

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
MIDLAND AREA COMMUNITY FOUNDATION
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
76 ASHMAN CIRCLE
 City or town, state or province, country, and ZIP or foreign postal code
MIDLAND MI 48640

D Employer identification number
38-2023395

E Telephone number
989-839-9661

G Gross receipts \$ **16,987,604**

F Name and address of principal officer:
SHARON MORTENSEN
76 ASHMAN CIRCLE
MIDLAND MI 48640

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.MIDLANDFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1973** **M** State of legal domicile: **MI**

H(c) Group exemption number _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15		
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	12		
	6 Total number of volunteers (estimate if necessary)	6	750		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	34,992		
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	5,998			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	9,915,544	Current Year	6,837,345
	9 Program service revenue (Part VIII, line 2g)				0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,839,080		6,641,449
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		156,435		34,992
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,911,059		13,513,786
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,349,353	
14 Benefits paid to or for members (Part IX, column (A), line 4)					0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			1,003,902		1,100,927
16a Professional fundraising fees (Part IX, column (A), line 11e)					0
b Total fundraising expenses (Part IX, column (D), line 25)			383,728		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			6,395,861		5,685,774
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			13,749,116		12,575,682
19 Revenue less expenses. Subtract line 18 from line 12		3,161,943		938,104	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	114,895,702	End of Year	125,987,299
	21 Total liabilities (Part X, line 26)		2,992,449		3,653,482
	22 Net assets or fund balances. Subtract line 21 from line 20		111,903,253		122,333,817

Part II Signature Block

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

Sign Here
 Signature of officer: *Sharon Mortensen* Date: **4/15/2024**
SHARON MORTENSEN PRESIDENT/CEO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **KELLIE M. BOS** Preparer's signature: *Kellie M. Bos* Date: **04/17/2024** Check if PTIN self-employed **P00448161**
 Firm's name: **ANDREWS HOOPER PAVLIK PLC** Firm's EIN: **38-3133790**
 Firm's address: **5915 EASTMAN AVE STE 100 MIDLAND, MI 48640-6824** Phone no.: **989-835-7721**

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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?

No

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

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

4a (Code:) (Expenses \$ 1,972,249 including grants of \$ 1,545,678) (Revenue \$) DEVELOPING OUR TALENT (TALENT, EDUCATION, YOUTH DEVELOPMENT, AND ENGAGEMENT) - THE LOCAL AREA OFFERS HIGH QUALITY EDUCATION AND LEARNING OPPORTUNITIES THROUGHOUT LIFE, AND THE COMMUNITY NURTURES A SKILLED WORKFORCE AND PLACES HIGH VALUE ON POST-SECONDARY LEARNING. THE FOUNDATION PROVIDES OPPORTUNITIES FOR CHILDREN AND YOUTH TO REALIZE THEIR HOPES AND DREAMS.

4b (Code:) (Expenses \$ 4,912,370 including grants of \$ 998,424) (Revenue \$) ENRICHING OUR COMMUNITY (ARTS, CULTURE, ENTERTAINMENT, RECREATION, DIVERSITY, COMMUNITY LEADERSHIP, AND ENVIRONMENT) - THE LOCAL AREA IS A VIBRANT HUB OF ARTS, CULTURE, ENTERTAINMENT AND RECREATIONAL OPPORTUNITIES. THE FOUNDATION IS COMMITTED TO EQUALITY AND INCLUSION, AND WELCOMES, EMBRACES, AND ACCEPTS ALL PEOPLE. THE LOCAL AREA IS A SUSTAINABLE COMMUNITY THAT VALUES AND PROTECTS ITS NATURAL RESOURCES.

4c (Code:) (Expenses \$ 2,895,102 including grants of \$ 2,046,771) (Revenue \$) CARING FOR OUR PEOPLE (HUMAN SERVICES, SOCIAL SERVICES, POVERTY, HOUSING, MENTAL AND PHYSICAL HEALTH, AND PUBLIC SAFETY) - THE LOCAL COMMUNITY PROVIDES A COORDINATED AND COMPREHENSIVE SYSTEM OF SUPPORTIVE HEALTH AND HUMAN SERVICES SO THAT ALL MAY THRIVE. THE FOUNDATION ENCOURAGES SELF-SUFFICIENCY AND ACCEPTS ITS RESPONSIBILITY TO COLLABORATE TO CREATE THE SAFEST COMMUNITY IN THE COUNTRY.

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

(Expenses \$ 1,261,402 including grants of \$ 1,198,109) (Revenue \$)

4e Total program service expenses 11,041,123

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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 Rev. Proc. 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 donor-restricted endowments or in 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 XI		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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	19
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country CAYMAN ISLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	15		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		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 on 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	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	
16b		X	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **MI**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

MIDLAND AREA COMMUNITY FOUNDATION 76 ASHMAN CIRCLE MI 48640 989-839-9661
MIDLAND

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHARON MORTENSEN PRESIDENT/CEO	40.00 0.00			X				196,441	0	23,573
(2) KYLE FAHRNER CFO	40.00 0.00			X				129,060	0	12,246
(3) WILLIAM GARCHOW VICE CHAIR	2.00 0.00	X						0	0	0
(4) ANN HOLMON SECRETARY	2.00 0.00	X						0	0	0
(5) KATIE HORNING TRUSTEE	1.00 0.00	X		X				0	0	0
(6) JON LYNCH TRUSTEE	1.00 0.00	X						0	0	0
(7) DAVE MARSH FORMER BOARD CHAIR	1.00 0.00	X		X				0	0	0
(8) LOU MENCIA TREASURER	2.00 0.00	X		X				0	0	0
(9) CAROL MILLER TRUSTEE	1.00 0.00	X						0	0	0
(10) GRANT MURSCHEL TRUSTEE	1.00 0.00	X						0	0	0
(11) MWEMBA MWEMBA TRUSTEE	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) DICK PETERSON	1.00									
TRUSTEE	0.00	X						0	0	0
(13) JEFF PROVENZANO	1.00									
TRUSTEE	0.00	X						0	0	0
(14) GERALDINE READO	1.00									
TRUSTEE	0.00	X						0	0	0
(15) MICHAEL ROGERS	4.00									
CHAIR	0.00	X		X				0	0	0
(16) DEBORAH STEPHENS	1.00									
TRUSTEE	0.00	X						0	0	0
(17) MIKE WEIDEMAN	1.00									
TRUSTEE	0.00	X						0	0	0
(18)										
(19)										
1b Subtotal								325,501		35,819
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								325,501		35,819

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,837,345				
	g Noncash contributions included in lines 1a-1f	1g	\$ 849,242				
	h Total. Add lines 1a-1f			6,837,345			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,675,267		2,675,267	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	7,440,000				
		b Less: cost or other basis and sales exps.	7b	3,473,818			
	c Gain or (loss)	7c	3,966,182				
	d Net gain or (loss)			3,966,182		3,966,182	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses		9b				
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold		10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a 81-4832431 DAVIS LODG. VII		Business Code	531390	34,992	34,992	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			34,992			
12 Total revenue. See instructions			13,513,786	0	34,992	6,641,449	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,992,121	4,992,121		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	796,860	796,860		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	325,501	69,703	106,617	149,181
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	592,142	212,719	288,796	90,627
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,615	12,544	16,014	10,057
9 Other employee benefits	79,089	22,768	38,129	18,192
10 Payroll taxes	65,580	19,674	30,167	15,739
11 Fees for services (nonemployees):				
a Management				
b Legal	13,200	1,320	10,560	1,320
c Accounting	21,282		21,282	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	129,107		129,107	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	140,344		140,344	
12 Advertising and promotion	58,927	14,731	29,464	14,732
13 Office expenses	27,317	4,782	17,751	4,784
14 Information technology				
15 Royalties				
16 Occupancy	62,446		62,446	
17 Travel	14,073	2,815	11,258	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,580	5,895	17,685	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,889		35,889	
23 Insurance	32,683		32,683	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT EXPENSES	4,871,261	4,871,261		
b EQUIPMENT & MAINT	85,319		85,319	
c DEVELOPMENT	78,456			78,456
d MISCELLANEOUS	28,883		28,883	
e All other expenses	63,007	13,930	48,437	640
25 Total functional expenses. Add lines 1 through 24e	12,575,682	11,041,123	1,150,831	383,728
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	1	
	2	Savings and temporary cash investments	2,274,737	2,451,563
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
	7	Notes and loans receivable, net	7	
	8	Inventories for sale or use	8	
	9	Prepaid expenses and deferred charges	426,553	674,731
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,821,097	
	b	Less: accumulated depreciation	10b 624,129	10c 1,196,968
	11	Investments—publicly traded securities	111,006,116	121,664,037
	12	Investments—other securities. See Part IV, line 11	12	
	13	Investments—program-related. See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets. See Part IV, line 11	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	114,895,702	125,987,299	
Liabilities	17	Accounts payable and accrued expenses	116,735	103,369
	18	Grants payable	28,400	103,635
	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22	
	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,847,314	3,446,478
	26	Total liabilities. Add lines 17 through 25	2,992,449	3,653,482
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>		
and complete lines 27, 28, 32, and 33.				
27		Net assets without donor restrictions	109,930,618	120,187,333
28		Net assets with donor restrictions	1,972,635	2,146,484
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>				
and complete lines 29 through 33.				
29		Capital stock or trust principal, or current funds	29	
30		Paid-in or capital surplus, or land, building, or equipment fund	30	
31	Retained earnings, endowment, accumulated income, or other funds	31		
32	Total net assets or fund balances	111,903,253	122,333,817	
33	Total liabilities and net assets/fund balances	114,895,702	125,987,299	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,513,786
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,575,682
3	Revenue less expenses. Subtract line 2 from line 1	3	938,104
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	111,903,253
5	Net unrealized gains (losses) on investments	5	9,492,460
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	122,333,817

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,048,990	8,964,147	7,198,919	9,915,544	6,837,345	39,964,945
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,048,990	8,964,147	7,198,919	9,915,544	6,837,345	39,964,945
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,975,658
6 Public support. Subtract line 5 from line 4						33,989,287

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	7,048,990	8,964,147	7,198,919	9,915,544	6,837,345	39,964,945
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,216,856	2,020,292	2,870,065	2,113,028	2,672,674	11,892,915
9 Net income from unrelated business activities, whether or not the business is regularly carried on				23,244	33,992	57,236
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	208,292	133,313	122,879	132,191		596,675
11 Total support. Add lines 7 through 10						52,511,771
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	64.73%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	64.91%

16a **33 1/3% support test — 2023.** 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 — 2022.** 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 — 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test — 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests — 2023.** 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 — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - b** A family member of a person described on line 11a above?
 - c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a** The organization satisfied the Activities Test. *Complete line 2 below.*
 - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c** The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

2 Activities Test. *Answer lines 2a and 2b below.*

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

	Yes	No
2a		
2b		

3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME \$ 596,675

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

MIDLAND AREA COMMUNITY FOUNDATION

38-2023395

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 contain numerical data for total number, aggregate value of contributions, grants, and end of year values.

- 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
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.
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...
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations...
7 Amount of expenses incurred in monitoring, inspecting, handling of violations...
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

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

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

- 1a If the organization elected, as permitted under FASB 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 FASB 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.
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 FASB ASC 958 relating to these items.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	97,757,567	116,855,255	101,913,185	95,033,838	80,716,546
b Contributions	2,221,134	5,862,013	5,119,533	5,537,901	4,996,130
c Net investment earnings, gains, and losses	16,127,958	-15,761,463	15,763,125	10,056,082	16,320,189
d Grants or scholarships	-4,003,209	-3,924,063	-3,799,211	-4,709,740	-3,899,461
e Other expenditures for facilities and programs					
f Administrative expenses	-4,305,297	-5,274,175	-2,141,377	-4,004,896	-3,099,566
g End of year balance	107,798,153	97,757,567	116,855,255	101,913,185	95,033,838

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

- a Board designated or quasi-endowment **98.01 %**
- b Permanent endowment **1.06 %**
- c Term endowment **0.93 %**

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

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

- (i) Unrelated organizations?
- (ii) Related organizations?

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		733,647		733,647
b Buildings		788,327	362,324	426,003
c Leasehold improvements				
d Equipment		69,172	64,220	4,952
e Other		229,951	197,585	32,366
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,196,968

Part VII Investments – Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO OTHER ORGANIZATIONS	3,446,478
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,446,478

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

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

1	Total revenue, gains, and other support per audited financial statements		1	22,877,139
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	9,492,460	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	9,492,460	
3	Subtract line 2e from line 1		3	13,384,679
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	129,107	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	129,107	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,513,786

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

1	Total expenses and losses per audited financial statements		1	12,446,575
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	12,446,575
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	129,107	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	129,107	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	12,575,682

Part XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE FOUNDATION MAINTAINS 704 ENDOWED FUNDS THAT INCLUDE BOTH A DONOR-RESTRICTED ENDOWMENT FUND AND FUNDS DESIGNATED BY THE FOUNDATION'S BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENT FUNDS. THE DONOR-RESTRICTED ENDOWMENT FUND IS THE KELLOGG YOUTH FUND FOR THE SUPPORT OF PROGRAMS OR PROJECTS FOR YOUTH. FUNDS DESIGNATED BY THE FOUNDATION'S BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENT FUNDS HAVE BEEN ESTABLISHED FOR A VARIETY OF REASONS.

Part XIII Supplemental Information *(continued)*

Area with horizontal dotted lines for supplemental information.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	2-1-1 NORTHEAST MICHIGAN 2007 AUSTIN ST. SUITE U MIDLAND MI 48642	20-8782528	C3	75,000				HUMAN SERVICES
(2)	ADOPTION OPTION, INC. 4008 W WACKERLY RD, PO BOX 2225 MIDLAND MI 48640	43-2017657	C3	8,015				COMMUNITY/RECREATION
(3)	AFFORDABLE HOUSING ALLIANCE OF 3400 ISABELLA STREET MIDLAND MI 48640	38-3269965	C3	36,550				COMMUNITY
(4)	ALDERSGATE UNITED METHODIST CHURCH 2206 AIRFIELD LANE MIDLAND MI 48642	38-6073489	C3	7,500				COMMUNITY
(5)	AMERICAN CIVIL LIBERTIES UNION 185 BROAD STREET 18TH FLOOR NEW YORK NY 10004	13-6213516	C3	10,000				COMMUNITY
(6)	AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY ST PHILADELPHIA PA 19102-1403	23-1352010	C3	6,000				HEALTH/COMM
(7)	ARC OF MIDLAND 2602 LOUANNA STREET MIDLAND MI 48640	38-1877764	C3	47,943				HUMAN SERVICES/COMM
(8)	ARNOLD CENTER 400 WEXFORD AVE, MIDLAND MI 48640	38-6116234	C3	57,000				HUMAN SERVICES
(9)	BEAVERTON COMMUNITY ATHLETIC PARK 2586 MCNAMARA RD GLADWIN MI 48624	88-3407933	C3	10,000				RECREATION

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

Open to Public
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Department of the Treasury
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Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BEAVERTON SCHOOL 468 S ROSS ST BEAVERTON MI 48612	38-6001276	GOV	12,250				YOUTH
(2)	BLESSED SACRAMENT CHURCH 3109 SWEDE ROAD MIDLAND MI 48642	38-1419280	C3	25,000				EDUCATIONAL/COMM.
(3)	BULLOCK CREEK SCHOOLS 1420 SOUTH BADOUR RD MIDLAND MI 48640	38-6002737	GOV	17,500				EDUCATION/YOUTH DEV
(4)	CARAMOOR CENTER FOR MUSIC AND THE 149 GIRDLE RIDGE ROAD KATONAH NY 10536	13-5643627	C3	25,000				ARTS/CULTURE
(5)	CHEMICAL CITY BAND PO BOX 2745 MIDLAND MI 48641	80-0572244	C3	18,100				ARTS
(6)	CHILDREN'S GRIEF CENTER OF THE 4702 JAMES SAVAGE RD MIDLAND MI 48642	46-4994292	C3	16,750				COMMUNITY/YOUTH DEV
(7)	CHIPPEWA NATURE CENTER 400 SOUTH BADOUR ROAD MIDLAND MI 48640	38-1859315	C3	155,459				COMMUNITY/RECREATION
(8)	CITY OF BEAVERTON DOWNTOWN 124 W BROWN ST BEAVERTON MI 48612	38-6004660	GOV	10,000				COMMUNITY
(9)	CITY OF CLARE 202 WEST FIFTH STREET CLARE MI 48617	38-6004529	GOV	12,160				RECREATION/COMMUNITY

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CITY OF MIDLAND 333 WEST ELLSWORTH ST MIDLAND MI 48640	38-6004711	GOV	13,378				RECREATION/YOUTH
(2)	CITY OF MIDLAND - RIVERSIDE PLACE 400 E. MAIN STREET MIDLAND MI 48640	38-6004711	GOV	43,462				RECREATION
(3)	CITY OF MIDLAND MI - PARKS AND 4811 NORTH SAGINAW ROAD MIDLAND MI 48640-2321	38-6004711	GOV	15,350				COMMUNITY
(4)	CITY RESCUE MISSION OF SAGINAW PO BOX 548 SAGINAW MI 48606-0548	38-1368362	C3	10,000				HEALTH SERVICES
(5)	CLARE PUBLIC SCHOOLS 201 E. STATE STREET CLARE MI 48617	38-6000963	GOV	10,200				EDUCATION
(6)	CLEVELAND MANOR II, INC. 2200 CLEVELAND AVE MIDLAND MI 48640	38-3686644	C3	100,500				HUMAN SERVICES
(7)	COLEMAN COMMUNITY SCHOOLS 4823 N COLEMAN SCHOOLS DR COLEMAN MI 48618	38-6007589	GOV	24,500				EDUCATION
(8)	COUNCIL OF MICHIGAN FOUNDATIONS 1 SOUTH HARBOR AVENUE, SUITE 8 GRAND HAVEN MI 49417	38-6263347	C3	12,200				COMMUNITY
(9)	COUNCIL ON DOMESTIC VIOLENCE AND 2500 WALDO AVENUE MIDLAND MI 48640	38-2283832	C3	18,700				HUMAN SERVICES

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DAA

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047
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Name of the organization

Employer identification number
38-2023395

MIDLAND AREA COMMUNITY FOUNDATION

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(1)	COUNTY OF MIDLAND 220 WEST ELLSWORTH MIDLAND MI 48640-5194	38-6004871	GOV	8,700				COMMUNITY
(2)	CROOKED TREES ART CENTER 461 EAST MITCHELL PETOSKEY MI 49770	23-7187264	C3	5,850				ARTS
(3)	CWH SANTA CLAUS SCHOOL 2408 PINEHURST COURT MIDLAND MI 48640	38-3304827	C3	11,000				COMMUNITY
(4)	DELTA COLLEGE FOUNDATION 1961 DELTA RD UNIVERSITY CENTER MI 48710	38-2274366	C3	5,700				EDUCATION
(5)	DISABILITY NETWORK OF MID-MICHIGAN 1705 S. SAGINAW ROAD MIDLAND MI 48640	38-2912348	C3	25,100				HUMAN SERVICES
(6)	EARLHAM COLLEGE 801 NATIONAL RD W RICHMOND IN 47374	35-0868073	C3	25,000				EDUCATIONAL
(7)	EDENVILLE TOWNSHIP PO BOX 24 EDENVILLE MI 48620	38-2065066	GOV	55,869				COMMUNITY
(8)	EQUAL ACCESS TO TRAINING 301 GOLFFVIEW DR. SAGINAW MI 48638	86-2355965	C3	10,000				EDUCATIONAL
(9)	FAMILY AND CHILDREN'S SERVICES OF 1714 EASTMAN AVENUE MIDLAND MI 48640	38-1398840	C3	10,250				HUMAN SERVICES

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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(1)	FAMILY LIFE RADIO 510 EAST ISABELLA ROAD MIDLAND MI 48640	38-1812892	C3	7,975				COMMUNITY
(2)	FARWELL AREA HISTORICAL MUSEUM PO BOX 824 FARWELL MI 48622	45-0536702	C3	7,539				EDUCATIONAL
(3)	FELLOWSHIP FOUNDATION 1145 GREAT OAKS BOULEVARD ROCHESTER MI 48307	53-0204604	C3	10,000				COMMUNITY
(4)	FIRST UNITED METHODIST CHURCH 315 WEST LARKIN STREET MIDLAND MI 48640	38-1368752	C3	37,344				COMMUNITY
(5)	FOR A BRIGHTER TOMORROW 1543 WASHINGTON ST MIDLAND MI 48642	47-3788131	C3	8,000				HUMAN SERVICES
(6)	FOUNDATION OF THE ARC OF THE US 1825 K ST NW WASHINGTON DC 20006	52-1559702	C3	20,000				ENVIRONMENT
(7)	GATEWAY HEALTHCARE 600 CAMBRIDGE ST MIDLAND MI 48640	87-2324449	C3	14,400				HEALTH/HUMAN SERVICE
(8)	GLADWIN COMMUNITY ARENA FITNESS 402 JAMES ROBERTSON DR. GLADWIN MI 48624	38-3496713	C3	8,535				RECREATION/YOUTH
(9)	GLADWIN COMMUNITY SCHOOLS 401 N. BOWERY AVE. GLADWIN MI 48624	38-6001283	GOV	6,000				YOUTH DEVELOPMENT

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

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(1)	GLADWIN COUNTY FAIR ASSOCIATION 401 S. STATE ST. GLADWIN MI 48624	38-2111819	C3	10,000				COMMUNITY IMPROVE
(2)	GREAT LAKES BAY FOUNDATION 122 UPTOWN DRIVE SUITE 204 BAY CITY MI 48708	20-8146148	C3	27,500				HEALTH SERVICES
(3)	GREATER MIDLAND COMMUNITY CENTERS, 2205 N JEFFERSON AVE MIDLAND MI 48640	38-1534400	C3	260,500				COMMUNITY
(4)	GREENDALE TOWNSHIP 329 N GENEVA RD. SHEPHERD MI 48883	38-2072008	GOV	40,000				COMMUNITY DEVELOP.
(5)	HELPS INTERNATIONAL, INC. 15301 DALLAS PARKWAY, SUITE 200 ADDISON TX 75001	75-1966419	C3	66,683				HUMAN SERVICES
(6)	HIDDEN HARVEST 940 EAST GENESEE AVE PO BOX 1982 SAGINAW MI 48607	38-3350163	C3	86,500				HUMAN SERVICES
(7)	HOME TO STAY 205 S SAGINAW RD MIDLAND MI 48642	38-1913233	C3	76,061				COMMUNITY
(8)	HOPE TOWNSHIP - WOODSIDE PARK PO BOX 60 HOPE MI 48628	38-4354242	GOV	8,000				HEALTH/HUMAN SERVICE
(9)	HUMANE SOCIETY OF MIDLAND COUNTY 4371 EAST ASHMAN RD MIDLAND MI 48642	38-6114132	C3	35,555				COMMUNITY

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**Grants and Other Assistance to Organizations,
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Employer identification number
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(1)	INDEPENDENT COMMUNITY LIVING 233 E LARKIN ST, SUITE 1 MIDLAND MI 48640	46-1187049	C3	62,500				COMM/HUMAN SERVICES
(2)	INTERLOCHEM CENTER FOR THE ARTS ADVANCEMENT OFFICE INTERLOCHEM MI 49643	38-1689022	C3	18,612				EDUCATIONAL
(3)	JEROME TOWNSHIP FIRE DEPARTMENT 680 W. SAGINAW RD SANFORD MI 48657	38-2087287	GOV	24,235				COMMUNITY
(4)	JUNIOR ACHIEVEMENT OF NORTH CENTRAL 309 E INDIAN ST MIDLAND MI 48640	38-6081685	C3	15,530				EDUCATION/YOUTH
(5)	KINGS DAUGHTERS AND SONS OF MIDLAND 2410 RODD STREET MIDLAND MI 48640	38-6093424	C3	10,000				YOUTH DEVELOPMENT
(6)	MARION-POLK FOOD SHARE 1660 SALEM INDUSTRIAL DRIVE NE SALEM OR 97301	94-3034161	C3	50,000				COMMUNITY
(7)	METROPOLITAN OPERA GUILD, INC. 70 LINCOLN PLAZA CENTER NEW YORK NY 10023-6593	13-1681983	C3	15,000				ARTS
(8)	MICHIGAN AUDUBON SOCIETY 2310 SCIENCE PARKWAY, SUITE 200 OKEMOS MI 48864	38-1686621	C3	15,285				ENVIRONMENT
(9)	MICHIGAN BASEBALL FOUNDATION, INC. 825 EAST MAIN STREET MIDLAND MI 48640-0365	68-0619551	C3	16,400				COMMUNITY/RECREATION

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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Employer identification number

38-2023395

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(1)	MICHIGAN CROSSROADS COUNCIL, INC., 14258 MICHIGAN ST., EAGLE MI 48822	45-4003240	C3	19,462				YOUTH DEVELOPMENT
(2)	MICHIGAN SPECIAL OLYMPICS, INC., CENTRAL MICHIGAN UNIVERSITY MOUNT PLEASANT MI 48858	38-1964643	C3	5,300				YOUTH/RECREATION
(3)	MID MICHIGAN COMMUNITY ACTION 1574 EAST WASHINGTON ROAD FARWELL MI 48622	38-2056236	C3	40,000				COMMUNITY
(4)	MID MICHIGAN COMMUNITY FIRE BOARD 300 NORTH MILL STREET SAINT LOUIS MI 48880	38-3582367	GOV	15,000				COMMUNITY
(5)	MIDLAND BUSINESS ALLIANCE FOUND 300 RODD STREET, SUITE 201 MIDLAND MI 48640	38-2600199	C3	251,892				COMMUNITY
(6)	MIDLAND CENTER FOR ACCESSIBLE 1509 WASHINGTON ST STE D MIDLAND MI 48640	38-3190310	C3	80,000				COMMUNITY
(7)	MIDLAND CENTER FOR THE ARTS 1801 WEST ST ANDREWS ROAD MIDLAND MI 48640	38-6114020	C3	351,676				ARTS
(8)	MIDLAND COMMUNITY CANCER SERVICES 400 ASHMAN STREET, SUITE 200 MIDLAND MI 48640	38-6073785	C3	41,250				HUMAN SERVICES
(9)	MIDLAND COMMUNITY FORMER OFFENDER 1415 WASHINGTON ST MIDLAND MI 48640	81-2927442	C3	12,650				HUMAN SERVICES

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Employer identification number

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38-2023395

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(1)	MIDLAND COMMUNITY ORCHESTRA PO BOX 2503 MIDLAND MI 48641	27-3088085	C3	10,500				ARTS
(2)	MIDLAND COUNTY CHILD PROTECTION 2716 JEFFERSON AVENUE MIDLAND MI 48640	38-2272953	C3	16,050				HUMAN SERVICES
(3)	MIDLAND COUNTY COUNCIL ON AGING 4700 DUBLIN AVENUE MIDLAND MI 48640	38-6107383	C3	12,456				COMMUNITY
(4)	MIDLAND COUNTY EDUCATIONAL SERVICES 3917 JEFFERSON AVENUE MIDLAND MI 48640	38-1739040	GOV	129,463				YOUTH DEVELOPMENT
(5)	MIDLAND COUNTY FOOD PANTRY NETWORK P.O. BOX 2521 MIDLAND MI 48641-2521	38-2480470	C3	6,000				HUMAN SERVICES
(6)	MIDLAND COUNTY HABITAT FOR HUMANITY 1703 S SAGINAW RD MIDLAND MI 48640	38-2884074	C3	85,600				HUMAN SERVICES/COMM.
(7)	MIDLAND COUNTY PARKS & RECREATION 220 W ELLSWORTH ST MIDLAND MI 48640	38-6004871	GOV	85,373				RECREATION
(8)	MIDLAND COUNTY PROBATE COURT 301 WEST MAIN STREET MIDLAND MI 48640	38-6004871	GOV	16,000				YOUTH DEVELOPMENT
(9)	MIDLAND FIGURE SKATING CLUB 405 FAST ICE DRIVE MIDLAND MI 48640	38-1801617	C3	5,156				RECREATION

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(1)	MIDLAND HIGH SCHOOL 4014 LOWELL COURT MIDLAND MI 48642	38-2548128	GOV	8,796				YOUTH/EDUCATIONAL
(2)	MIDLAND KING'S DAUGHTERS HOME OF 2410 RODD STREET MIDLAND MI 48640	38-1547021	C3	16,218				COMM/HUMAN SERVICES
(3)	MIDLAND NORTHEAST LITTLE LEAGUE PO BOX 2631 MIDLAND MI 48641	38-2237641	C3	10,000				RECREATION
(4)	MIDLAND PUBLIC SCHOOLS 600 E CARPENTER ST MIDLAND MI 48642	38-6002734	GOV	33,717				EDUCATION/YOUTH/REC
(5)	MIDLAND'S OPEN DOOR 412 WEST BUTTLES STREET MIDLAND MI 48640-1614	38-2161429	C3	100,554				COMM/HUMAN SERVICES
(6)	MID-MICHIGAN INDUSTRIES INC 2426 PARKWAY DR MOUNT PLEASANT MI 48858	38-2001352	C3	10,000				HEALTH/HUMAN SERVICE
(7)	MIGHTY MITT PARKINSON MOVEMENT 4612 JAMES SAVAGE ROAD MIDLAND MI 48642	84-3020204	C3	20,000				COMM/HUMAN SERVICES
(8)	MYMICHIGAN HEALTH 4000 WELLNESS DR MIDLAND MI 48670	38-2459948	C3	10,500				HEALTH/HUMAN SERVICE
(9)	MYMICHIGAN HEALTH FOUNDATION 4000 WELLNESS DR MIDLAND MI 48670	81-2813405	C3	93,059				HUMAN SERVICES

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Department of the Treasury
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(1)	NATIONAL EXCHANGE CLUB FOUNDATION 3050 CENTRAL AVE TOLEDO OH 43606	34-6571404	C3	12,000				COMMUNITY
(2)	NORTHERN MI MOBILE CHILD 127 N. SECOND ST. HARRISON MI 48625	46-2508124	C3	20,000				HUMAN SERVICES/YOUTH
(3)	NYE COMMUNITY FOUNDATION, INC. PO BOX 528 NYE MT 59061	81-0531083	C3	10,000				COMMUNITY
(4)	OJAI VALLEY SCHOOL 723 EL PASEO RD OJAI CA 93023	95-1661099	GOV	25,000				EDUCATIONAL
(5)	OREGON COUNCIL FOR THE HUMANITIES 610 SW ALDER PORTLAND OR 97205	93-0716419	C3	10,000				ARTS
(6)	OUR LADY OF GRACE PARISH OF SANFORD 2500 N WEST RIVER RD SANFORD MI 48657	90-0984694	C3	40,000				COMMUNITY
(7)	PRESBYTERIAN VILLAGES OF MI FOUN. 26200 LAHSER RD SOUTHFIELD MI 48033	20-2559884	C3	5,500				EDUCATIONAL
(8)	REACHING OUR COMMUNITY KIDS 2205 JEFFERSON AVE, PO BOX 2143 MIDLAND MI 48641	38-3541096	C3	52,750				YOUTH/EDUCATION
(9)	REECE ENDEAVOR OF MIDLAND PO BOX 2212 MIDLAND MI 48641	38-6082605	C3	5,650				HEALTH/COMMUNITY DEV

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)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047
2023
Open to Public
Inspection

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SAGINAW VALLEY STATE UNIVERSITY 7400 BAY ROAD UNIVERSITY CENTER MI 48710	38-1798800	GOV	40,000				EDUCATION
(2)	SAINT BRIGID OF KILDARE OF MI 207 ASHMAN ST MIDLAND MI 48640	38-1513322	C3	5,227				HEALTH SERVICES
(3)	SALVATION ARMY 5550 PRAIRIE STONE PARKWAY HOFFMAN ESTATES IL 60192	36-3805307	C3	17,728				HUMAN SERVICES
(4)	SALVATION ARMY OF MIDLAND 330 WALDO AVENUE, P.O. BOX 1447 MIDLAND MI 48641	38-1370971	C3	37,249				HUMAN SERVICES/COMM
(5)	SANFORD HISTORICAL SOCIETY 2222 SMITH ST SANFORD MI 48657	38-2314911	C3	8,445				COMMUNITY/ARTS
(6)	SELF LOVE BEAUTY 2916 ABBOTT ROAD MIDLAND MI 48642	81-0879475	C3	45,000				COMMUNITY
(7)	SOS STRAY OR STANDED ANIMAL RESCUE PO BOX 1135 MIDLAND MI 48641	38-3562588	C3	8,000				EDUCATION
(8)	ST JOHN'S LUTHERAN CHURCH LC-M 505 EAST CARPENTER MIDLAND MI 48640	38-1474946	C3	10,000				COMMUNITY
(9)	TEN SIXTEEN RECOVERY NETWORK 133 N SAGINAW RD MIDLAND MI 48640	38-2278390	C3	102,500				COMMUNITY

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

3 Enter total number of other organizations listed in the line 1 table

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Name of the organization

Employer identification number

MIDLAND AREA COMMUNITY FOUNDATION

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. Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE DIAPER ALLIANCE 3700 JAMES SAVAGE RD INSIDE STOX WA MIDLAND MI 48642	27-2558400	C3	6,441				HUMAN SERVICES
(2)	THE LEGACY CENTER FOR COMM. SUCCESS 3200 JAMES SAVAGE RD MIDLAND MI 48642	80-0109585	C3	77,941				EDUCATION/COMMUNITY
(3)	THE LITTLE FORKS CONSERVANCY PO BOX 2847 MIDLAND MI 48641	38-3353122	C3	152,654				ENVIRONMENT
(4)	THE ROCK OF KINGSLEY INC. PO BOX 207 KINGSLEY MI 49649	26-1548274	C3	10,000				YOUTH
(5)	TRI-STAR CHARITABLE FOUNDATION 1004 NORTH MICHIGAN AVE SAGINAW MI 48602	27-1866546	C3	9,500				COMM/ENVIRONMEN
(6)	TRUSTEES OF THE SMITH COLLEGE PARADISE ROAD NORTHAMPTON MA 01060	04-1843040	C3	10,000				EDUCATION
(7)	UNITED CHURCH OF CHRIST 4100 CHESTNUT HILL DR MIDLAND MI 48642	38-1971973	C3	7,250				COMMUNITY
(8)	UNITED WAY OF MIDLAND COUNTY 115 JEROME STREET MIDLAND MI 48640	38-1434224	C3	346,576				COMM/HUMAN SERVICES
(9)	UNIVERSITY OF MICHIGAN 610 EAST UNIVERSITY AVENUE ANN ARBOR MI 48109	38-6006309	GOV	95,204				EDUCATION/HUMAN SERV

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)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF MICHIGAN SCHOOL OF 1080 S. UNIVERSITY AVENUE ANN ARBOR MI 48109	38-6006309	GOV	10,000				EDUCATIONAL
(2)	WEST MIDLAND FAMILY CENTER PO BOX 1985 MIDLAND MI 48641-1985	38-2416339	C3	176,050				COMM/HUMAN SERVICES
(3)	YMCA SAGINAW 1915 FORDNEY SAGINAW MI 48601	38-1360594	C3	40,000				YOUTH DEVELOPMENT
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

3 Enter total number of other organizations listed in the line 1 table

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

Name of the organization MIDLAND AREA COMMUNITY FOUNDATION	Employer identification number 38-2023395
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PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
FOR GRANTS THAT ARE APPROVED WITHIN THE FOUNDATION'S QUARTERLY GRANT CYCLE,
GRANTEES ARE REQUIRED TO REPORT BACK TO THE FOUNDATION THROUGH REPORTS.
THESE REPORTS NORMALLY INCLUDE PICTURES OF PROJECTS COMPLETED, UTILIZATION
OF FUNDS, ETC. GRANTS THAT ARE DONOR INITIATED THROUGH FUNDS SUCH AS DONOR
ADVISED FUNDS, DESIGNATED FUNDS, PROJECT FUNDS, AND AGENCY FUNDS, DO NOT
HAVE THE SAME REPORTING REQUIREMENTS.

PART IV - ADDITIONAL INFORMATION
ALL SCHOLARSHIPS ARE PAID DIRECTLY TO EDUCATIONAL INSTITUTIONS. NO CHECKS
ARE WRITTEN TO INDIVIDUALS.

SCHEDULE J
(Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	SHARON MORTENSEN PRESIDENT/CEO	196,441	0	0	8,092	15,481	220,014	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open To Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	10	849,242	
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

SCHEDULE M - SUPPLEMENTAL INFORMATION

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

MIDLAND AREA COMMUNITY FOUNDATION

Employer identification number

38-2023395

FORM 990 - ORGANIZATION'S MISSION

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

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

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

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

CAYMAN ISLANDS

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

THE FOUNDATION IS A MEMBERSHIP ORGANIZATION. ANYONE CAN BE A MEMBER AS
LONG AS THEY MAKE A CONTRIBUTION TO THE FOUNDATION DURING THE CURRENT OR
PREVIOUS FISCAL YEAR. LEGACY SOCIETY MEMBERS AND INDIVIDUAL FUND HOLDERS
ARE ALSO MEMBERS AS WELL AS ALL INDIVIDUALS WHO WERE MEMBERS OF THE
FOUNDATION ON MAY 16, 2000 AT THE TIME THE BYLAWS WERE REVISED.

Name of the organization

Employer identification number

MIDLAND AREA COMMUNITY FOUNDATION

38-2023395

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

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

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

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

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

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE ORGANIZATION HAS A HUMAN RESOURCE COMMITTEE THAT MEETS TO REVIEW
SALARIES ON AN ANNUAL BASIS. THEY MEET TO DISCUSS ANY RAISES (IF

Name of the organization

Employer identification number

MIDLAND AREA COMMUNITY FOUNDATION

38-2023395

APPLICABLE) AND REVIEW COMPARABLE SALARY DATA FROM CMF AND COF.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE FOUNDATION MAKES MOST DOCUMENTS AVAILABLE ON ITS WEBSITE. THOSE DOCUMENTS NOT AVAILABLE ON THE WEBSITE ARE AVAILABLE UPON REQUEST MADE TO THE FOUNDATION'S CFO.