46,731	0	1,632	
(18)										
(19)										
<b>1b Sub-total</b>							<b>105,176</b>		<b>5,150</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>105,176</b>		<b>5,150</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

**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 to any question 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, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,914,834				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
<b>h Total.</b> Add lines 1a-1f		1,914,834				
<b>Program Service Revenue</b>	<b>2a</b>	<b>Busn. Code</b>				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,900,492		1,900,492	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	2,893,892			
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.	2,253,539				
	<b>c</b> Gain or (loss)	640,353				
	<b>d</b> Net gain or (loss)		640,353		640,353	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>Busn. Code</b>					
<b>11a</b> MISCELLANEOUS INCOME	900099	92,415			92,415	
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		92,415				
<b>12 Total revenue.</b> See instructions		4,548,094	0	0	2,633,260	

**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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,012,384	2,012,384		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	334,281	334,281		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	105,176	15,191	31,553	58,432
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	251,944	93,223	132,310	26,411
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	42,326	12,636	21,105	8,585
10 Payroll taxes	25,565	7,756	11,733	6,076
11 Fees for services (non-employees):				
a Management				
b Legal	12,000	1,200	9,600	1,200
c Accounting	14,872		14,872	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	59,469		59,469	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	28,655	1,251	14,195	13,209
13 Office expenses	13,698	617	12,464	617
14 Information technology				
15 Royalties				
16 Occupancy	19,385	566	18,253	566
17 Travel	4,393	879	3,514	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,733	1,705	6,873	11,155
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,586		43,586	
23 Insurance	10,198		10,198	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROJECT EXPENSES</b>	433,121	433,121		
b <b>PROGRAM EXPENSES</b>	19,092	19,092		
c <b>CONTRACTED SERVICES</b>	7,500		7,500	
d <b>EQUIPMENT/NETWORK MAINT.</b>	6,853		6,853	
e All other expenses	17,610		17,610	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>3,481,841</b>	<b>2,933,902</b>	<b>421,688</b>	<b>126,251</b>
26 <b>Joint costs.</b> 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 to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing		<b>1</b>	
	<b>2</b> Savings and temporary cash investments	<b>3,506,802</b>	<b>2</b>	<b>2,851,498</b>
	<b>3</b> Pledges and grants receivable, net	<b>79,450</b>	<b>3</b>	<b>2,000</b>
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	<b>3,780</b>	<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>1,616,066</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>253,686</b>	<b>1,404,066</b>	<b>10c</b> <b>1,362,380</b>
	<b>11</b> Investments—publicly traded securities	<b>60,542,269</b>	<b>11</b>	<b>69,175,158</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>65,536,367</b>	<b>16</b>	<b>73,391,036</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>64,402</b>	<b>17</b>	<b>31,056</b>
	<b>18</b> Grants payable	<b>42,590</b>	<b>18</b>	<b>131,075</b>
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	<b>1,365,453</b>	<b>25</b>	<b>1,530,451</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>1,472,445</b>	<b>26</b>	<b>1,692,582</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>62,162,079</b>	<b>27</b>	<b>69,694,371</b>
	<b>28</b> Temporarily restricted net assets	<b>901,843</b>	<b>28</b>	<b>1,004,083</b>
	<b>29</b> Permanently restricted net assets	<b>1,000,000</b>	<b>29</b>	<b>1,000,000</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>64,063,922</b>	<b>33</b>	<b>71,698,454</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>65,536,367</b>	<b>34</b>	<b>73,391,036</b>	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>4,548,094</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>3,481,841</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>1,066,253</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>64,063,922</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>6,568,279</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>71,698,454</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	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	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

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. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
  - (ii) A family member of a person described in (i) above? .....
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

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

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,647,632	2,486,909	3,434,177	3,230,957	1,914,834	12,714,509
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,647,632	2,486,909	3,434,177	3,230,957	1,914,834	12,714,509
<b>5</b> 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)						1,529,647
<b>6 Public support.</b> Subtract line 5 from line 4.						11,184,862

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4	1,647,632	2,486,909	3,434,177	3,230,957	1,914,834	12,714,509
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,078,681	1,372,767	1,434,525	1,444,003	1,900,492	8,230,468
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	39,878	26,099	96,684	87,125	92,417	342,203
<b>11 Total support.</b> Add lines 7 through 10						21,287,180

**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**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	52.54%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14	<b>15</b>	49.12%

**16a 33 1/3% support test—2012.** 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—2011.** 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—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests—2012.** 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—2011.** 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** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**PART II, LINE 10 - OTHER INCOME DETAIL**

**MISCELLANEOUS INCOME** \$ **342,203**



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2012**

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	44	381
2 Aggregate contributions to (during year)	457,178	2,441,643
3 Aggregate grants from (during year)	1,076,811	1,557,824
4 Aggregate value at end of year	7,221,447	64,642,007
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

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

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	53,124,668	54,784,961	47,820,403	36,682,200	
<b>b</b> Contributions .....	2,286,649	2,704,367	2,746,676	2,708,965	
<b>c</b> Net investment earnings, gains, and losses .....	8,529,195	-1,578,176	7,098,923	10,430,866	
<b>d</b> Grants or scholarships .....	-1,471,732	-1,563,004	-1,775,440	-841,399	
<b>e</b> Other expenditures for facilities and programs .....				-889,880	
<b>f</b> Administrative expenses .....	-1,342,209	-1,223,480	-1,105,601	-270,349	
<b>g</b> End of year balance .....	61,126,571	53,124,668	54,784,961	47,820,403	

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

- a** Board designated or quasi-endowment ▶ **96.72 %**
- b** Permanent endowment ▶ **3.28 %**
- c** Temporarily restricted endowment ▶ ..... %

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

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

	Yes	No
<b>(i)</b> unrelated organizations .....		<b>X</b>
<b>(ii)</b> related organizations .....		<b>X</b>
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? .....		

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

**Part VI Land, Buildings, and Equipment.** 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
<b>1a</b> Land .....		733,647		733,647
<b>b</b> Buildings .....		688,868	107,561	581,307
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		42,141	38,965	3,176
<b>e</b> Other .....		151,410	107,160	44,250

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **1,362,380**

**Part VII Investments—Other Securities.** 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)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DUE TO OTHER ORGANIZATIONS</b>	<b>1,530,451</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>1,530,451</b>

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>11,116,373</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	<b>6,568,279</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>6,568,279</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>4,548,094</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>4,548,094</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>3,481,841</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>3,481,841</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>3,481,841</b>

**Part XIII Supplemental Information**

Complete this part to 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 APPROXIMATELY 400 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 YOUTHS. FUNDS DESIGNATED BY THE FOUNDATION'S BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENT FUNDS HAVE BEEN ESTABLISHED FOR A VARIETY OF REASONS.



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	ALBION COLLEGE 611 EAST PORTER ST. ALBION MI 49224	38-1359081	C3	103,000				EDUCATION
(2)	ARC OF MIDLAND 220 WEST MAIN STREET, SUITE 101 MIDLAND MI 48640	38-1877764	C3	8,050				COMMUNITY IMPROVE
(3)	ASSOC. BUILDERS & CONTRACTORS - GM 7730 W. WACKERLY ST. MIDLAND MI 48642	45-4465356	C3	20,000				
(4)	BEAVERTON LIONS CLUB 142 SAGINAW STREET BEAVERTON MI 48612	38-2887366	C3	9,000				COMMUNITY IMPROVE
(5)	BIG BROTHERS BIG SISTERS OF MIDLAND 2200 NORTH SAGINAW ROAD MIDLAND MI 48640	38-1553323	C3	14,640				YOUTH DEVELOPMENT
(6)	BLESSED SACRAMENT CHURCH 3109 SWEDE ROAD MIDLAND MI 48642	38-1419280	C3	50,194				GENERAL/OPERATING
(7)	BULLOCK CREEK SCHOOLS 1420 SOUTH BADOUR MIDLAND MI 48640	38-6002737	C3	15,953				EDUCATION
(8)	CAMP CENTAUR 1660 S. BADOUR RD. MIDLAND MI 48640	26-4734774	C3	13,000				HEALTH/HUMAN SERVICE
(9)	CAREGIVING NETWORK, THE 607 GORDON STREET MIDLAND MI 48640	38-3202784	C3	6,371				COMMUNITY DEVELOP.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **184**
- 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**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	CHEMEKETA COMMUNITY COLLEGE PO BOX 14007 SALEM OR 97309	93-6097106	C3	30,000				ARTS, CULTURE
(2)	CHIPPEWA NATURE CENTER 400 SOUTH BADOUR ROAD MIDLAND MI 48640	38-1859315	C3	19,485				RECREATION
(3)	CITY OF COLEMAN 201 E. RAILWAY STREET COLEMAN MI 48618	38-6004603	GOV	10,000				COMMUNITY DEVELOP.
(4)	CITY OF GLADWIN 1000 WEST CEDAR AVENUE GLADWIN MI 48624	38-6004614	C3	5,283				COMMUNITY IMPROVE
(5)	CITY OF MIDLAND 333 WEST ELLSWORTH MIDLAND MI 48640	38-6004711	C3	112,396				COMMUNITY IMPROVE
(6)	COLLEGIATE CHORALE, INC. 115 EAST 57TH STREET, FLOOR 11 NEW YORK NY 10022-2120	13-1606158	C3	30,000				ARTS, CULTURE
(7)	COUNCIL OF MICHIGAN FOUNDATIONS 1 SOUTH HARBOR AVENUE, SUITE 3 GRAND HAVEN MI 49417	38-6263347	C3	7,350				PHILANTHROPY
(8)	COUNTY OF MIDLAND 220 WEST ELLSWORTH MIDLAND MI 48640-5194	38-6004871	C3	76,046				RECREATION
(9)	DAVENPORT UNIVERSITY 6191 KRAFT AVE SE GRAND RAPIDS MI 49512	38-0464700	GOV	25,000				EDUCATION

- 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) (2012)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	DELTA COLLEGE 1961 DELTA RD. UNIVERSITY CENTER MI 48710	38-6034011	GOV	15,000				EDUCATION
(2)	FELLOWSHIP FOUNDATION 115 PARK AVENUE FALLS CHURCH VA 22046	53-0204604	C3	6,500				PUBLIC AFFAIRS
(3)	FRIENDS OF WHISPERING PINES 1014 E. ASHMAN ST. MIDLAND MI 48642-5151	45-2636061	C3	6,800				COMMUNITY DEVELOP.
(4)	GRANTS IN AMOUNTS <= 5,000		C3	127,405				GENERAL/OPERATING
(5)	GREATER MIDLAND COMMUNITY CENTERS 2205 JEFFERSON MIDLAND MI 48640	38-1534400	C3	10,044				HUMAN SERVICES
(6)	GREENDALE TOWNSHIP 329 N GENEVA RD. SHEPHERD MI 48883	38-2072008	GOV	20,000				COMMUNITY DEVELOP.
(7)	HABITAT FOR HUMANITY 1825 BAY CITY ROAD MIDLAND MI 48642	38-2884074	C3	29,918				COMMUNITY IMPROVE
(8)	JEWISH FAMILY AND CHILDREN SERVICES 135 WEST 50TH ST. NEW YORK NY 10020	04-2104356	C3	10,000				HEALTH/HUMAN SERVICE
(9)	KINGS DAUGHTERS AND SONS OF MIDLAND 2410 RODD STREET MIDLAND MI 48640	38-6093424	C3	13,852				GENERAL/OPERATING

- 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) (2012)



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	LINCOLN TOWNSHIP 3007 NORTH SAGINAW RD. MIDLAND MI 48640	38-2001612	GOV	7,740				COMMUNITY DEVELOP.
(2)	LITTLE FORKS CONSERVANCY 105 POST STREET MIDLAND MI 48640	38-3353122	C3	137,447				GENERAL/OPERATING
(3)	LOHSE FAMILY YMCA 60 W. ALAMEDA ST. TUCSON AZ 85701	86-0101237	C3	10,000				RECREATION
(4)	MARION-POLK FOOD SHARE 1660 SALEM INDUSTRIAL DRIVE NE SALEM OR 97301	94-3034161	C3	10,000				FOOD, NUTRITION
(5)	MERIDIAN ELEMENTARY SCHOOL 3353 N. M-30 SANFORD MI 48657	38-6032820	GOV	8,000				EDUCATION
(6)	METROPOLITAN OPERA GUILD, INC. 70 LINCOLN PLAZA CENTER NEW YORK NY 10023-6593	13-1681983	C3	10,000				EDUCATION
(7)	MICHIGAN AUDUBON SOCIETY P.O. BOX 15249 LANSING MI 48901	38-1686621	C3	6,335				ENVIRONMENT
(8)	MID MICHIGAN COMMUNITY ACTION 1574 EAST WASHINGTON ROAD FARWELL MI 48622	38-2056236	C3	16,600				COMMUNITY IMPROVE
(9)	MIDLAND AMATEUR SPORTS 4811 N. SAGINAW ROAD MIDLAND MI 48642	20-5556211	C3	10,000				COMMUNITY DEVELOP.

- 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**

OMB No. 1545-0047

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Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	MIDLAND CENTER FOR THE ARTS 1801 WEST ST. ANDREWS ROAD MIDLAND MI 48640	38-6114020	C3	32,629				ARTS, CULTURE
(2)	MIDLAND CNTY. EMERGENCY FOOD PANTRY PO BOX 2521 MIDLAND MI 48641	38-2480470	C3	20,000				GENERAL/OPERATING
(3)	MIDLAND COMMUNITY CANCER SERVICES 220 WEST MAIN STREET, SUITE 105 MIDLAND MI 48640	38-6073785	C3	5,900				GENERAL/OPERATING
(4)	MIDLAND COUNTY COUNCIL ON AGING 4700 DUBLIN AVENUE MIDLAND MI 48640	38-6107383	C3	5,016				GENERAL/OPERATING
(5)	MIDLAND COUNTY EDUCATIONAL SERVICE 3917 JEFFERSON AVENUE MIDLAND MI 48640	38-1739040	C3	245,000				EDUCATION
(6)	MIDLAND EXCHANGE CLUB PO BOX 2309 MIDLAND MI 48641-2309	23-7005764	C3	8,000				PUBLIC PROTECTION
(7)	MIDLAND EXPLORER'S BOOSTERS, INC. 928 PALOMINO WAY AUBURN MI 48611-9342	38-2656547	C3	14,000				RECREATION
(8)	MIDLAND KING'S DAUGHTERS HOME OF 2410 RODD STREET MIDLAND MI 48640	56-2576446	C3	15,835				HOUSING, SHELTER
(9)	MIDLAND PUBLIC SCHOOLS 600 W. CARPENTER MIDLAND MI 48642	38-6002734	C3	42,126				EDUCATION

- 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) (2012)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	MIDLAND RADIO CONTROL MODELERS CLUB 200 PATTERSON RD. MIDLAND MI 48640	38-3353881	C3	5,350				RECREATION
(2)	MIDMICHIGAN COMMUNITY COLLEGE 1375 S. CLARE AVE. HARRISON MI 48625	38-1812272	GOV	11,000				EDUCATION
(3)	MIDMICHIGAN VISITING NURSE 3007 NORTH SAGINAW ROAD MIDLAND MI 48640	38-1459397	C3	5,015				GENERAL/OPERATING
(4)	NEW YORK FESTIVAL OF SONG 307 SEVENTH AVENUE NEW YORK NY 10001	13-3570387	C3	10,000				ARTS
(5)	NORTHEAST MI COMMUNITY SERV. AGENCY 2375 GORDON RD. ALPENA MI 49707	38-1873461	C3	5,793				COMMUNITY DEVELOP.
(6)	NORTHWEST LITTLE LEAGUE FUND 4908 FARNSWORTH DR. MIDLAND MI 48640	38-2237641	C3	19,065				YOUTH DEVELOPMENT
(7)	NORTHWOOD UNIVERSITY 4000 WHITING DRIVE MIDLAND MI 48640	38-1624684	C3	30,500				GENERAL/OPERATING
(8)	OREGON COUNCIL FOR THE HUMANITIES 813 SW ALDER STREET PORTLAND OR 97205	93-0716419	C3	10,000				HUMAN SERVICES
(9)	OREGON STATE UNIVERSITY FOUNDATION 850 SW 35TH STREET CORVALLIS OR 97333	93-6022772	C3	15,000				EDUCATION

- 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) (2012)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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
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**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	OXFORD FOUNDATION 1001 CENTENNIAL WAY LANSING MI 48917	38-2997476	C3	10,000				COMMUNITY DEVELOP.
(2)	REACHING OUR COMMUNITY KIDS 2300 E GORDONVILLE RD, PO BOX 2143 MIDLAND MI 48641	38-3541096	C3	27,500				YOUTH DEVELOPMENT
(3)	REGIONAL YMCA, INC. 2 HUCKLEBERRY HILL ROAD BROOKFIELD CT 06804	06-6051610	C3	20,000				RECREATION
(4)	ROTARY CLUB OF BLACK MT. FOUNDATION P.O. BOX 894 BLACK MOUNTAIN NC 28711	45-1736122	C3	20,000				HEALTH/HUMAN SERVICE
(5)	SALVATION ARMY OF MIDLAND 330 WALDO AVENUE, PO BOX 1447 MIDLAND MI 48641	38-1370971	C3	20,935				YOUTH DEVELOPMENT
(6)	SANTA CLAUS SCHOOL CWH 2408 PINEHURST COURT MIDLAND MI 48640	38-3304827	C3	11,000				RECREATION
(7)	SARANAM, LLC 1000 EUBANK BLVD NE ALBUQUERQUE NM 87112	20-2036621	C3	100,000				HEALTH/HUMAN SERVICE
(8)	SOUTHTOWN LITTLE LEAGUE 799 HIDDEN RIDGE ST. MIDLAND MI 48640	27-1783884	C3	20,000				YOUTH DEVELOPMENT
(9)	THE CASSIDY BROWN FOUNDATION 2 HART ROAD NEWBURYPORT MA 01950	27-1593144	C3	10,000				HEALTH/HUMAN SERVICE

- 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) (2012)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	THE LEGACY CENTER FOR COMM. SUCCESS 3200 JAMES SAVAGE RD MIDLAND MI 48642	80-0109585	C3	112,905				COMMUNITY DEVELOP.
(2)	TRITON REGIONAL SCHOOL DISTRICT 112 ELM STREET BYFIELD MA 01922	04-2443107	C3	15,000				EDUCATION
(3)	UNITED WAY OF MIDLAND COUNTY 220 WEST MAIN STREET MIDLAND MI 48640-3599	38-1434224	C3	40,906				HUMAN SERVICES
(4)	WARREN WILSON COLLEGE, INC. 701 WARREN WILSON RD. SWANNANOA NC 28778	56-0767736	C3	7,000				EDUCATION
(5)	WEST MIDLAND FAMILY CENTER 4011 WEST ISABELLA ROAD SHEPHERD MI 48883	38-2416339	C3	20,500				YOUTH DEVELOPMENT
(6)	XERODERMA PIGMENTOSUM FAMILY 8495 FOLSOM BOULEVARD #1 SACRAMENTO CA 95826	59-3824809	C3	20,000				HEALTH
(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) (2012)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 <b>SCHOLARSHIPS PAID</b>					
2 <b>DIRECTLY TO EDUCATIONAL</b>					
3 <b>INSTITUTIONS</b>	151	334,281			
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

THE GRANTEES ARE REQUIRED TO REPORT BACK TO THE FOUNDATION THROUGH REPORTS AND EXIT INTERVIEWS. A FINAL EXIT INTERVIEW IS REPORTED AFTER ALL REPORTS ARE RECEIVED. THIS WOULD INCLUDE PICTURES OF PROJECTS COMPLETED, ETC.

**PART IV - ADDITIONAL INFORMATION**

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

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2012**

**Open To Public Inspection**

**MIDLAND AREA COMMUNITY FOUNDATION**

Employer identification number

**38-2023395**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

**Total** ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) <b>CAL IEUTER</b>	<b>SEE PART V</b>	<b>10,213</b>	<b>INSURANCE</b>		<b>X</b>
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE L, PART V - ADDITIONAL INFORMATION**

**CAL IEUTER IS A TRUSTEE OF THE ORGANIZATION AND PRESIDENT OF IEUTER INSURANCE GROUP. IEUTER INSURANCE GROUP PROVIDES INSURANCE TO THE ORGANIZATION.**



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

**MIDLAND AREA COMMUNITY FOUNDATION**

Employer identification number

**38-2023395**

**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 YEAR.**

**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**

**MEMBERS VOTE ON BOARD APPOINTMENTS AND BYLAW CHANGES.**

**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 EFFECT 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**

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

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 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 DIRECTOR OF FINANCE.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2012**

Department of the Treasury  
Internal Revenue Service

For calendar year 2012 or other tax year beginning \_\_\_\_\_, and  
ending \_\_\_\_\_ ▶ See separate instructions.

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c) ( <b>C</b> ) ( <b>3</b> )</p> <p><input type="checkbox"/> 408(e)    <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A      <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year</p> <p align="center"><b>73,391,036</b></p>	<p><b>Print</b></p> <p><b>or</b></p> <p><b>Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p align="center"><b>MIDLAND AREA COMMUNITY FOUNDATION</b></p> <hr/> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p align="center"><b>76 ASHMAN CIRCLE</b></p> <hr/> <p>City or town, state, and ZIP code</p> <p align="center"><b>MIDLAND MI 48640</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)</p> <p align="center"><b>38-2023395</b></p> <hr/> <p><b>E</b> Unrelated business activity codes (see instructions)</p>
<p><b>F</b> Group exemption number (see instructions) ▶</p>		<p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation    <input type="checkbox"/> 501(c) trust    <input type="checkbox"/> 401(a) trust    <input type="checkbox"/> Other trust</p>	

**H** Describe the organization's primary unrelated business activity.  
▶ **SEE STATEMENT**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.  
▶

**J** The books are in care of ▶ **SHARON MORTENSEN** Telephone number ▶ **989-839-9661**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
	<b>c</b> Balance	<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b>	Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b>	Rent income (Schedule C)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b>	Advertising income (Schedule J)	<b>11</b>		
<b>12</b>	Other income (see instructions; attach statement)	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b> 0		0

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (except for contributions, deductions must be directly connected with the unrelated business income)				
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b>	Salaries and wages		<b>15</b>	
<b>16</b>	Repairs and maintenance		<b>16</b>	
<b>17</b>	Bad debts		<b>17</b>	
<b>18</b>	Interest (attach statement)		<b>18</b>	
<b>19</b>	Taxes and licenses		<b>19</b>	
<b>20</b>	Charitable contributions (see instructions for limitation rules)		<b>20</b>	
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>	0
<b>23</b>	Depletion		<b>23</b>	
<b>24</b>	Contributions to deferred compensation plans		<b>24</b>	
<b>25</b>	Employee benefit programs		<b>25</b>	
<b>26</b>	Excess exempt expenses (Schedule I)		<b>26</b>	
<b>27</b>	Excess readership costs (Schedule J)		<b>27</b>	
<b>28</b>	Other deductions (attach statement)		<b>28</b>	
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<b>29</b>	
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>	
<b>31</b>	Net operating loss deduction (limited to the amount on line 30)		<b>31</b>	
<b>32</b>	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>32</b>	
<b>33</b>	Specific deduction (generally \$1,000, but see line 33 instructions for exceptions)		<b>33</b>	1,000
<b>34</b>	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34</b>	0

**Part III Tax Computation**

**35 Organizations taxable as corporations** (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here  See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) ..... \$ \_\_\_\_\_

c Income tax on the amount on line 34 ..... **35c**

**36 Trusts taxable at trust rates** (see instructions for tax computation). Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) ..... **36**

**37 Proxy tax** (see instructions) ..... **37**

**38 Alternative minimum tax** ..... **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies ..... **39**

**Part IV Tax and Payments**

**40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) ..... **40a**

**b Other credits** (see instructions) ..... **40b**

**c General business credit.** Attach Form 3800 (see instructions) ..... **40c**

**d Credit for prior year minimum tax** (attach Form 8801 or 8827) ..... **40d**

**e Total credits.** Add lines 40a through 40d ..... **40e**

**41 Subtract line 40e from line 39** ..... **41**

**42 Other taxes.** Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (att. stmt.) ..... **42**

**43 Total tax.** Add lines 41 and 42 ..... **43** 0

**44a Payments:** A 2011 overpayment credited to 2012 ..... **44a**

**b 2012 estimated tax payments** ..... **44b**

**c Tax deposited with Form 8868** ..... **44c**

**d Foreign organizations: Tax paid or withheld at source** (see instructions) ..... **44d**

**e Backup withholding** (see instructions) ..... **44e**

**f Credit for small employer health insurance premiums** (Attach Form 8941) ..... **44f**

**g Other credits and payments:**  Form 2439  Form 4136  Other ..... Total **44g**

**45 Total payments.** Add lines 44a through 44g ..... **45**

**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached  ..... **46**

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ..... **47**

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ..... **48**

**49 Enter the amount of line 48 you want: Credited to 2013 estimated tax**  Refunded  ..... **49**

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

**1** At any time during the 2012 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  ..... **Yes**  **No**  **X**

**2** 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.  ..... **Yes**  **No**  **X**

**3** Enter the amount of tax-exempt interest received or accrued during the tax year  \$ ..... **Yes**  **No**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional sec. 263A costs (attach stmt.)	<b>4a</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Other costs (attach statement)	<b>4b</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>				

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.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT AND 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 CPA* Date: *Has/bos* Check  if self-employed

Firm's name: **ANDREWS HOOPER PAVLIK PLC** Firm's EIN: \_\_\_\_\_  
 Firm's address: **5915 EASTMAN AVE STE 100 MIDLAND, MI 48640-6824** Phone no. **989-835-7721**

38-2023395

**Form 990-T - Primary Unrelated Business Activity**

Description

In prior years, the Foundation was a limited partner in a partnership that leases nonresidential real estate.

**38-2023395**

**Line 31, Net Operating Loss Deduction**

Generated year ended 12/31/00	89,268
Utilized year ended 12/31/02	(30,194)
Utilized year ended 12/31/03	<u>(11,510)</u>
Remaining 12/31/00 NOL carryover to 12/31/12	47,564
Generated year ended 12/31/01	<u>33,687</u>
Total NOL carryover to 12/31/12	<u><u>81,251</u></u>