

Form **990EZ**  
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.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- 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 INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
20400 SUPERIOR ROAD

City or town, state or province, country, and ZIP or foreign postal code  
TAYLOR, MI 48180

**D** Employer identification number  
46-1770584

**E** Telephone number  
(734) 282-7171

**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) ◀ (insert no )  4947(a)(1) or  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. ▶ \$ 71,000

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	71,000
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	
5a	Gross amount from sale of assets other than inventory	
5b	Less cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	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)	
6c	Less direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	71,000
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	50,237
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	
16	Other expenses (describe in Schedule O)	8,115
17	<b>Total expenses.</b> Add lines 10 through 16	58,352
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	12,648
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)	108,632
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	Net assets or fund balances at end of year Combine lines 18 through 20	121,280

**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
<b>22</b> Cash, savings, and investments . . . . .	105,632	<b>22</b>	120,280
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	3,000	<b>24</b>	1,000
<b>25 Total assets</b> . . . . .	108,632	<b>25</b>	121,280
<b>26 Total liabilities</b> (describe in Schedule O). . . . .		<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	108,632	<b>27</b>	121,280

**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

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** See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here  **28a**

**29** See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here  **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

**31** Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here  **31a**

**32 Total program service expenses** (add lines 28a through 31a) **32** 57,548

**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 DIRECTOR	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 PRESIDENT /	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 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of EDWARD DE'ANGELO Telephone no (734) 282-7171 Located at 2040 SUPERIOR RD TAYLOR, MI ZIP + 4 48180

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

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 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<b>46</b>	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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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 . . . . . ▶ \_\_\_\_\_

**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. . . . . ▶ \_\_\_\_\_

**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.

<b>Sign Here</b> ▶ ***** Signature of officer	2019-05-06 Date
▶ EDWARD D'ANGELO PRESIDENT / CEO Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name RICHARD C LARAMY	Preparer's signature	Date 2019-05-06	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 INC

### 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.)	
<b>28 ORGANIZATION AND BASIC FUNDING</b> (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	

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

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>29 ORGANIZATION MEMBERSHIP</b>  (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>29a</b></p>	<p>57,548</p>

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2018****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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization

MICHIGAN HOME AND COMMUNITY SERVICE  
NETWORK INC

Employer identification number

46-1770584

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES SOFTWARE 348 STATE WIDE CALL IN LINE 7,200 CONFERENCE AND MEETINGS 567 TOTAL 8,115

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24	PLEDGES RECEIVABLE 3,000 1,000 TOTAL 3,000 1,000



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART III, LINE 31	ORGANIZATION MEMBERSHIP