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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012</b>		<b>D Employer identification number</b>	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		38-2027389 <b>E Telephone number</b> (231) 947-3780	
<b>C Name of organization</b> NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 3963 THREE MILE ROAD City or town, state or country, and ZIP + 4 TRAVERSE CITY, MI 496869164		<b>G Gross receipts \$</b> 18,212,361	
<b>F Name and address of principal officer</b> JOHN STEPHENSON 3963 THREE MILE ROAD TRAVERSE CITY, MI 496869164		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ WWW.NMCAA.NET			

Part I		Summary		
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO HELP PEOPLE BY LINKING SERVICES, RESOURCES, AND OPPORTUNITIES			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .		<b>3</b>	25
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .		<b>4</b>	25
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .		<b>5</b>	497
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .		<b>6</b>	2,625	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .		<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .		<b>7b</b>	0	
Revenue			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	22,027,943	17,641,632
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	568,871	466,158
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	15,759	10,509
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,172	12,011
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	22,621,745	18,130,310
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	8,354,709	6,478,844
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,534,071	8,659,860
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 33,577		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	4,823,029	3,144,998
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,711,809	18,283,702
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	-90,064	-153,392
	Net Assets or Fund Balances			<b>Beginning of Current Year</b>
<b>20</b>		Total assets (Part X, line 16) . . . . .	4,032,110	3,438,670
<b>21</b>		Total liabilities (Part X, line 26) . . . . .	1,678,580	1,218,813
<b>22</b>		Net assets or fund balances Subtract line 21 from line 20 . . . . .	2,353,530	2,219,857

<b>Part II</b>	<b>Signature Block</b>
<p>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.</p>	

<b>Sign Here</b>	***** Signature of officer			2013-02-26 Date	
	JOHN STEPHENSON EXECUTIVE DIRECTOR Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature  JEAN CHRISTENSEN		Date	Check if self-employed 	Preparer's taxpayer identification number (see instructions) P00368719
	Firm's name (or yours if self-employed), address, and ZIP + 4  WIPFLI LLP PO BOX 8700 MADISON, WI 537088700		EIN  39-0758449		
			Phone no  (608) 274-1980		

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

THE ORGANIZATION'S MISSION IS HELPING PEOPLE BY LINKING SERVICES, RESOURCES AND OPPORTUNITIES NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY FULFILLS THIS MISSION BY DEVELOPING AND PROVIDING RESOURCES FOR THE PURPOSE OF ASSISTING LOW-INCOME INDIVIDUALS THROUGH A VARIETY OF PROGRAMS IN THE 10 COUNTIES OF NORTHWEST MICHIGAN THE ORGANIZATION SERVES

2

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

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?

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 and section 4947(a)(1) trusts 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 \$ 9,490,020 including grants of \$ 776,561 ) (Revenue \$ 33,374 )
	CHILD EDUCATION AND DEVELOPMENT - PROVIDES COMPREHENSIVE DEVELOPMENT SERVICES FOR LOW INCOME PRESCHOOL CHILDREN AND THEIR FAMILIES THROUGH EDUCATION, HEALTH, NUTRITION, AND PARENT INVOLVEMENT TOTAL CHILDREN RECEIVING SERVICES IS 1,115
4b	(Code ) (Expenses \$ 1,814,275 including grants of \$ 1,336,259 ) (Revenue \$ 600 )
	WEATHERIZATION/ENERGY ASSISTANCE - PROVIDES HOME WEATHERIZATION SERVICES AND CLIENT EDUCATION REGARDING HOME WEATHERIZATION TO ELIGIBLE LOW INCOME HOUSEHOLDS TOTAL RECIPIENTS OF PROGRAM SERVICES 319
4c	(Code ) (Expenses \$ 1,808,731 including grants of \$ 1,307,652 ) (Revenue \$ 107,602 )
	HOUSING - PROGRAMS INCLUDE COUNSELING AND ONE TIME CASH ASSISTANCE TO HOMEOWNERS TO PREVENT MORTGAGE FORECLOSURE, HOME REPAIR AND REPLACEMENT FOR LOW TO MODERATE INCOME HOMEOWNERS, GUIDANCE AND ONE TIME CASH ASSISTANCE TO RENTERS FACING EVICTION, GUIDANCE FOR LANDLORD AND TENANT DISPUTES, GUIDANCE AND ONE TIME CASH ASSISTANCE TO HELP ESTABLISH PERMANENT HOUSING FOR THOSE WITHOUT A HOME, INFORMATION ON LOW-INCOME RENTAL HOUSING, LANDLORDS, AND BUDGET ANALYSIS FOR INDIVIDUALS SEEKING A PLACE TO RENT AND HOUSING DEVELOPMENT WITH PARTNER COMMUNITIES TO DEVELOP NEW HOUSING OPPORTUNITIES FOR RENTERS AND HOMEBUYERS TOTAL RECIPIENTS OF PROGRAM SERVICES IS 3,279
	(Code ) (Expenses \$ 1,743,837 including grants of \$ 1,160,359 ) (Revenue \$ 6,035 )
	COMMUNITY SERVICES - OPERATES ENERGY ASSISTANCE VOUCHER PROGRAMS, COUNSELING FOR FORECLOSURE PREVENTION, HOMELESSNESS PREVENTION, BUDGET AND HOME OWNERSHIP COUNSELING, AND TAX PREPARATION FOR LOW INCOME CLIENTS AND SENIORS TOTAL RECIPIENTS OF PROGRAM SERVICES IS 8,917
	(Code ) (Expenses \$ 1,651,200 including grants of \$ 1,433,360 ) (Revenue \$ )
	FOOD PROGRAMS - INCLUDES THE EMERGENCY FOOD ASSISTANCE PROGRAM THAT HELPS SUPPLEMENT THE DIETS OF LOW-INCOME NEEDY PEOPLE, INCLUDING THE ELDERLY, BY PROVIDING THEM WITH EMERGENCY FOOD AND NUTRITION ASSISTANCE AT NO COST COMMODITY SUPPLEMENTAL FOOD PROGRAM IS A NUTRITION EDUCATION PROGRAM THAT PROVIDES SUPPLEMENTAL FOODS WHICH HELP PROMOTE GOOD HEALTH FOR WOMEN, INFANTS, CHILDREN, AND SENIORS TOTAL RECIPIENTS OF PROGRAM SERVICES IS 6,732
	(Code ) (Expenses \$ 1,156,618 including grants of \$ 464,653 ) (Revenue \$ 318,547 )
	OLDER AMERICANS - PREPARATION AND SERVING OF HOME DELIVERED AND CONGREGATE SENIOR MEALS BY THREE ORGANIZATION OPERATED KITCHENS AND CONTRACTED MEAL PROVIDERS MEALS ON WHEELS DELIVERED 181,892 MEALS TO 1,246 HOMEBOUND SENIORS TWENTY-SEVEN CONGREGATE LUNCHEON CENTERS PROVIDED MEALS TO 1,332 SENIORS
4d	Other program services (Describe in Schedule O )
	(Expenses \$ 4,551,655 including grants of \$ 3,058,372 ) (Revenue \$ 324,582 )
4e	Total program service expenses \$ 17,664,681

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	4	No
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .	5	No
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? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
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? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
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? <i>If "Yes," complete Schedule F, Part I.</i> . . . . .	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . .	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . .	16	No
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? <i>If "Yes," complete Schedule G, Part I.</i> . . . . .	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
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? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	25a		No
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> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
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> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
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> . . . . .	32		No
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> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		<b>Yes</b>	<b>No</b>			
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	271			
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0			
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes			
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	497			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>				No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>				
<b>4a</b>	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 or securities account)?	<b>4a</b>				No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>				No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	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?	<b>6a</b>				No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	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?	<b>7a</b>				No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>				
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>				
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>				
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>				No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>				

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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 in Schedule O		No

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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
	If "Yes," to line 15a or 15b, describe the process in 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?		No
16b	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?		

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	DANIEL DEWEY 3963 THREE MILE ROAD TRAVERSE CITY, MI 49686 (231) 947-3780

Part VII

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) BRUCE ANDERSEN MEMBER	1 00	X						0	0	0
(2) CHRIS CHRISTENSEN MEMBER	1 00	X						0	0	0
(3) YVONNE DONOHOE MEMBER	1 00	X						0	0	0
(4) LOUIS FANTINI MEMBER	1 00	X						0	0	0
(5) JOHN FUSCONE MEMBER	1 00	X						0	0	0
(6) TOM KELLEY MEMBER	1 00	X						0	0	0
(7) MARY KLEIN MEMBER	1 00	X						0	0	0
(8) LARRY LEVENGOOD MEMBER	1 00	X						0	0	0
(9) KAREN MCCLINTOCK MEMBER	1 00	X						0	0	0
(10) TOM MCCORRY MEMBER	1 00	X						0	0	0
(11) SALLY JO MESSERSMITH MEMBER	1 00	X						0	0	0
(12) MARC MILBURN MEMBER	1 00	X						0	0	0
(13) TOM OMLSTED MEMBER	1 00	X						0	0	0
(14) CAROLYN RENTENBACH MEMBER	1 00	X						0	0	0
(15) ROSS RICHARDSON MEMBER	1 00	X						0	0	0
(16) SUSAN ROGERS MEMBER	1 00	X						0	0	0
(17) SHIRLEY ROLOFF MEMBER	1 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 (describe hours for related organizations in Schedule O)	(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(18) CAROL SMITH MEMBER	1 00	X						0	0	0
(19) PAM STEPHAN MEMBER	1 00	X						0	0	0
(20) MICHAEL SWOGGER MEMBER	1 00	X						0	0	0
(21) DAWN TAYLOR MEMBER	1 00	X						0	0	0
(22) REV GERALD COOK CHAIRPERSON	1 00	X		X				0	0	0
(23) LES ATCHISON VICE CHAIRPERSON	1 00	X		X				0	0	0
(24) BRENDA DEKUIPER TREASURER	1 00	X		X				0	0	0
(25) JEFF MILLER SECRETARY	1 00	X		X				0	0	0
(26) JOHN STEPHENSON EXECUTIVE DIRECTOR	40 00			X				87,702	0	531
(27) DANIEL DEWEY FINANCE DIRECTOR	40 00			X				72,027	0	811
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								159,729	0	1,342

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▶0

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**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
PRECISION PLUMBING & HEATING SYSTEMS IN 2829 CASS ROAD TRAVERSE CITY, MI 49684	WEATHERIZATION SERVICES	609,352
BROWN LUMBER & SUPPLY CO INC 1701 SOUTH AIRPORT ROAD TRAVERSE CITY, MI 49686	WEATHERIZATION SERVICES	578,967
ADR HEATING & COOLING LLC 9627 CARTER ROAD TRAVERSE CITY, MI 49684	WEATHERIZATION SERVICES	522,516
MOSHER INSULATION 845 N MORLEY ROAD LAKE CITY, MI 49651	WEATHERIZATION SERVICES	482,845
RAZOR CONSTRUCTION 3632 FELDHAUSER ROAD FREDERIC, MI 49733	WEATHERIZATION SERVICES	396,804

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 ▶6

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	5,000			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	37,634			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	17,367,128			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	231,870			
	g	Noncash contributions included in lines 1a-1f \$ 924,700					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue			Business Code				
	2a	OLDER AMERICANS	624210	318,547	318,547		
	b	HOUSING	531390	107,602	107,602		
	c	CHILD EDUCATION	611710	33,374	33,374		
	d	COMMUNITY SERVICE	900099	6,035	6,035		
	e	WEATHERIZATION	624200	600	600		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			466,158		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		10,509			10,509
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .					
	6a	(i) Real		(ii) Personal			
		18,409					
		0					
		18,409					
	d	Net rental income or (loss) . . . . .		18,409			18,409
	7a	(i) Securities		(ii) Other			
		49,950					
		49,950					
		0					
	d	Net gain or (loss) . . . . .		0			
	8a	Gross income from fundraising events (not including \$ 37,634 of contributions reported on line 1c) See Part IV, line 18 . . . . .		0			
	a	0					
	b	Less direct expenses . . . . .					
	c	Net income or (loss) from fundraising events . .		-17,712			-17,712
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .					
	a						
	b	Less direct expenses . . . . .					
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances . . . . .						
a	14,389						
b	Less cost of goods sold . . . . .						14,389
c	Net income or (loss) from sales of inventory . .		0				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue . . . . .		11,314			11,314	
e	Total. Add lines 11a-11d . . . . .			11,314			
12	Total revenue. See Instructions . . . . .			18,130,310	466,158	0	22,520

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	290,812	290,812		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	6,188,032	6,188,032		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	175,640		175,640	
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	7,162,342	6,882,800	252,393	27,149
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	780,590	770,491	5,748	4,351
10	Payroll taxes	541,288	507,572	31,639	2,077
11	Fees for services (non-employees)				
a	Management				
b	Legal	177		177	
c	Accounting	58,300		58,300	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,227,526	1,225,529	1,997	
12	Advertising and promotion	22,274	22,274		
13	Office expenses	249,980	230,294	19,686	
14	Information technology	31,054	29,808	1,246	
15	Royalties				
16	Occupancy	656,408	643,850	12,558	
17	Travel	597,760	580,089	17,671	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	41,328	41,328		
20	Interest	40	40		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	111,320	108,026	3,294	
23	Insurance	47,811	42,764	5,047	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	PROFESSIONAL DEVELOPMNT	28,220	28,220		
b					
c					
d					
e					
f	All other expenses	72,800	72,752	48	
25	Total functional expenses. Add lines 1 through 24f	18,283,702	17,664,681	585,444	33,577
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			1,469,658	1	1,396,787
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .			1,366,579	3	919,309
	4	Accounts receivable, net . . . . .			27,479	4	41,312
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			172,731	7	137,049
	8	Inventories for sale or use . . . . .			224,330	8	246,728
	9	Prepaid expenses and deferred charges . . . . .			42,833	9	15,638
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	3,147,675	533,240	10c	456,359
	b	Less: accumulated depreciation . . . . .	10b	2,691,316			
	11	Investments—publicly traded securities . . . . .			195,260	11	225,488
	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 34) . . . . .			4,032,110	16	3,438,670
Liabilities	17	Accounts payable and accrued expenses . . . . .			854,103	17	657,736
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			824,477	19	561,077
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				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 . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			1,678,580	26	1,218,813
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			1,229,424	27	1,260,523
	28	Temporarily restricted net assets . . . . .			1,124,106	28	959,334
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			2,353,530	33	2,219,857
	34	Total liabilities and net assets/fund balances . . . . .			4,032,110	34	3,438,670

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,130,310
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,283,702
3	Revenue less expenses Subtract line 2 from line 1	3	-153,392
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,353,530
5	Other changes in net assets or fund balances (explain in Schedule O)	5	19,719
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,219,857

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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 in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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 in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY INC	Employer identification number 38-2027389
----------------------------------------------------------------------------	----------------------------------------------

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 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

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 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 )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	15,600,069	17,426,304	22,153,694	22,027,943	17,641,632	94,849,642
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	15,600,069	17,426,304	22,153,694	22,027,943	17,641,632	94,849,642
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)						
6 Public Support. Subtract line 5 from line 4						94,849,642

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	15,600,069	17,426,304	22,153,694	22,027,943	17,641,632	94,849,642
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,602	24,136	12,319	12,251	10,509	87,817
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets		53,633			25,703	79,336
11 Total support (Add lines 7 through 10)						95,016,795

12 Gross receipts from related activities, etc (See instructions )

123,155,225

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99 820 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	96 280 %

16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. 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 IV 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 in 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 IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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**   **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION   SCHEDULE A, PART II, SECTION B, LINE 10, OTHER INCOME 2008 MISCELLANEOUS INCOME - \$53,633 2011   GROSS SALES OF INVENTORY - \$14,389 MISCELLANEOUS INCOME - \$11,314

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

Name of the organization  
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY INC

Employer identification number  
38-2027389

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
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, subject to the organization's exclusive legal control?	
	<div>Yes</div> <div>No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div>Yes</div> <div>No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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

(i)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

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 SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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 . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. 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 . . . . .				
b Buildings . . . . .		1,101,625	1,038,042	63,583
c Leasehold improvements . . . . .		498,756	473,801	24,955
d Equipment . . . . .		1,547,294	1,179,473	367,821
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				456,359



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,130,310
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,283,702
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-153,392
4	Net unrealized gains (losses) on investments	4	19,719
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	19,719
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-133,673

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	18,408,397
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	19,719
b	Donated services and use of facilities . . . . .	2b	223,704
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	2,563
e	Add lines 2a through 2d . . . . .	2e	245,986
3	Subtract line 2e from line 1 . . . . .	3	18,162,411
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	
b	Other (Describe in Part XIV) . . . . .	4b	-32,101
c	Add lines 4a and 4b . . . . .	4c	-32,101
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	18,130,310

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	18,542,070
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	223,704
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	34,664
e	Add lines 2a through 2d . . . . .	2e	258,368
3	Subtract line 2e from line 1 . . . . .	3	18,283,702
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	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	18,283,702

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS. FEDERAL RETURNS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2009, AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.
PART XII, LINE 2D - OTHER ADJUSTMENTS		REVENUE FROM COMMUNITY ACTION CREDIT COUNSELING 2,563
PART XII, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES FOR SPECIAL EVENTS -17,712 CATERING EXPENSES -14,389
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES FOR SPECIAL EVENTS 17,712 EXPENSE FROM COMMUNITY ACTION CREDIT COUNSELING 2,563 CATERING EXPENSES 14,389

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY INC

Employer identification number  
38-2027389

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

b

☐

Internet and e-mail solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		KEEP WHEELS ROLLING (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	37,576		37,576
	2	Less Charitable contributions . . . .	37,576		37,576
	3	Gross income (line 1 minus line 2) . . . .			
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	500		500
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶			

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------



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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," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

DLN: 93493067003723

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY INC

Employer identification number  
38-2027389

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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) CADILLAC AREA OASIS - FAMILY RESOURCE CENTER118 S MITCHELL CADILLAC, MI 49601	38-2516989	501(C)(3)	26,000				PROVIDE COUSELING SERVICES AND FINANCIAL ASSISTANCE TO HOMELESS FAMILIES OR FAMILIES AT RISK OF HOMELESSNESS
(2) GOODWILL INDUSTRIES OF NORTHERN MICHIGAN INC2279 SOUTH AIRPORT RD W TRAVERSE CITY, MI 49684	38-1976268	501(C)(3)	133,177				PROVIDE COUSELING SERVICES AND FINANCIAL ASSISTANCE TO HOMELESS FAMILIES OR FAMILIES AT RISK OF HOMELESSNESS
(3) NORTH COUNTRY COMMUNITY MENTAL HEALTH6250 M-66 NORTH CHARLEVOIX, MI 49720	37-1458744	NORTH COUNTRY COMM	10,000				PROVIDE COUSELING SERVICES AND FINANCIAL ASSISTANCE TO HOMELESS FAMILIES OR FAMILIES AT RISK OF HOMELESSNESS
(4) WOMEN'S RESOURCE CENTER OF NORTHERN MICHIGAN INC423 PORTER ST PETOSKEY, MI 49770	38-2302164	501(C)(3)	39,344				PROVIDE COUSELING SERVICES AND FINANCIAL ASSISTANCE TO HOMELESS FAMILIES OR FAMILIES AT RISK OF HOMELESSNESS
(5) WOMEN'S RESOURCE CENTER GRAND TRAVERSE AREA720 S ELMWOOD NO 2 TRAVERSE CITY, MI 49684	38-2164580	501(C)(3)	76,843				PROVIDE COUSELING SERVICES AND FINANCIAL ASSISTANCE TO HOMELESS FAMILIES OR FAMILIES AT RISK OF HOMELESSNESS

2

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

5

3

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

0

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) COMMUNITY SERVICE	8917	1,154,911			
(2) WEATHERIZATION/ENERGY ASSISTANCE	319	1,336,259			
(3) HOUSING	3279	1,022,288			
(4) OLDER AMERICANS	2578	464,653			
(5) FOOD ASSISTANCE	6732		1,433,360		COMMODITY FOOD ASSISTANCE
(6) CHILD EDUCATION	1115	776,561			

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS THROUGH COMPLIANCE WITH REGULATIONS AND GRANT AGREEMENTS OF FUNDING SOURCES

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

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2011

Open to Public Inspection

Name of the organization  
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY INC

Employer identification number  
38-2027389

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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 . . . . .				
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 . . . . .	X	1	921,081	MI DEPT OF EDUCATION
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>SUPPLIES</u> ) . . . . .	X	72	3,619	FAIR MARKET VALUE
26 Other ► ( <u>          </u> ) . . . . .				
27 Other ► ( <u>          </u> ) . . . . .				
28 Other ► ( <u>          </u> ) . . . . .				

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

290

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	Yes	No
	b If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .		No
	b If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	NUMBER OF CONTRIBUTORS DETERMINED BY AVERAGE CONTRIBUTION OF \$50

SCHEDULE O  
(Form 990 or 990-EZ)

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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY INC	Employer identification number 38-2027389
----------------------------------------------------------------------------	----------------------------------------------

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE FOLLOWING WERE CHANGES MADE IN FISCAL YEAR 2012 TO THE BYLAWS ARTICLE V GOVERNING BOARD COMPOSITION AND SELECTION SECTION A QUALIFICATIONS/SELECTION PROCEDURE 2 CONSUMER SECTOR THE CORPORATION INTENDS FOR TEN PERSONS (ONE PER EACH OF THE CORPORATION'S COMMUNITY ACTION DESIGNATED COUNTIES) INCLUDING THE CURRENT HEAD START POLICY COUNCIL CHAIRPERSON TO REPRESENT THE CONSUMER SECTOR EACH SHALL BE ELECTED THROUGH A DEMOCRATIC VOTING PROCESS BY EXISTING ENTITIES SUCH AS THE CORPORATION'S ADVISORY, PARENT, AND/OR POLICY COUNCILS/COMMITTEES THE INDIVIDUALS SELECTED BY THOSE ENTITIES SHALL BE RECOMMENDED TO THE BOARD FOR MEMBERSHIP SECTION B NUMBER WHILE IT IS THE INTENT TO HAVE 3 DIRECTORS FROM EACH OF THE COMMUNITY ACTION AGENCY DESIGNATED COUNTIES (PUBLIC, CONSUMER AND PRIVATE SECTOR REPRESENTATIVES), IT IS RECOGNIZED THAT PERIODS MAY EXIST WHEN IT IS DIFFICULT TO ACHIEVE A FULL 30-MEMBER BOARD OF DIRECTORS THEREFORE, THE NUMBER OF MEMBERS ON THE BOARD OF DIRECTORS SHALL BE SET AS A RANGE FROM A MINIMUM OF 24 (TWENTY-FOUR) TO A MAXIMUM OF 30 (THIRTY) SECTION J PROCEDURE FOR REMOVAL ANY MEMBER WHO IS IN VIOLATION OF SECTION I, ITEM 1 OF THE AFOREMENTIONED, SHALL BE NOTIFIED THAT UNLESS CAUSE FOR THE ABSENSE IS SHOWN AT THE NEXT REGULAR MEETING, HE/SHE WILL BE REMOVED FROM THE BOARD'S MEMBERSHIP ROSTER IN THE EVENT THE MEMBER DOES SHOW CAUSE, THE GOVERNANCE COMMITTEE SHALL DETERMINE AND REPORT TO THE BOARD AS TO WHETHER OR NOT THE MEMBER IS STILL INTERESTED IN, AND WILL BE ABLE TO FULFILL THE RESPONSIBILITIES OF BOARD MEMBERSHIP IF THE MEMBER IS GIVEN A FAVORABLE REPORT, HE/SHE MAY BE REINSTATED BY THE NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY BOARD IF A BOARD MEMBER IS SUSPECTED OF THE AFOREMENTIONED GROUNDS, SECTION I, ITEMS 2-8, OR CONSIDERATION OF REMOVAL, THE CHARGE(S) MUST BE PRESENTED TO THE BOARD IN WRITING, THE MATTER IS REFERRED TO THE GOVERNANCE COMMITTEE FOR INVESTIGATION AND RECOMMENDATION THE GOVERNANCE COMMITTEE SHALL HOLD A HEARING AT WHICH TIME THE ACCUSED AND THE ACCUSER SHALL BE GIVEN THE OPPORTUNITY TO VENTILATE THE MATTER AT ITS NEXT REGULAR BOARD MEETING, OR SPECIAL MEETING, WHICHEVER COMES FIRST, THE GOVERNANCE COMMITTEE SHALL REPORT TO THE BOARD, IN WRITING, THE RESULTS OF THE INVESTIGATION AND ITS RECOMMENDATION AS TO THE DISPOSITION OF THE SITUATION OR MEMBER INVOLVED ARTICLE VIII COMMITTEES D COMMITTEE RESPONSIBILITIES GOVERNANCE COMMITTEE SHALL COORDINATE THE BOARD'S PERIODIC REVIEW OF THE BY-LAWS AND RECOMMEND UPDATES, COORDINATE TEH BOARD'S PERIODIC REVIEW OF THE ARTICLES OF INCORPORATION, MAKE RECOMMENDATIONS TO FILL BOARD VACANCIES WHEN THEY ARISE, PARTICIPATE AS REQUIRED IN DIRECTOR MEMBER REMOVAL (ARTICLE V, SECTION J), RECOMMEND COMMITTEE MEMBERSHIP TO THE BOARD CHAIRPERSON REFLECTING THE TRIPARTITE AND GEOGRAPHIC STRUCTURE OF THE BOARD, RECOMMEND THE SLATE OF OFFICERS FOR SELECTION OF THE EXECUTIVE/AUDIT COMMITTEE, DEVELOP WRITTEN JOB DESCRIPTIONS/EXPECTATIONS FOR BOARD MEMBERS, COORDINATE ORIENTATION FOR NEW MEMBERS AND TRAINING FOR ALL MEMBERS, COORDINATE THE BOARD'S PERIODIC REVIEW OF ITSELF
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PRESENTED TO NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY, INC'S FULL BOARD OF DIRECTORS FOR REVIEW AND APPROVAL
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AT THE BOARD OF DIRECTORS SEMINAR BOARD MEMBERS DISCLOSE CONFLICTS OF INTEREST TO THE BOARD OR SIGN A STATEMENT AFFIRMING NO CONFLICT OF INTEREST AN INDIVIDUAL WITH A CONFLICT OF INTEREST MAY NOT PARTICIPATE IN DISCUSSION OF THE MATTER WITH WHICH THE CONFLICT ARISES AND SHALL ABSTAIN FROM VOTING ON THE MATTER MINUTES SHALL INDICATE THE DISCLOSED CONFLICT OF INTEREST IN THE MATTER BEING CONSIDERED BY THE BOARD, WHETHER SAID MEMBER PARTICIPATED IN THE DISCUSSION, AND THAT SAID MEMBER ABSTAINED FROM VOTING ON THE MATTER
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE USES WAGE COMPARABILITY INFORMATION TO DETERMINE ANNUAL CHANGES (IF ANY) TO THE COMPENSATION OF THE EXECUTIVE DIRECTOR THE EXECUTIVE COMMITTEE'S RECOMMENDATIONS ARE PRESENTED TO THE FULL BOARD OF DIRECTORS FOR DISCUSSION AND APPROVAL
	FORM 990, PART VI, SECTION C, LINE 19	THE NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY, INC (NMCAA) WEB SITE HOME PAGE LISTS THE TELEPHONE NUMBER, ADDRESS AND BUSINESS HOURS OF THE NMCAA MAIN OFFICE WHERE THE BOARD OF DIRECTORS MINUTES, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AND 990 TAX RETURN CAN BE ACCESSED
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 19,719

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY INC

Employer identification number  
38-2027389

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) INNOVATIVE ENERGY MANAGEMENT LLC 3963 THREE MILE ROAD TRAVERSE CITY, MI 496869164 32-0377643	WEATHERIZATION/REHABILITATION SERVICES	MI	-6,891	0	NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY INC

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) COMMUNITY ACTION CREDIT COUNSELING INC  3963 THREE MILE ROAD  TRAVERSE CITY, MI 496869164 26-4003450	CREDIT COUNSELING	MI	501(C)(3)	LINE 7	NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:  
Software Version:  
EIN: 38-2027389  
Name: NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY  
INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code )	(Expenses \$ 1,743,837	including grants of \$ 1,160,359 )	(Revenue \$ 6,035 )
COMMUNITY SERVICES - OPERATES ENERGY ASSISTANCE VOUCHER PROGRAMS, COUNSELING FOR FORECLOSURE PREVENTION, HOMELESSNESS PREVENTION, BUDGET AND HOME OWNERSHIP COUNSELING, AND TAX PREPARATION FOR LOW INCOME CLIENTS AND SENIORS TOTAL RECIPIENTS OF PROGRAM SERVICES IS 8,917			
(Code )	(Expenses \$ 1,651,200	including grants of \$ 1,433,360 )	(Revenue \$ )
FOOD PROGRAMS - INCLUDES THE EMERGENCY FOOD ASSISTANCE PROGRAM THAT HELPS SUPPLEMENT THE DIETS OF LOW-INCOME NEEDY PEOPLE, INCLUDING THE ELDERLY, BY PROVIDING THEM WITH EMERGENCY FOOD AND NUTRITION ASSISTANCE AT NO COST COMMODITY SUPPLEMENTAL FOOD PROGRAM IS A NUTRITION EDUCATION PROGRAM THAT PROVIDES SUPPLEMENTAL FOODS WHICH HELP PROMOTE GOOD HEALTH FOR WOMEN, INFANTS, CHILDREN, AND SENIORS TOTAL RECIPIENTS OF PROGRAM SERVICES IS 6,732			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	1,156,618	including grants of \$ 464,653 ) (Revenue \$ 318,547 )
OLDER AMERICANS - PREPARATION AND SERVING OF HOME DELIVERED AND CONGREGATE SENIOR MEALS BY THREE ORGANIZATION OPERATED KITCHENS AND CONTRACTED MEAL PROVIDERS MEALS ON WHEELS DELIVERED 181,892 MEALS TO 1,246 HOMEBOUND SENIORS TWENTY-SEVEN CONGREGATE LUNCHEON CENTERS PROVIDED MEALS TO 1,332 SENIORS			