

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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.

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- 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

Number and street (or P O box, if mail is not delivered to street address) Room/suite
4882 GRATIOT RM/STE 14

City or town, state or province, country, and ZIP or foreign postal code
SAGINAW, MI 48638

D Employer identification number
46-1770584

E Telephone number
(989) 799-4641

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

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

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 ▶ \$ 72,000

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	72,000
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	72,000
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	54,848
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	1,487
	17 Total expenses. Add lines 10 through 16 ▶	17	56,335
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,665
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	78,924
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-2,000
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	92,589

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	73,924	22	90,589
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	6,000	24	4,000
25 Total assets	79,924	25	94,589
26 Total liabilities (describe in Schedule O).	1,000	26	2,000
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	78,924	27	92,589

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

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

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

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		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
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	51,149

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		

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

Table with columns for question number, question text, and Yes/No response. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 **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

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 **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(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 **f** _____

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 "

(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. **d** _____

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: ***** Date: 2017-07-26
 JOHN A GRIB PRESIDENT/ DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name RICHARD C LARAMY	Preparer's signature	Date 2017-07-26	Check <input type="checkbox"/> if self-employed	PTIN P00419137
Firm's name VIKING TAX & ACCOUNTING			Firm's EIN 38-2850332	
Firm's address 145 N MIDLAND RD MERRILL, MI 486372526			Phone no (989) 643-1040	

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 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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 ORGANIZATION AND BASIC FUNDING (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 ORGANIZATION MEMBERSHIP (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p>51,149</p>

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
MICHIGAN HOME AND COMMUNITY SERVICE
NETWORK**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

46-1770584

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES LEADING AGE SPONSORSHIPS 850 OFFICE 279 WEB SITE DESIGN 108 ROUNDING 20 CONFERENCE AND MEETINGS 230 TOTAL 1,487

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	PRIOR PERIOD RECIEVABLE ADJUSTMENT -2,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	PLEDGES RECEIVABLE 6,000 4,000 TOTAL 6,000 4,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,000 2,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	<p>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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	ORGANIZATION MEMBERSHIP