

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Form 990
Department of the Treasury
Internal Revenue Service

Under section 501(c)(3), 501(c)(29), or 4947(a)(2) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/form990 for instructions and the latest information.A For the 2018 calendar year or tax year beginning and ending

B Check the type of organization: <input type="checkbox"/> Charitable <input type="checkbox"/> Educational <input type="checkbox"/> Health care <input type="checkbox"/> Housing <input type="checkbox"/> Religious <input type="checkbox"/> Scientific, literary, or historical <input type="checkbox"/> Social service <input type="checkbox"/> Sports <input type="checkbox"/> Other (specify in Part III):	C Name of organization MIDLAND AREA COMMUNITY FOUNDATION		D Employer identification number 38-2023395
	E Complete or complete as applicable for the tax year or calendar year ending 76 ASHMAN CIRCLE City or town, state or province, county, and ZIP or foreign postal code MIDLAND MI 48640		F Telephone number 989-839-9661
G If the principal office is at a different address than the one above, give the address of the principal office: SHARON NORTHESEN 76 ASHMAN CIRCLE MIDLAND MI 48640	H Has this organization received any federal grants or contracts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		I Number of individuals employed <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," state on Form 990-T.
	J Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(29) <input type="checkbox"/> 4947(a)(2) <input type="checkbox"/> Other (specify in Part III): 501		K EIN (SEE INSTRUCTIONS)

L Website: **WWW.MIDLANDFOUNDATION.ORG** M EIN (SEE INSTRUCTIONS)

N Form of organization: Corporation Trust Association Other Year of incorporation: **1973** or Year of organizational founding: **MI**

Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE D

2 Check the box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VII, line 1a) **3** 15

4 Number of independent voting members of the governing body (Part VII, line 1b) **4** 15

5 Total number of individuals employed in calendar year 2018 (Part K, line 2a) **5** 10

6 Total number of volunteers (estimate if necessary) **6** 700

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** -2,597

7b Net of related business taxable income from Parts VIII, line 28 **7b** 0

Part VIII, column (A)	Year	
	2017	2018
8 Contributions and grants (Part VII, line 1c)	8,405,312	7,276,743
9 Program service revenue (Part VII, line 2g)	0	0
10 Investment income (Part VII, column (A), lines 3, 4, and 7d)	2,638,036	6,059,953
11 Other revenue (Part VII, column (A), lines 5, 6c, 6c, 9c, 10c, and 11a)	75,415	169,344
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,522,763	13,505,878
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,204,860	4,530,037
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 6-10)	633,109	644,758
16a Professional fundraising fees (Part IX, column (A), line 11a)	0	0
b Total fundraising expenses (Part IX, column (B), line 25) 272,105		
17 Other expenses (Part IX, column (A), lines 11b-11d, 11f-24a)	5,877,322	3,447,867
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,715,297	7,622,653
19 Revenue less expenses. Subtract line 18 from line 12	-1,192,534	5,883,225
20 Total assets (Part X, line 10)	100,355,944	94,332,854
21 Total liabilities (Part X, line 20)	2,550,352	3,719,939
22 Net assets or fund balances. Subtract line 21 from line 20	97,805,592	90,612,915

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, this return is correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SHARON NORTHESEN	Title PRESIDENT/CEO		
	Type or print name and title			
Paid Preparer Use Only	Preparer's name EDDIE W. BOER	Preparer's signature ANDREWS HOOVER FAYLIK PLC	Date 3/28/2019	Check <input type="checkbox"/> if self-employed PTIN 702448101
	Preparer's address 5915 EASTMAN AVE STE 100 MIDLAND, MI 48640-6824	Preparer's phone number 989-835-7721		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)