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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

MID MICHIGAN COMMUNITY ACTION AGENCY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

1574 EAST WASHINGTON ROAD

Room/suite

City or town, state or country, and ZIP + 4

FARWELL, MI 48622

F Name and address of principal officer

JILL SUTTON

1574 EAST WASHINGTON ROAD

FARWELL, MI 48622

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW MMCAA ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1973

M State of legal domicile

MI

Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO SUPPORT FAMILIES & INDIVIDUALS BY PROVIDING ACCESS TO RESOURCES & OPPORTUNITIES			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)		3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	18
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	161
	6 Total number of volunteers (estimate if necessary)		6	1,502
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34		7b	0
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	13,219,655	10,573,828
	9	Program service revenue (Part VIII, line 2g)	538,910	156,500
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,788	38,903
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,059	40,318
Expenses	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,801,412	10,809,549
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,787,984	5,151,162
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,304,357	4,004,602
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,052,110	1,653,369
Net Assets or Fund Balances	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,144,451	10,809,133
	19	Revenue less expenses Subtract line 18 from line 12	-343,039	416
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	8,647,728	8,689,983
	21	Total liabilities (Part X, line 26)	3,210,292	2,896,721
	22	Net assets or fund balances Subtract line 21 from line 20	5,437,436	5,793,262

Part II

Signature Block

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

Sign Here

Signature of officer

JILL SUTTON EXECUTIVE DIRECTOR

2013-07-01

Date

Paid Preparer's Use Only

Preparer's signature

JEAN CHRISTENSEN

Firm's name (or yours if self-employed), address, and ZIP + 4

WIPFLI LLP
PO BOX 8700
MADISON, WI 537088700

Date

Check if self-employed

Preparer's taxpayer identification number (see instructions)

EIN

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part IIISTatement 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

MID MICHIGAN COMMUNITY ACTION AGENCY SUPPORTS FAMILIES AND INDIVIDUALS BY PROVIDING ACCESS TO RESOURCES AND OPPORTUNITIES THE PURPOSE OF THE ORGANIZATION IS TO PLAN, ESTABLISH, COLLABORATE, COORDINATE AND OPERATE PROGRAMS, TO PROVIDE AFFORDABLE HOUSING FOR PERSONS OF LOW AND MODERATE INCOME, TO PROVIDE AN AVENUE FOR RURAL COMMUNITY ACTION COMMITTEES IN NORTHERN MICHIGAN TO WORK CLOSELY WITH THEIR LOCAL POWER STRUCTURES AND IN FACT BECOME DESIGNATED BY LOCAL PUBLIC UNITS OF GOVERNMENT AS THE OFFICIAL PLANNING AGENCY FOR SOCIAL AND ECONOMIC DEVELOPMENT, AND TO APPLY FOR, RECEIVE, ADMINISTER AND DISBURSE FUNDS FOR EDUCATIONAL AND SOCIAL WORK CONSISTENT WITH THE ORGANIZATION'S PURPOSE

2

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

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,904,115 including grants of \$) (Revenue \$ 54,911)

CHILDREN'S SERVICES-THE AGENCY OPERATES SEVERAL PROGRAMS FOR YOUNG CHILDREN AND THEIR FAMILIES IN FY 2012, MID MICHIGAN COMMUNITY ACTION AGENCY SERVED 4,624 PARTICIPANTS THE FOLLOWING DESCRIBES THE SPECIFIC SERVICES -WOMEN, INFANTS AND CHILDREN (WIC) CLINIC IS A HEALTH AND NUTRITION PROGRAM FOR CHILDREN 0-5 YEARS, PREGNANT AND POST PARTUM MOTHERS THE PROGRAM PROVIDES A COMBINATION OF NUTRITION EDUCATION, SUPPLEMENTAL FOOD VOUCHERS AND BREASTFEEDING SUPPORT -EARLY HEAD START IS A HOME BASED VISITING PROGRAM PROVIDING PREGNANT MOMS AND FAMILIES WITH CHILDREN 0-3 YEARS WITH EARLY EDUCATION PROGRAMS SERVICES INCLUDE HOME VISITS, PLAYGROUP ACTIVITIES, CHILD DEVELOPMENT, PARENT EDUCATION, MENTORING, AND A VARIETY OF OTHER SUPPORT RESOURCES -HEAD START/GREAT START READINESS PROGRAM IS A CENTER BASED PROGRAM FOR CHILDREN 3-5 YEARS OLD THE FEDERAL AND STATE FUNDING IS COMBINED TO PROVIDE AN EARLY LEARNING OPPORTUNITY PREPARING THE YOUNG CHILDREN FOR KINDERGARTEN ADDITIONAL SUPPORT IS PROVIDED FOR SPECIAL NEEDS, SOCIAL SERVICES, MEDICAL, DENTAL, MENTAL HEALTH AND OTHER RELATED NEEDS -CHILD CARE FOOD PROGRAM IS A DAILY FOOD PROGRAM FOR CHILDREN IN ATTENDANCE AT THE PRESCHOOL PROGRAMS TO RECEIVE NUTRITIOUS MEALS AND SNACKS

4b

(Code) (Expenses \$ 2,762,788 including grants of \$ 2,422,567) (Revenue \$ 100,612)

HOUSING SERVICES-THE AGENCY OPERATES VARIOUS PROGRAMS THAT ASSIST HOMEOWNERS AND RENTERS WITH ENERGY EFFICIENCY MEASURES AND HOME REHABILITATION IN FY 2012, MID MICHIGAN COMMUNITY ACTION AGENCY SERVED 581 PARTICIPANTS THE FOLLOWING DESCRIBES THE SPECIFIC SERVICES - WEATHERIZATION PROVIDES ENERGY IMPROVEMENTS TO THE HOME SUCH AS INSULATION, WEATHER STRIPPING, AND ENERGY EDUCATION TO LOWER THE UTILITY BILLS FOR THE PARTICIPANT DEPENDING ON ADDITIONAL GRANT ABILITY, OTHER MEASURES MAY BE PERFORMED TO FURTHER ENHANCE THE ENERGY SAVINGS CLIENT EDUCATION IS ALSO PROVIDED TO ENHANCE THE KNOWLEDGE OF PARTICIPANTS IN CONDUCTING ADDITIONAL ENERGY SAVING ACTIVITIES - HOME REHABILITATION SERVICES INCLUDE A VARIETY OF REPAIRS TO ENHANCE THE HOUSING STOCK THIS MIGHT INCLUDE SIDING, ROOF REPAIR, WINDOWS, OR OTHER RELATED IMPROVEMENTS

4c

(Code) (Expenses \$ 2,113,984 including grants of \$ 1,258,525) (Revenue \$ 0)

FOOD PROGRAM-THE AGENCY OPERATES FEDERAL SURPLUS FOOD COMMODITY PROGRAMS TO ASSIST LOW INCOME PEOPLE WITH SUPPLEMENTAL NUTRITIOUS FOOD IN FY 2012, MID MICHIGAN COMMUNITY ACTION AGENCY SERVED 9,809 PARTICIPANTS THE FOLLOWING DESCRIBES THE SPECIFIC SERVICES - COMMODITY SUPPLEMENTAL FOOD PROGRAM PROVIDES MONTHLY SUPPLEMENTAL FOOD FOR SENIORS AGES 60 AND OLDER AND FAMILIES WITH CHILDREN LESS THAN SIX YEARS THAT ARE NOT ENROLLED IN WIC FOOD PRODUCTS INCLUDE JUICE, VEGETABLES, FRUIT, AND PROTEIN PRODUCTS SUCH AS MEAT, BEANS, AND PEANUT BUTTER -THE EMERGENCY FOOD ASSISTANCE PROGRAM IS A QUARTERLY FOOD DISTRIBUTION FOR INCOME ELIGIBLE FAMILIES WITH NO AGE RESTRICTIONS FOOD PRODUCTS INCLUDE JUICE, VEGETABLES, FRUIT, MEAT, BEANS, AND PEANUT BUTTER

(Code) (Expenses \$ 1,347,095 including grants of \$ 1,279,001) (Revenue \$ 977)

EMERGENCY SERVICES

(Code) (Expenses \$ 880,224 including grants of \$ 191,069) (Revenue \$ 0)

COMMUNITY SERVICES

4d

Other program services (Describe in Schedule O)

(Expenses \$ 2,227,319 including grants of \$ 1,470,070) (Revenue \$ 977)

4e

Total program service expenses \$ 10,008,206

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		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? If "Yes," complete Schedule C, Part III.		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? If "Yes," complete Schedule D, Part I.		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? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		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? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? If "Yes," complete Schedule F, Part I.		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.? If "Yes," complete Schedule F, Part II and IV.		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.? If "Yes," complete Schedule F, Part III and IV.		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? If "Yes," complete Schedule G, Part I.		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? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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		No
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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V ☐						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	107			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	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.	2a	161			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a				No
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.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. 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.	13a				
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.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

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	Yes	
	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. ☒ Own website ☐ Another's website ☒ 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.	JILL SUTTON 1574 EAST WASHINGTON ROAD FARWELL, MI 48622 (989) 386-0845

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) VAUGHN BEGICK MEMBER	1 00	X						0	0	0
(2) NORM GAGE MEMBER	1 00	X						0	0	0
(3) CAROL GOULET MEMBER	1 00	X						0	0	0
(4) LYNN GRIM MEMBER	1 00	X						0	0	0
(5) WILLIAM HARGREAVES MEMBER	1 00	X						0	0	0
(6) DOUG HORSTEAD MEMBER	1 00	X						0	0	0
(7) NANCY JONES MEMBER	1 00	X						0	0	0
(8) RICHARD KEENAN MEMBER	1 00	X						0	0	0
(9) MATTHEW KLEIN MEMBER	1 00	X						0	0	0
(10) TAMMY MILLER MEMBER	1 00	X						0	0	0
(11) LARRY MORLOCK MEMBER	1 00	X						0	0	0
(12) JACKIE RUSSEAU THRU AUGUST MEMBER	1 00	X						0	0	0
(13) ALAN TIEDT MEMBER	1 00	X						0	0	0
(14) JERRY WILLIAMS MEMBER	1 00	X						0	0	0
(15) KATHY WILTON MEMBER	1 00	X						0	0	0
(16) WILLIAM REDER CHAIRPERSON	1 00	X		X				0	0	0
(17) SHARRON SUCH VICE-CHAIRPERSON	1 00	X		X				0	0	0

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	156,651	0	39,923

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	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)	(B)	(C)
Name and business address	Description of services	Compensation
3 DIMENSION CONSTRUCTION LLC 13526 140TH AVE RODNEY, MI 49342	WEATHERIZATION SERVICES	213,537
BRIAN CASSADAY 695 SOUTH M-18 GLADWIN, MI 48624	WEATHERIZATION SERVICES	152,387
JEFFREY ERTASSI 17462 22 MILE RD TUSTIN, MI 49688	WEATHERIZATION SERVICES	102,017
CLIMATE CONTROL LLC 5590 E BROWNS RD CLARE, MI 48617	WEATHERIZATION SERVICES	100,565

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 4

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	42,540				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	9,993,624				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	537,664				
	g	Noncash contributions included in lines 1a-1f \$ 1,263,622						
	h	Total. Add lines 1a-1f						10,573,828
Program Service Revenue			Business Code					
	2a	HOUSING SERVICES	624200	100,612	100,612			
	b	CHILREN'S SERVICES	624100	54,911	54,911			
	c	EMERGENCY SERVICES	624200	977	977			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			156,500			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		31,286			31,286	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		62,003						
		35,641						
		26,362						
	d	Net rental income or (loss)		26,362			26,362	
	7a	(i) Securities		(ii) Other				
				148,040				
				140,423				
				7,617				
	d	Net gain or (loss)		7,617			7,617	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		10,437				
	b	Less direct expenses						22,840
	c	Net income or (loss) from fundraising events . .						-12,403
	9a	Gross income from gaming activities See Part IV, line 19						
	b	Less direct expenses						
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances						
	b	Less cost of goods sold						
	c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue			26,359			26,359	
e	Total. Add lines 11a-11d			26,359				
12	Total revenue. See Instructions			10,809,549	156,500	0	79,221	

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				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	5,151,162	5,151,162		
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	197,736		197,736	
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	3,032,227	2,683,232	342,597	6,398
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	302,847	269,782	33,065	
9	Other employee benefits	139,557	83,406	56,151	
10	Payroll taxes	332,235	290,161	41,544	530
11	Fees for services (non-employees)				
a	Management				
b	Legal	14,223		14,223	
c	Accounting	73,511		73,511	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	123,187	123,187		
12	Advertising and promotion	11,672	11,672		
13	Office expenses	448,155	444,248	3,907	
14	Information technology	169,869	169,869		
15	Royalties				
16	Occupancy	225,122	225,122		
17	Travel	203,958	187,198	16,760	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	42,863	34,528	8,335	
20	Interest	54,164	54,164		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	178,408	178,408		
23	Insurance	62,337	56,167	6,170	
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	INKIND SUPPLIES	5,249	5,249		
b					
c					
d					
e					
f	All other expenses	40,651	40,651		
25	Total functional expenses. Add lines 1 through 24f	10,809,133	10,008,206	793,999	6,928
26	Joint costs. Check here ☐ 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			7,801	1	11,172
	2	Savings and temporary cash investments			552,814	2	488,598
	3	Pledges and grants receivable, net			1,580,429	3	1,500,303
	4	Accounts receivable, net			73,080	4	90,477
	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			40,000	7	102,286
	8	Inventories for sale or use			407,192	8	597,749
	9	Prepaid expenses and deferred charges			45,725	9	39,564
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,836,628	4,033,873	10c	3,918,923
	b	Less accumulated depreciation	10b	1,917,705			
	11	Investments—publicly traded securities			607,189	11	933,759
	12	Investments—other securities See Part IV, line 11			423,286	12	1,007,152
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			876,339	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			8,647,728	16	8,689,983
Liabilities	17	Accounts payable and accrued expenses			487,768	17	401,537
	18	Grants payable				18	
	19	Deferred revenue			504,149	19	584,912
	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			1,289,969	23	1,263,665
	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			928,406	25	646,607
	26	Total liabilities. Add lines 17 through 25			3,210,292	26	2,896,721
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			5,340,679	27	5,655,345
	28	Temporarily restricted net assets			96,757	28	137,917
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ 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			5,437,436	33	5,793,262
	34	Total liabilities and net assets/fund balances			8,647,728	34	8,689,983

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	10,809,549
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,809,133
3	Revenue less expenses Subtract line 2 from line 1	3	416
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,437,436
5	Other changes in net assets or fund balances (explain in Schedule O)	5	355,410
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	5,793,262

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 ☐ Cash ☒ Accrual ☐ 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 ☐ Separate basis ☒ Consolidated basis ☐ 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 MID MICHIGAN COMMUNITY ACTION AGENCY INC	Employer identification number 38-2056236
--	--

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 Se**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.")	7,961,428	9,938,558	12,726,319	13,219,655	10,573,866	54,419,826
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,961,428	9,938,558	12,726,319	13,219,655	10,573,866	54,419,826
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						54,419,826

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	7,961,428	9,938,558	12,726,319	13,219,655	10,573,866	54,419,826
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	94,906	85,051	26,334	103,711	93,289	403,291
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		35,745	16,071	34,924	10,437	97,177
11 Total support (Add lines 7 through 10)						54,920,294

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

122,517,777

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	99.090 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	93.960 %

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 II, LINE 10, EXPLANATION OF OTHER INCOME GROSS INCOME FROM FUNDRAISING EVENTS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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
MID MICHIGAN COMMUNITY ACTION AGENCY INC

Employer identification number
38-2056236

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?	
	Yes No	
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	
	Yes No	

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)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically importantly land area

☐ Preservation of a certified historic structure

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	26,517	29,243			
b Contributions	300				
c Investment earnings or losses	5,593	-2,726			
d Grants or scholarships	500				
e Other expenditures for facilities and programs					
f Administrative expenses	352				
g End of year balance	31,558	26,517	29,243		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 100 000 %
- b** Permanent endowment ▶ 0 %
- c** Term endowment ▶ 0 %

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

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		158,550		158,550
b Buildings		5,027,552	1,419,134	3,608,418
c Leasehold improvements		73,259	20,150	53,109
d Equipment		577,267	478,421	98,846
e Other				
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				3,918,923

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	110,809,549
2	Total expenses (Form 990, Part IX, column (A), line 25)	10,809,133
3	Excess or (deficit) for the year Subtract line 2 from line 1	416
4	Net unrealized gains (losses) on investments	105,154
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	250,256
9	Total adjustments (net) Add lines 4 - 8	355,410
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	355,826

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	111,549,445
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a111,930	
b	Donated services and use of facilities2b325,967	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d243,480	
e	Add lines 2a through 2d	2e681,377
3	Subtract line 2e from line 1	310,868,068
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 7b4a	
b	Other (Describe in Part XIV)4b-58,519	
c	Add lines 4a and 4b	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5-58,519
		510,809,549

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	111,193,619
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a325,967	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d58,519	
e	Add lines 2a through 2d	2e384,486
3	Subtract line 2e from line 1	310,809,133
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	4c0
		510,809,133

Part XIVSupplemental 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 INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE MID MICHIGAN COMMUNITY ACTION AGENCY (MMCAA) IS THE BENEFICIARY UNDER TWO ENDOWMENT FUND AGREEMENTS WITH THE CLARE COUNTY COMMUNITY FOUNDATION THE ASSETS OF THE ENDOWMENT FUND, \$31,558, ARE INCLUDED ON THE STATEMENT OF FINANCIAL POSITION OF THE CLARE COUNTY COMMUNITY FOUNDATION MMCAA DOES NOT REFLECT THE BALANCE WITHIN THE STATEMENT OF FINANCIAL POSITION MMCAA DOES NOT EXERCISE ANY CONTROL OVER THE PRINCIPAL OF THE FUND BUT, BASED ON A FORMULA, CERTAIN AMOUNTS OF THE FUND MAY BE DISTRIBUTED TO AND EXPENDED BY THE NONPROFIT VARIANCE POWER HAS BEEN GRANTED TO THE CLARE COUNTY COMMUNITY FOUNDATION FOR THE ASSETS IN THE ENDOWMENT FUNDS IF MMCAA CEASES TO EXIST OR NO LONGER PERFORMS ITS FUNCTIONS UNDER THE PROVISIONS OF THE AGREEMENT, THE CLARE COUNTY COMMUNITY FOUNDATION SHALL CONTINUE TO ADMINISTER AND DISBURSE FUND ASSETS IN A MANNER DEEMED APPROPRIATE INVESTMENT AND SPENDING POLICIES ARE DETERMINED BY THE CLARE COUNTY COMMUNITY FOUNDATION, IN ACCORDANCE WITH ESTABLISHED GUIDELINES ADOPTED BY THE FOUNDATION'S GOVERNING BOARD
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 FINANCIAL STATEMENTS THE ORGANIZATION HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS THE ORGANIZATION'S RETURNS FOR THE TAX YEARS 2008 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE
PART XI, LINE 8 - OTHER ADJUSTMENTS		POSTRETIREMENT HEALTH PLAN CHANGES OTHER THAN NET PERIODIC COST 243,480 EQUITY METHOD EARNINGS 6,776 TOTAL TO SCHEDULE D, PART XI, LINE 8 250,256
PART XII, LINE 2D - OTHER ADJUSTMENTS		POSTRETIREMENT HEALTH PLAN CHANGES OTHER THAN NET PERIODIC COST 243,480
PART XII, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE -22,840 RENTAL EXPENSE - 35,641 CONSOLIDATED ENTITY REVENUE -38
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES 22,840 RENTAL EXPENSE 35,641 CONSOLIDATED ENTITY EXPENSE 38

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MID MICHIGAN COMMUNITY ACTION AGENCY INC

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
38-2056236

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

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

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

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) FOOD COMMODITIES DISTRIBUTED TO LOW INCOME INDIVIDUALS	9809	152	1,258,373	STATE OF MI VALUES	FOOD COMMODITIES DISTRIBUTED TO LOW INCOME INDIVIDUALS
(2) HOUSING ACTIVITIES INCLUDING WEATHERIZATION, ENERGY AND HOUSING ASSISTANCE TO LOW INCOME INDIVIDUALS	581	3,701,568			
(3) EMERGENCY FOOD AND SHELTER ASSISTANCE	9177	191,069			

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 FUNDING SOURCE REGULATIONS

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
MID MICHIGAN COMMUNITY ACTION AGENCY INC

Employer identification number
38-2056236

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	1,258,373	STATE OF MI VALUES
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>SUPPLIES</u>)	X	105	5,249	FMV
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

29

0

	Yes	No
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?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
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)	ESTIMATED \$50 PER CONTRIBUTOR

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
MID MICHIGAN COMMUNITY ACTION AGENCY INC

Employer identification number
38-2056236

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION'S BYLAWS WERE AMENDED TO INCREASE MAXIMUM BOARD MEMBERSHIP FROM 18 TO 19 IN ORDER TO MAKE THE HEAD START POLICY COUNCIL REPRESENTATIVE A VOTING MEMBER
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S BOARD FINANCE COMMITTEE WHO RECOMMENDS TO THE BOARD OF DIRECTORS ACCEPTANCE OF THE RETURN PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND EMPLOYEES ARE ASKED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY PER THE CONFLICT OF INTEREST POLICY NO BOARD MEMBER, EMPLOYEE, OFFICER OR AGENT OF THE ORGANIZATION SHALL PARTICIPATE IN THE SELECTION, OR IN THE AWARD OR ADMINISTRATION OF A CONTRACT SUPPORTED BY FEDERAL, STATE OR AGENCY FUNDS IF A CONFLICT OF INTEREST, REAL OR APPARENT, WOULD BE INVOLVED
	FORM 990, PART VI, SECTION B, LINE 15	THE GOVERNING BOARD CONDUCTS A WAGE COMPARABILITY REVIEW PRIOR TO THE ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR/CEO THE HUMAN RESOURCES DIRECTOR CONDUCTS A WAGE COMPARABILITY REVIEW FOR ALL KEY EMPLOYEE POSITIONS THIS INFORMATION IS USED TO ESTABLISH BASELINE WAGES AS WELL AS TO DETERMINE COMPENSATION INCREASES
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 105,154 POSTRETIREMENT HEALTH PLAN CHANGES OTHER THAN NET PERIODIC COST 243,480 EQUITY METHOD EARNINGS 6,776 TOTAL TO FORM 990, PART XI, LINE 5 355,410
	REVENUE CODE SECTION 168 (H)(6)(F)(II) ELECTION	FOURTH STREET SENIOR HOUSING, LLC (GENERAL PARTNER, FOURTH STREET SENIOR LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP) 1574 E WASHINGTON ROAD FARWELL, MI 48622 EIN 38-2056236 FORM 4562, DEPRECIATION AND AMORTIZATION ELECTION UNDER INTERNAL REVENUE CODE SECTION 168(H)(6)(F)(II) PURSUANT TO TEMPORARY TREASURY REGULATION SECTION 301 9100-7T, FOURTH STREET SENIOR HOUSING, LLC A MICHIGAN LIMITED LIABILITY COMPANY, A SUBSIDIARY OF MID MICHIGAN COMMUNITY ACTION AGENCY, INC , A MICHIGAN NON-FOR-PROFIT ORGANIZATION, HEREBY ELECTS UNDER INTERNAL REVENUE CODE SECTION 168(H)(6)(F)(II) NOT TO BE TREATED AS A TAX EXEMPT ENTITY FOR PURPOSES OF INTERNAL REVENUE CODE SECTIONS 168(H)(5) AND (6), AND (II) TO TREAT ANY GAIN RECOGNIZED BY ITS TAX-EXEMPT PARENT ON ANY DISPOSITION OF AN INTEREST IN IT (AND TO TREAT ANY DIVIDENDS OR INTEREST RECEIVED OR ACCRUED BY ITS TAX EXEMPT PARENT FROM IT) AS UNRELATED BUSINESS TAXABLE INCOME UNDER CODE SECTION 511
	REVENUE CODE SECTION 168 (H)(6)(F)(II) ELECTION	GARFIELD SENIOR HOUSING, LLC (GENERAL PARTNER, GARFIELD MANOR LIMITED DIVIDEND HOUSING ASSOCIATION LIMITED PARTNERSHIP) 1574 E WASHINGTON ROAD FARWELL, MI 48622 EIN 45-5090452 FORM 4562, DEPRECIATION AND AMORTIZATION ELECTION UNDER INTERNAL REVENUE CODE SECTION 168 (H)(6)(F)(II) PURSUANT TO TEMPORARY TREASURY REGULATION SECTION 301 9100-7T, GARFIELD SENIOR HOUSING, LLC A MICHIGAN LIMITED LIABILITY COMPANY, A SUBSIDIARY OF MID MICHIGAN COMMUNITY ACTION AGENCY, INC , A MICHIGAN NON-FOR-PROFIT ORGANIZATION, HEREBY ELECTS UNDER INTERNAL REVENUE CODE SECTION 168(H)(6)(F)(II) NOT TO BE TREATED AS A TAX EXEMPT ENTITY FOR PURPOSES OF INTERNAL REVENUE CODE SECTIONS 168(H)(5) AND (6), AND (II) TO TREAT ANY GAIN RECOGNIZED BY ITS TAX-EXEMPT PARENT ON ANY DISPOSITION OF AN INTEREST IN IT (AND TO TREAT ANY DIVIDENDS OR INTEREST RECEIVED OR ACCRUED BY ITS TAX EXEMPT PARENT FROM IT) AS UNRELATED BUSINESS TAXABLE INCOME UNDER CODE SECTION 511

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 MID MICHIGAN COMMUNITY ACTION AGENCY INC	Employer identification number 38-2056236
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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) GARFIELD SENIOR HOUSING LLC 1574 E WASHINGTON RD FARWELL, MI 48622 45-5090452	HOUSING	MI			MID MICHIGAN COMMUNITY ACTION AGENCY INC
(2) GARFIELD MANOR SERVICES LLC 218 ENGLEHARDT DR BAY CITY, MI 48706 38-3316371	HOUSING	MI	-111	9,889	MID 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

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) Disproporionate 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	
(1) FOURTH STREET COMMERICAL LLC 805 W BROADWAY STE 1 MTPLEASANT, MI 48858 27-0973910	COMMERCIAL RENTAL	MI	N/A	RELATED	5,401	243,641		No			No	50 000 %
(2) FOURTH STREET SENIOR HOUSING LDHA 805 W BROADWAY STE 1 MTPLEASANT, MI 48858 26-3566721	HOUSING	MI	FOURTH STREET SENIOR HOUSING LLC	RELATED	-10	512,105		No		Yes		
(3) GARFIELD MANOR LDHALP 218 ENGLEHARDT DR BAY CITY, MI 48706 38-3317214	HOUSING	MI	GARFIELD MANOR SERVICES LLC	RELATED	-527	457,620		No		Yes		1 000 %

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
(1) FOURTH STREET SENIOR HOUSING LLC 144 WEST FOURTH STREET CLARE, MI 48617 27-0960481	HOUSING	MI	MID MICHIGAN COMMUNITY ACTION AGENCY INC	C	6,887	456,208	100 000 %

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)			

Schedule R (Form 990) 2011

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: 38-2056236
Name: MID MICHIGAN COMMUNITY ACTION AGENCY INC

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

4d. Other program services					
(Code)	(Expenses \$	1,347,095	including grants of \$	1,279,001)	(Revenue \$ 977)
EMERGENCY SERVICES					
(Code)	(Expenses \$	880,224	including grants of \$	191,069)	(Revenue \$ 0)
COMMUNITY SERVICES					