

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization: MICHIGAN HOME AND COMMUNITY SERVICE NETWORK. Address: 4882 GRATIOT RM/STE 14. City: SAGINAW, MI 48638

D Employer identification number: 46-1770584. Telephone number: (989) 799-4641. F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one): 501(c)(3), 501(c)(4), 4947(a)(1), 527

K Form of organization: Corporation, Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$60,000

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns: Line number, Description, and Amount. Revenue section (lines 1-9) and Expenses section (lines 10-17) are detailed. Net Assets section (lines 18-21) shows a deficit of -8,861 and ending assets of 78,924.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 83,785 | 22 | 73,924 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 4,000 | 24 | 6,000 |
| 25 Total assets | 87,785 | 25 | 79,924 |
| 26 Total liabilities (describe in Schedule O) | | 26 | 1,000 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 87,785 | 27 | 78,924 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
 MICHIGAN HOME AND COMMUNITY SERVICES NETWORK (MHCSN) WILL UNDERTAKE RESEARCH REGARDING BEST PRACTICES IN HOME AND COMMUNITY HEALTH CARE AND OTHER COMMUNITY SERVICES, AND WILL DEVELOP AND ADVOCATE FOR LEGISLATION, REGULATIONS, AND GOVERNMENT PROGRAMS TO IMPROVE THE QUALITY AND CHOICE IN HOME AND COMMUNITY HEALTH CARE AND OTHER COMMUNITY SERVICES. MHCSN INTENDS TO DEVELOP TECHNICAL AND POLICY SOLUTIONS FOR THE GROWING HEALTH CARE AND FINANCIAL PROBLEMS FACING THOSE IN NEED OF COMMUNITY SERVICES, THEIR FAMILIES AND PROVIDERS. MHCSN WILL DIRECT THESE EFFORTS TOWARD SUPPORTING PREVENTATIVE SOLUTIONS TO THE PROBLEMS OF AN AGING POPULATION TO GUARANTEE DIGNITY AND PATIENT CHOICE AND TO ELIMINATE OR REDUCE VOIDS IN HEALTH AND COMMUNITY CARE AND SERVICES WHILE SAVING THE HEALTH CARE INDUSTRY AND SOCIETY MONEY AND RESOURCES. MHCSN WILL EMPOWER AND ADVOCATE FOR THE BENEFIT OF THOSE WHO NEED COMMUNITY SERVICES, THEIR FAMILIES AND PROVIDERS.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

| | | | |
|--|---|------------|--------|
| 28 See Additional Data Table | | | |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | |
| 29 | | | |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | | | |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) | | | |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | | 32 | 62,224 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| JOHN A GRIB PRESIDENT/D | 000 00 | 0 | | |
| SHERRIE A MOSELER BSN RN SECRETARY/DI | 000 00 | 0 | | |
| RICH STONE TREASURER | 000 00 | 0 | | |
| DENNIS BOTT DIRECTOR | 000 00 | 0 | | |
| DAVID BENJAMIN DIRECTOR | 000 00 | 0 | | |
| EDWARD D'ANGELO DIRECTOR | 000 00 | 0 | | |
| STEVE VELZEN-HANNER DIRECTOR | 000 00 | 0 | | |
| | | | | |
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of SCHMID LAW OFFICE Telephone no (989) 799-4642 Located at 4882 GRATIOT 14 SAGINAW, MI ZIP + 4 48638
42b 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)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 3 columns: Question, Yes, No. Row 46: Yes/No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 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

Table with 3 columns: Question, Yes, No. Row 47: Yes/No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes/No

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes/No

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes/No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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 (JOHN A GRIB PRESIDENT/ DIRECTOR) and Date (2016-05-09)

Paid Preparer Use Only: Preparer's name (RICHARD C LARAMY), signature, date (2016-09-06), firm's name (VIKING TAX & ACCOUNTING), address (145 N MIDLAND RD, MERRILL, MI 486372526), and other details.

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID:
Software Version:
EIN: 46-1770584
Name: MICHIGAN HOME AND COMMUNITY SERVICE NETWORK

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) | |
|---|--|--------|
| 28 ORGANIZATION AND BASIC FUNDING (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 28a | |
| 29 ORGANIZATION MEMBERSHIP (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 29a | 62,224 |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2015

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
MICHIGAN HOME AND COMMUNITY SERVICE NETWORK

Employer identification number

46-1770584

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------|--|
| FORM 990-EZ, PART I, LINE 16 | EXPENSES LEADING AGE SPONORSHIPS 5,000 WEB SITE DESIGN 1,027 STATE TOLL FREE NUMBER 7,200 CONFERENCE AND MEETINGS 410 STRATEGIC PLANNING 4,800 TOTAL 18,437 |
| FORM 990-EZ, PART II, LINE 24 | PLEDGES RECEIVABLE 4,000 6,000 TOTAL 4,000 6,000 |
| FORM 990-EZ, PART II, LINE 26 | ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 1,000 |
| FORM 990-EZ, PART III | MICHIGAN HOME AND COMMUNITY SERVICES NETWORK (MHCSN) WILL UNDERTAKE RESEARCH REGARDING BEST PRACTICES IN HOME AND COMMUNITY HEALTH CARE AND OTHER COMMUNITY SERVICES, AND WILL DEVELOP AND ADVOCATE FOR LEGISLATION, REGULATIONS, AND GOVERNMENT PROGRAMS TO IMPROVE THE QUALITY AND CHOICE IN HOME AND COMMUNITY HEALTH CARE AND OTHER COMMUNITY SERVICES. MHCSN INTENDS TO DEVELOP TECHNICAL AND POLICY SOLUTIONS FOR THE GROWING HEALTH CARE AND FINANCIAL PROBLEMS FACING THOSE IN NEED OF COMMUNITY SERVICES, THEIR FAMILIES AND PROVIDERS. MHCSN WILL DIRECT THESE EFFORTS TOWARD SUPPORTING PREVENTATIVE SOLUTIONS TO THE PROBLEMS OF AN AGING POPULATION TO GUARANTEE DIGNITY AND PATIENT CHOICE AND TO ELIMINATE OR REDUCE VOIDS IN HEALTH AND COMMUNITY CARE AND SERVICES WHILE SAVING THE HEALTH CARE INDUSTRY AND SOCIETY MONEY AND RESOURCES. MHCSN WILL EMPOWER AND ADVOCATE FOR THE BENEFIT OF THOSE WHO NEED COMMUNITY SERVICES, THEIR FAMILIES AND PROVIDERS. |
| FORM 990-EZ, PART III, LINE 31 | ORGANIZATION MEMBERSHIP |