Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

OMB No 1545-1150

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

-			nue Service									
4	_		2015 calend	ar year, or tax year beginning	June 1	, 2015,	and ending	May 30	, 20 16			
-	B CI	heck if ap	plicable	C Name of organization			DE	nployer id	lentification number			
· [Address change Hurlie and Verdell Transitional Housing Non-Profit			ng Non-Profit Cor	p		_ 4	6-5000281				
3	=	Vame cha	-	Number and street (or P O box, if mail is not	delivered to street a	idress)	Room/suite E Te	elephone n	umber			
⇒	=	nıtıal retur	14200 3rd St				31	313-575-4011				
, l	≕	-ınaı retun Amended	n/terminated	City or town, state or province, country, and	ZIP or foreign postal	code	FG	F Group Exemption				
	=		n pending	Detroit MI 48201				Number ▶				
י כי				Cash Accrual Other (spec	ıfv) ▶		H Chec	ck > / if the organization is no				
3									ach Schedule B			
⋑ '								0-EZ, or 990-PF).				
									0 122, 01 000 11).			
	K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets											
				v) are \$500,000 or more, file Form 990 in				715 b 4				
3	•							9	i for Dort I)			
1	Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru Check if the organization used Schedule O to respond to any question in this Part I											
-	— ₁	·										
	1	1		ons, gifts, grants, and similar amoun				·	26,033.			
		2	_	ervice revenue including governmer				. 2	0			
2017		3	Membersh	ip dues and assessments				. 3	0			
	Ì	4	Investmen	tincome				. 4	0			
9		5a	Gross amo	ount from sale of assets other than it	nventory	5a		0				
N		b	Less: cost	or other basis and sales expenses		5b		0				
\overline{X}		C	Gain or (lo	ss) from sale of assets other than in	ventory (Subtrac	line 5b from l	ine 5a)	. 5c	0			
		6		Gaming and fundraising events								
رن اب		a		ome from gaming (attach Sched								
귊	Revenue	_	\$15,000)									
		Ь	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the									
7		-										
5		sum of such gross income and contributions exceeds \$15,000) 6b										
'n				_				- 				
		1 -						, U				
		d Net incom		sor (1055) 110211 garning and fundraising events (add lines of and ob and subtract			ļ					
		_	•					6d	0			
		7a		s of inventory, less returns and allow				_0				
		b		of goods sold				0 . 7c				
		c Gross profit or (loss) from sales of inventory (Subtra							0			
		8		•				. 8	0			
		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c		· · · · ·	<u> </u>	9	26,300			
		10		d similar amounts paid (list in Sched				. 10	0			
		11		aid to or for members		1010		. 11	0			
	es	12	Salaries, other compensation, and employee benefits					. 12	0			
	Expenses	13	Profession	al fees and other payments to indep	oendent contra៉ុប្បី	ors		. 13	0			
		14	Occupano	y, rent, utilities, and maintenance		- 7102 -2 ·	F. NAL S	. 14	0			
	ũ	15	Printing, p	ublications, postage, and shipping		7.500 M	F. WAL B	. 15	0			
		16	Other exp	enses (describe in Schedule O) .				. 16	31,054			
		17		enses. Add lines 10 through 16 .		EINED .	MECI	17	31, 054			
,		18		(deficit) for the year (Subtract line 1)				. 18	-5.021			
	ets ets	19							5,021			
	SS			ar figure reported on prior year's reti			•	. 19	l			
	Net Assets	20	-	nges in net assets or fund balances				20				
	ž	21		or fund balances at end of year. Co				21	5,021			
	Ec.			tion Act Notice, see the separate instr			N= 100401		Form 990-EZ (2015)			
	rur	raper	MOIN UCUIC	uvn mot izvuve, see uie separate ilisu	uvuviis.	Car	No 10642I		, Julius 444 mar (2013)			

Part	·					
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	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	00	163			
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	33		✓		
35a	change on Schedule O (see instructions)	34		✓		
L	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1		
C	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		√		
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	36		1		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a					
ъ 38а	Did the organization file Form 1120-POL for this year?	37ь		√		
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		✓		
39	Section 501(c)(7) organizations. Enter:	1				
а	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		/		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	100		•		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	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		✓		
41	List the states with which a copy of this return is filed ▶ MI	313-57				
42a						
h	Located at ► 4200 Third St ZIP + 4 ► 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)?	42b	Yes	√		
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and					
	Financial Accounts (FBAR).					
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	L √ _		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □		
			Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓		
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		✓		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		√		
	explanation in Schedule O	44d		1		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	1		
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)	45h		1		

Page	. 4

Form **990-EZ** (2015)

46 `	Did the to car	ne organization engage, directly or in addates for public office? If "Yes," of the control of th	ndirectly, in political c complete Schedule C	ampaign activities or	behalf of or	in opposi	tion	46		
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	only						r lines	<u></u>
		Check if the organization used Sci	hedule O to respond	to any question in t	his Part VI					
								,	Yes N	lo
47	year?	ne organization engage in lobbying If "Yes," complete Schedule C, Par	t 11				. [47		✓
48		organization a school as described in		-				48		<u>√</u>
49a		ne organization make any transfers to					49a		<u>√</u>	
ь 50		s," was the related organization a se plete this table for the organization's						49b	o and l	<u>√</u>
30	emple	byees) who each received more than	\$100.000 of compe	nsation from the orga	nization. If th	ers, uirec ere is non	iois, ii ie. ent	er "No	s and i ne."	чеу
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe		e (e) Estimated amount of			
N/A				 	 		-			
			0		<u> </u>	o				0
							<u> </u>			
				 	 					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
					 		 			
f	Total	number of other employees paid ov	er \$100,000	. ▶ 0		-				
51	Complete this table for the organization's five highest compensated independent contractors who each received more than									
	\$100,	000 of compensation from the orga	nization. If there is n	one, enter "None."						
	(a)	Name and business address of each independ	dent contractor	(b) Type of ser	лсе	(c) Comp	ensation	1	
NA.				 						
<u>NA</u>			***************************************	4						
				 						
		,		-						
				_						
	Total	number of other independent centre	actors oach receiving	Over \$100,000						
52 52	Total number of other independent contractors each receiving over \$100,000 ▶									
		pleted Schedule A		· · · · · · · · ·				Yes	✓ No	,
Under p	enalties	of penury, I declare that I have examined this	return, including accompar			best of my k	nowled	ge and t	pelief, it i	s
		d complete. Declaration of preparer (other tha								
				· · · · · · · · · · · · · · · · · · ·						
Sign Here	1	Signature of officer Signature of officer	L Bevers		Dat	° Ga	En	12	1 17	7
	ĺ	Type or print name and title								_
Paid		Print/Type preparer's name	Preparer's signature	D	ate	Check [] # [PTIN		
Prep						self-emplo				
Use		Firm's name ▶				Firm's EIN ▶				
		Firm's address ▶ discuss this return with the prepare	r about about Can	inatruotiona	Pho	ne no.		Vas		
IVIAV I	. IE 1D∵	cuscuss our record with the ofebare	a Shown above! See	DISCULLIONS				TOC	1 1 1010	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

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Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization **Employer identification number** Hurlie and Verdell Transistional Housing NOn Profit Corporation H & V Transitional CDC 46-5000281 Credits \$26,033 Donations \$0 Fund Raiser \$0 Total Expenses: \$31,054.00 Exp: DTE Lawn Snow Food Rent Lock 566 2,179.00 250.00 60.00 375.00 7,150.00 25.00
 568
 1,776.00
 1,900.00
 7,150.00
 576 2,079.00 250.00 60.00 625.00 7,150.00 Filing Fee: \$25.00 Negative Balance: \$5,021.00 Credit: Director \$5021.00 Ending Balance. \$0