

**Federal
Tax Return**

WEST MICHIGAN COMMUNITY HELP NETWORK

2012

QUALITY ACCOUNTING AND TAX SERVICE, INC.
1020 GORDON ST.
MUSKEGON, MI 49442
Phone: 231-777-6092
Fax: 231-767-1120
maxmyers@maxthetaxman.net

Part I, Line 16 (990-EZ) - Other Expenses

| | | Total: | 32,112 |
|----|--|---------------|--------|
| | Description | | Amount |
| 1 | Travel | | 4,493 |
| 2 | Meals and entertainment | | |
| 3 | Fundraising | | |
| 4 | Conferences, conventions, and meetings | | |
| 5 | Depreciation | | 5,097 |
| 6 | Equipment rental and maintenance | | |
| 7 | Interest | | 2,883 |
| 8 | Supplies | | 181 |
| 9 | Telephone | | 1,636 |
| 10 | Unrelated business income taxes | | 2,576 |
| 11 | Amortization | | 0 |
| 12 | Depletion | | |
| 13 | Auto expense | | 67 |
| 14 | Bank service charges | | 1,876 |
| 15 | Contract labor | | 1,062 |
| 16 | Contributions | | 55 |
| 17 | Insurance | | 769 |
| 18 | Marketing | | 623 |
| 19 | Medical | | 339 |
| 20 | Mentorship program | | 4,259 |
| 21 | Miscellaneous | | 1,384 |
| 22 | Liability insurance | | 3,018 |
| 23 | Property tax | | 1,000 |
| 24 | Repairs | | 794 |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

WEST MICHIGAN COMMUNITY HELP NETWORK

38-3537291

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 4,493

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 5,097

Form 990-EZ, Part I, Line 16, Other Expenses: Interest: 2,883

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 181

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 1,636

Form 990-EZ, Part I, Line 16, Other Expenses: Unrelated business income taxes: 2,576

Form 990-EZ, Part I, Line 16, Other Expenses: Auto expense: 67

Form 990-EZ, Part I, Line 16, Other Expenses: Bank service charges: 1,876

Form 990-EZ, Part I, Line 16, Other Expenses: Contract labor: 1,062

Form 990-EZ, Part I, Line 16, Other Expenses: Contributions: 55

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 769

Form 990-EZ, Part I, Line 16, Other Expenses: Marketing: 623

Form 990-EZ, Part I, Line 16, Other Expenses: Medical: 339

Form 990-EZ, Part I, Line 16, Other Expenses: Mentorship program: 4,259

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous: 1,384

Form 990-EZ, Part I, Line 16, Other Expenses: Liability insurance: 3,018

Form 990-EZ, Part I, Line 16, Other Expenses: Property tax: 1,000

Form 990-EZ, Part I, Line 16, Other Expenses: Repairs: 794

Public Charity Status and Public Support

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

| | |
|---|---|
| Name of the organization WEST MICHIGAN COMMUNITY HELP NETWORK | Employer identification number 38-3537291 |
|---|---|

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 described in **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—Non-functionally integrated

- 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?

| | | |
|----------|--------------------------|--------------------------|
| | Yes | No |
| 11g(i) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11g(ii) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11g(iii) | <input type="checkbox"/> | <input type="checkbox"/> |

 - (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 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).

| (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 monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | 0 |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No
46 X

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Yes No
47 X

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

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

b If "Yes," was the related organization a section 527 organization? Yes No
49b

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

| (a) Name and title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| Name None | | | | |
| Title | Hr/WK .00 | | | |
| Name | | | | |
| Title | Hr/WK .00 | | | |
| Name | | | | |
| Title | Hr/WK .00 | | | |
| Name | | | | |
| Title | Hr/WK .00 | | | |
| Name | | | | |
| Title | Hr/WK .00 | | | |

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

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| Name None | | |
| City | Str | |
| State | ST | ZIP |
| Name | | |
| City | Str | |
| State | ST | ZIP |
| Name | | |
| City | Str | |
| State | ST | ZIP |
| Name | | |
| City | Str | |
| State | ST | ZIP |

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No
 Yes No

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

Sign Here
 Signature of officer: PAUL A. BILLINGS
 Date: 6/13/2013
 Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer Use Only
 Print/Type preparer's name: Max Myers
 Preparer's signature: [Signature]
 Date: 6/13/2013
 Check if self-employed
 PTIN: P00223521
 Firm's name: QUALITY ACCOUNTING AND TAX SERVICE, INC.
 Firm's EIN: 38-3296937
 Firm's address: 1020 GORDON ST., MUSKEGON, MI 49442
 Phone no.: 231-777-6092

May the IRS discuss this return with the preparer shown above? See instructions. Yes No
 Yes No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

| | | Yes | No |
|------|---|-----|----|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). | | X |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | X |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. | | |
| 35c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. | | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions. | 37a | |
| b | Did the organization file Form 1120-POL for this year? | 37b | X |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved. | 38b | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9. | 39a | |
| b | Gross receipts, included on line 9, for public use of club facilities. | 39b | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/> | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. | 40b | X |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. | 40e | X |
| 41 | List the states with which a copy of this return is filed. | | |
| 42 a | The organization's books are in care of <input type="text"/> Telephone no. <input type="text"/> Located at <input type="text"/> City <input type="text"/> ST <input type="text"/> MI ZIP + 4 <input type="text"/> | | |
| 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, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 42b | X |
| c | At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <input type="text"/> | 42c | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/> | 43 | |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. | 44a | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. | 44b | X |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 44d | |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | X |
| 45 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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). | 45b | X |

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

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

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 101,880 | 106,587 |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) | | |
| 25 Total assets | 101,880 | 106,587 |
| 26 Total liabilities (describe in Schedule O) | | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 101,880 | 106,587 |

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

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? TO EDUCATE THE URBAN COMMUNITY ABOUT ECONOMI

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

| | | |
|--|-----|---|
| 28 <u>ON AIR RADIO PROGRAMING FOR EDUCATIONAL PURPOSES</u> | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | |
| 29 <u>STUDENT MENTORING PROGRAM PROVIDING LEADERSHIP SKILLS</u> | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 <u>OUTREACH SERVICES WITH AN EDUCATIONAL BOOTH AT THE LOCAL JOB FAIR</u> | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses. (add lines 28a through 31a) | 32 | 0 |

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

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

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) | (d) Health benefits contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------------|--|--|--|--|
| PAUL BILLINGS DIRECTOR | Hr/WK 40.00 | 20,290 | | |
| GREGORY ROBE BOARD MEMBER | Hr/WK 2.00 | 0 | | |
| BERNICE MAYS BOARD MEMBER | Hr/WK 2.00 | 0 | | |
| ROBERT BILLINGS BOARD MEMBER | Hr/WK 2.00 | 0 | | |
| RICHARD HEAD BOARD MEMBER | Hr/WK 2.00 | 0 | | |
| WILLIAM MODISE BOARD MEMBER | Hr/WK 2.00 | 0 | | |
| WILLIAM WRIGHT BOARD MEMBER | Hr/WK 2.00 | 0 | | |
| | Hr/WK | | | |
| | Hr/WK | | | |
| | Hr/WK | | | |
| | Hr/WK | | | |
| | Hr/WK | | | |
| | Hr/WK | | | |

Short Form Return of Organization Exempt From Income Tax

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

| | |
|---|--|
| A For the 2012 calendar year, or tax year beginning _____, and ending _____ | |
| 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 | C Name of organization WEST MICHIGAN COMMUNITY HELP NETWORK Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1877 PECK ST City or town state or country ZIP + 4 MUSKEGON MI 49441 |
| D Employer identification number 38-3537291 | |
| E Telephone number (231) 727-5007 | |
| F Group Exemption Number ▶ | |
| G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____ | |
| H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). | |
| I Website: ▶ N/A | |
| J Tax-exempt status (check only one) — <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 | |

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **121,784**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

| | Description | Code | Amount |
|--|--|----------------|----------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | |
| | 2 Program service revenue including government fees and contracts | 2 | 121,784 |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 0 |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | |
| c Less: direct expenses from gaming and fundraising events | 6c | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 0 | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less: cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 0 | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 121,784 | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | 4,097 |
| | 12 Salaries, other compensation, and employee benefits | 12 | 71,249 |
| | 13 Professional fees and other payments to independent contractors | 13 | 3,205 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 5,714 |
| | 15 Printing, publications, postage, and shipping | 15 | 700 |
| | 16 Other expenses (describe in Schedule O) | 16 | 32,112 |
| | 17 Total expenses. Add lines 10 through 16 ▶ | 17 | 117,077 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 4,707 | |
| Net Assets | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 101,880 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 | 106,587 |

For Paperwork Reduction Act Notice, see the separate instructions.

2012 Electronic Filing Information (990/PF/EZ/1120-POL)

Signature Method

Option (1) - Using Practitioner PIN. Use Section (A) below.

Date return prepared

6/13/2013

Option (2) - Scanned 8453-EO.

PIN Information Enter information below

| (A) Practitioner PIN: | | | |
|-----------------------|----------------|--------------------------|-------------------------------------|
| | PIN (5 Digits) | TP entered | ERO entered |
| Taxpayer PIN: | 99999 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ERO PIN: | 96340 | | |

If the ERO entered taxpayer PIN, you must fill out the 8879-EO (IRS e-file Signature Authorization Form).

EFIN

Enter your 6-digit EFIN number. You can enter EFINs in the Paid Preparer Table (press F3 to open.)

EFIN: 384785

Submission ID

The Submission ID for this return will be computed automatically when you create the e-file and will be displayed here.

Submission ID: 38478520131645996442

Name Control

(See instructions on the 'Name Control' tab)

WEST

Organization Information

| | | | |
|---|-------------|-----------------------------|---|
| Organization name WEST MICHIGAN COMMUNITY HELP NETWORK | | | Employer identification no. 38-3537291 |
| Street address 1877 PECK ST | | | Daytime phone (231) 727-5007 |
| Address continuation | | In care of name | |
| City MUSKEGON | State MI | ZIP code 49441 | Foreign country |
| Email address | | | Foreign phone number |
| Officer name PAUL A. BILLINGS | | Title EXECUTIVE DIRECTOR | Date return signed 06/13/2013 |
| Email address | | Phone | Authorize third party check ("X") here: <input checked="" type="checkbox"/> |

ERO

(Enter data in the Preparer Manager)

| | | | | |
|---|-------------|--|---|--------------------------------|
| ERO's name Max Myers | | | Check if self-employed <input type="checkbox"/> | ERO's SSN or PTIN P00223521 |
| Firm's name QUALITY ACCOUNTING AND TAX SERVICE, INC. | | Email address maxmyers@maxthetaxman.net | | ERO's EIN 38-3296937 |
| Address 1020 GORDON ST. | | | | Phone 231-777-6092 |
| City MUSKEGON | State MI | ZIP code 49442 | Foreign country | Foreign phone number |

Paid Preparer

(Enter data in the Preparer Manager)

| | | | | | |
|---|-------------|--|--------------------|---|-------------------------------------|
| Paid preparer's name Max Myers | | | Non-paid prep type | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN P00223521 |
| Firm's name QUALITY ACCOUNTING AND TAX SERVICE, INC. | | Email address maxmyers@maxthetaxman.net | | EIN 38-3296937 | |
| Address 1020 GORDON ST. | | | | | Phone 231-777-6092 |
| City MUSKEGON | State MI | ZIP code 49442 | Foreign country | Foreign phone number | |

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | Enter filer's identifying number, see instructions | |
|--|--|--|
| Type or print | Name of exempt organization or other filer, see instructions. WEST MICHIGAN COMMUNITY HELP NETWORK | Employer identification number (EIN) or 38-3537291 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 1877 PECK ST | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. MUSKEGON MI 49441 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

• The books are in the care of ▶ QUALITY ACCOUNTING & TAX SERVICE, INC.
 Telephone No. ▶ (231) 777-6092 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2012 or
 ▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|--|-----------|----|---|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0 |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0 |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0 |

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 20_____

2012

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization
WEST MICHIGAN COMMUNITY HELP NETWORK

Employer identification number
38-3537291

Name and title of officer
PAUL A. BILLINGS

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| | | |
|--|--|--------------------------|
| 1a Form 990 check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b _____ |
| 2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b <u>121,784</u> |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22). | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize QUALITY ACCOUNTING AND TAX SERVICE, INC. to enter my PIN 99999 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

38478596340
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ _____

Date ▶ 6/13/2013

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

QUALITY ACCOUNTING AND TAX SERVICE, INC.
1020 GORDON ST.
MUSKEGON, MI 49442
(231) 777-6092

Invoice for 2012 Tax Year

WEST MICHIGAN COMMUNITY HELP NETWORK
1877 PECK ST
MUSKEGON, MI 49441

Invoice Date: June 13, 2013

Statement of Charges

Tax return preparation fee

500.00

TOTAL 500.00

QUALITY ACCOUNTING AND TAX SERVICE, INC.
1020 GORDON ST.
MUSKEGON, MI 49442
Phone: 231-777-6092
Fax: 231-767-1120
maxmyers@maxthetaxman.net

June 13, 2013

WEST MICHIGAN COMMUNITY HELP NETWORK
1877 PECK ST
MUSKEGON, MI 49441

Dear Sir,

I have prepared the 2012 Form 990EZ for WEST MICHIGAN COMMUNITY HELP NETWORK based on the information you provided. The return has been successfully e-filed and a copy is enclosed for WEST MICHIGAN COMMUNITY HELP NETWORK's records.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about WEST MICHIGAN COMMUNITY HELP NETWORK's tax situation during the year, please do not hesitate to call me at 231-777-6092. I appreciate this opportunity to serve you.

Sincerely,

Max Myers
QUALITY ACCOUNTING AND TAX SERVICE, INC.

Privacy Notice

As a tax practitioner, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.