				507 or 4047(a)(4) af the latera		• • • • • • • • • • • •					2014	1
				, 527, or 4947(a)(1) of the Interna			-		ons)			1.12.
•		f the Treasury		ter social security numbers on t		-	-				open to Pu Inspectio	
		nue Service		on about Form 990 and its instru								л
-			lar year, or tax year begin		10-01	, 2014, and er	nding		09-3		015	
		applicable:		TH EMERGENCY LIFELINE PRO	GRAMS						er identificati	ion no.
		change	Doing business as							8-271		
											ne number	
	Initial re		1726 HOWARD						(32-3300	
H	Final ret	urn/terminated		, country, and ZIP or foreign postal code							735,529	
	Amende	d return	Detroit, MI 4821						G	Gross re	eceipts\$	
	Applicat	ion pending	F Name and address of principa	l officer: ANTHONY WILLIAMS			H(a) is	this a grou	up returr	n for		-
			Same as C above				su	this a grou bordinates	s?		Yes 2	No
<u> </u>	Tax-exe	mpt status:	501(c)(3) 501(c) ((insert no.) 4947(a)(1) or	527		H(b) Ar	e all subo If "No."	rdinates attach a	included	instructions)	No
J	Website						H(c) Gr	oup exem	ption nu	imber 🚺	•	
		organization: 🛛	Corporation Trust Ass	ociation 🗌 Other 🕨	LY	ear of formation: 1	986 N	State o	f legal d	omicile:	MI	
Pa	rt I	Summar	У									
	1	Briefly descri	ibe the organization's mission	n or most significant activities:	Empower	r members of	the cor	munit	y to	manag	e	
ø		their hea	lth needs, live head	lthy and productive lives	. Provid	de wide rang	e of ser	vices	to			
anc		people li	ving with HIV or he	patitis C in Southeast Mi	chigan a	and serve ge	neral pu	blic	with			
Governance		health ca	re navigation and be	ehavioral health care.								
Š	2	Check this be	ox 🕨 🗌 if the organization	discontinued its operations or dispo	sed of mo	re than 25% of its	s net assets	s. _.				
ڻ سر	3	Number of vo	oting members of the govern	ing body (Part VI, line 1a)				L	3			11
es	4	Number of in	dependent voting members	of the governing body (Part VI, line	1b)			· · · L	4			9
viti	5	Total numbe	r of individuals employed in o	calendar year 2014 (Part V, line 2a)	•			[5			35
Activities &	6	Total numbe	r of volunteers (estimate if ne	ecessary)				[6			35
	7 a	Total unrelate	ed business revenue from P	art VIII, column (C), line 12				[7a			0
	k	Net unrelated	d business taxable income fr	om Form 990-T, line 34					7b			0
							Prior	Year		Ci	urrent Year	
	8	Contributions	s and grants (Part VIII, line 1	h)							1,735	,529
Ine	9	Program ser	vice revenue (Part VIII, line 2	2g)		[0
Revenue	10	Investment ir	ncome (Part VIII, column (A)	, lines 3, 4, and 7d)		[0
Re	11	Other revenu	ue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)		[0
	12	Total revenue	e - add lines 8 through 11 (m	nust equal Part VIII, column (A), line	12)	[1,735	,529
	13	Grants and s	similar amounts paid (Part IX	, column (A), lines 1-3)								0
	14	Benefits paid	to or for members (Part IX,	column (A), line 4)		[0
s	15	Salaries, oth	er compensation, employee	benefits (Part IX, column (A), lines 5	5-10)	[973	,434
ě	16a	Professional	fundraising fees (Part IX, co	lumn (A), line 11e)		[0
Expens	k	Total fundrai	sing expenses (Part IX, colu	mn (D), line 25)		6,392						
Ă	17	Other expension	ses (Part IX, column (A), line	es 11a-11d, 11f-24e)							805	,500
	18	Total expens	ses. Add lines 13-17 (must e	qual Part IX, column (A), line 25)		[1,778	,934
	19	Revenue les	s expenses. Subtract line 18	3 from line 12		[(43	,405)
or			· ·				Beginning of	Current '	Year	E	nd of Year	
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)			[336	,184		384	,823
Ass	21		s (Part X, line 26)			[56	,454		148	,498
Plet	22	Net assets o	r fund balances. Subtract lin	e 21 from line 20		[279	,730			,325
Pa	rt II	Signatu	ire Block						I			
				n, including accompanying schedules and st			knowledge and	d belief, it	is			
true, o	correct, a	and complete. Dec	laration of preparer (other than office	cer) is based on all information of which prep	parer has any	y knowledge.						
		ANTH	ONY WILLIAMS									
Sig	n	Signatu	re of officer						Date			
Her	е	ANTH	ONY WILLIAMS, Presid	ent								
		Type or	print name and title									
		Print/Type pr	eparer's name	Preparer's signature	D	ate	Che	ck	if PT	IN		
Pai	d	Irma Walton CPA 08-15-2016 self-employed					1	P0035	2130			
	pare											
	e Onl											
	-			d MI 48037				248	3-229	-1376		
May	the IR	S discuss this r	eturn with the preparer show	vn above? (see instructions)						[]	Yes X	No
			on Act Notice, see the sep	· · · · · · · · · · · · · · · · · · ·							-orm 990 (2014)

Return of Organization Exempt From Income Tax

Form **990**

OMB No. 1545-0047

Form	1990 (2014) HEALTH EMERGENCY LIFELINE PROGRAMS	38-2719621	Page 2
Pa	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	Empower members of the community to manage their health needs, live healthy and productiv	re	
	lives. Provide wide range of services to people living with HIV or hepatitis C in Southea	lst	
	Michigan and serve general public with health care navigation and behavioral health care.		
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	x 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		
Ū	services?	🗌 Yes	x No
	If "Yes," describe these changes on Schedule O.		
4	-		
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 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		\$)
	Case Management, Coordination of Care and Early Intervention Services - provided medical		
	management, early intervention services and advocacy for over 400 clients. Programs focus	ed	
	on access to medical care, medications, treatment adherance, health literacy, benefits an	d	
	supportive services. In addition, community outreach activities reached over 3,000 people	· •	
4b	(Code:) (Expenses \$ 508,659 including grants of \$) (Revenue	\$)
70	Housing, Financial and Other Assistance - provided housing and utility payment assistance)
	advocacy for approximately 400 low-income households. Housing assistance focuses on		
	preventing and/or alleviating homelessness. Utility assistance addresses basic utility		
	services for gas, electricity and water. Miscellaneous medical and basic needs provided f	or	
	over 150 individuals/households including prescriptions eyeglasses, medical supplies,		
	household goods and other necessities.		
4c	(Code:) (Expenses \$ 435,909 including grants of \$) (Revenue	\$)
	Food and Nutrition - provide food vouchers, dietitian counseling, nutrition/cooking class	es	
	and medically indicated nutritional supplements to over 800 clients. Programs aim to impr	ove	
	access to adequate, nutritious food for low-income participants, increase knowledge and		
	motivate positive dietary choices to improve health		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 69,748 including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,592,252		
FFΔ		Fo	rm 990 (2014)

	990 (2014) HEALTH EMERGENCY LIFELINE PROGRAMS 38-27196	21	F	age 3
Pa	T IV Checklist of Required Schedules			
4	In the examination described in section $F(1/2)(2)$ or $I(1/2)(2)(1)$ (other then a private foundation)? If "Vec "		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	. 1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	- 21	X
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	. 3		x
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	. 4		Х
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	. 5		<u> </u>
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	. 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	. 8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	. 0		
5	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	. 9		x
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	. 10		x
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	. 11a	Х	
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	. 11b		X
С	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	. <u>11c</u>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.1		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	. <u>11e</u>		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	. 12a	х	
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 and XII is optional	. 12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a		Х
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, Parts I and IV	. 14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	. 15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		x
19	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. 17		
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		- 23	
	If "Yes," complete Schedule G, Part III	. 19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
EEA			990 (2014)

	990 (2014) HEALTH EMERGENCY LIFELINE PROGRAMS 38-271962	1	P	Page 4
Pa	TIV Checklist of Required Schedules (continued)			
	,		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
	Schedule L, Part IV	28b		x
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
U	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	21	X
29 30		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
24		30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		v
22		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	~~		v
~~	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		37	
	or IV, and Part V, line 1	34	Х	37
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
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Form	990 (2014) HEALTH EMERGENCY LIFELINE PROGRAMS 38-2719	21	F	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Ib	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	. 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	35		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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, securities account, or other financial			
	account)?	. 4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		Х
С	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 as charitable contributions?	. 6a		Х
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).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		1	

Form	990 (2014) HEALTH EMERGENCY LIFELINE PROGRAMS 38-271962	1	P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No)"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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?	2		X
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			v
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		v
	stockholders, or persons other than the governing body?	7b		X
8				
2	the year by the following: The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00	21	
5	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	0		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	<u>X</u>	
b	Other officers or key employees of the organization	15b	Х	
	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			v
	with a taxable entity during the year?	16a		X
b	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	166		
Sec	organization's exempt status with respect to such arrangements?	16b		
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed UT			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
10	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Image in the application of the contract of the con			
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 during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	TERESA ROSCOE (313)832-3300, 1726 HOWARD, Detroit, MI 48216			

Form 990 (2014) HEALTH EMERGENCY LIFELINE PROGRAMS	38-2719621	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,								
	Independent Contractors		_					
	Check if Schedule O contains a response or note to any line 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. 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, and 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 organization compensated any current officer, director, or trustee.

					(C)					
(A) Name and Title	(B) Average	box	, unle	Pos eck m ss pe	sition nore t rson i	han one is both a	an Reportable e) compensation from	(E) Reportable	(F) Estimated	
	hours per week (list any hours for related organizations below dotted line)	offic Individual trustee or director	er Institutional trustee	d Officer	Key employee	r/trustee Highest compensated employee	Former		compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) ANTHONY WILLIAMS		v		v						
President	47.00	X		X				45,769	0	0
(2) TERESA ROSCOE EXEC DIR	<u>47.00</u> 3.00	Х						73,583	5,017	0
(3) GERALD BURNS	1.00	- 21						/3,303	5,017	
DIRECTOR		х						o	o	o
(4) TIMOTHY JENKINS DIRECTOR	1.00	X						0		0
(5) DAVID AGIUS	3.00	- 25						0	0	0
TREASURER		Х						0	0	0
(6) DANYELLE ARMOUR DIRECTOR	1.00	x						0	0	0
(7) DAWN BOOKER DIRECTOR	1.00	X						0		0
(8) PATRICIA BROWN	1.00	- 21						0	0	0
DIRECTOR		Х						0	0	0
(9) MARGARETH COKERY DIRECTOR	1.00	x						0	0	0
(10) QUINTIN STROUD	1.00								U	
DIRECTOR		Х						o	0	0
(11) KATRINA STUDVENT	1.00	x						_	<u>_</u>	
<u>(12)</u>		Λ						0	0	0
<u>(13)</u>										
<u>[14]</u>										
	1							I	1	L

	90 (2014) HEALTH EMERGENCY LIFE	LINE PROG	RAMS							38-271962	1	P	Page 8
Part	VII Section A. Officers, Directors, Trustees,	, Key Emplo	yees,	and	Hig	hes	t Com	npen	sated Employees	(continued)	1		
	(A) Name and title	(B) Average hours per week (list any	box, u office	inless r and	s pers a dire	tion ore th on is	han one both an /trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org ar	npensati from the ganizatic nd relate anization	on :d
(15)													
(16)													
(17)													
<u>(18)</u>													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
<u>(25)</u>													
1b c	Sub-total	nA	•••	•••	•••	•••			110.250	F 015			
d 2	Total (add lines 1b and 1c)							▶ e tha	119,352 In \$100,000 of	5,017			0
	reportable compensation from the organization									0			
3	Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule J fo			nplo	yee,	or I	nighes	t cor	mpensated		3	Yes	No X
4	For any individual listed on line 1a, is the sum of report organization and related organizations greater than \$1	table comper	nsation										
5	individual		• • •	•••	•••						4		X
	for services rendered to the organization? If "Yes," cor	mplete Scheo	lule J fo	or su	ich p	erso	on				5		Х
Secti 1	on B. Independent Contractors Complete this table for your five highest compensated	lindependent	contra	ctors	s tha	t rec	ceived	mor	e than \$100 000 of				
	compensation from the organization. Report compens year.									n's tax			
	(A) Name and business address								(B) Description of	services		(C) pensation	'n
2	Total number of independent contractors (including bu	ut not limited t	o those	e liste	ed al	bove	e) who		I				

roopin and m	ara than \$1	00 000 of	compensation	from the e	raonization
received m	ое шан эт		CONDENSATION	nommen	

Form 99	<u>,</u>	14) <u>HEALTH EM</u>	ERGENCY LIFEL	INE PROGRAMS			38-271962	1 Page 9
Part	VIII	Statement of Revenu	le					_
		Check if Schedule O contains	a response or not	e to any line in this I	Part VIII		<u></u>	<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a					
ant	b	Membership dues	1b					
ŪŬ	c	Fundraising events	1c	19,322				
iifts ar ∕	d	Related organizations	1d					
s, G imil	e	Government grants (contributio	ns) 1e	1,651,210				
ion S	f	All other contributions, gifts, gra	nts,					
Sthe		and similar amounts not include	ed above 1f	64,997				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included						
<u><u></u></u>	h	Total. Add lines 1a-1f		<u></u>	1,735,529			
е				Business Code				
Program Service Revenue	2a							
e Re	b							
ervic	c d							
m Se	e							
ogra	-	All other program service revenu	e					
Ĩ.		Total. Add lines 2a-2f						
	3	Investment income (including div						
		and other similar amounts) .						
	4	Income from investment of tax-e	xempt bond proce	eds ▶				
	5	Royalties		<u> </u>				
			(i) Real	(ii) Personal				
	6a	Gross rents						
		Less: rental expenses			-			
		Rental income or (loss)		<u> </u>				
	d	Net rental income or (loss) .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-			
	b	Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		· · · · · · · •				
Other Revenue	8a	Gross income from fundraising						
eve		events (not including \$						
яĸ		of contributions reported on line						
Othe	h	See Part IV, line 18 Less: direct expenses						
U		Net income or (loss) from fundra						
		Gross income from gaming activ	-					
	- Cu	See Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gaming						
	10a	Gross sales of inventory, less						
		returns and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales of	of inventory	<u> •</u>				
	<u> </u>	Miscellaneous Revenue		Business Code				
	11a							
	b							
	C d	All other revenue						
		Total. Add lines 11a-11d		└ ▶				
		Total revenue. See instruction			1,735,529	0	0	0

Form 990 (2014)

4) HEALTH EMERGENCY LIFELINE PROGRAMS

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, 7b, Total expenses Management and Fundraising Program service 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 119,352 73,583 45,769 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 647,500 645,120 2,380 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . Other employee benefits 9 8,940 465 149,784 140,379 10 56,798 53,232 3,390 176 11 Fees for services (non-employees): а b 18,829 18,829 С d Professional fundraising services. See Part IV, line 17 е f Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 10,166 732 6,063 3,371 12 Advertising and promotion 841 841 13 Office expenses . 10,982 52,115 41,133 Information technology 14 14,033 13,074 959 15 16 62,000 55,321 6,679 17 10,973 8,151 2,822 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 1,700 1,700 21 22 Depreciation, depletion, and amortization 4,000 4,000 23 6,332 6,332 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.) Client Hsg/Uti;Hsg Goods 289,057 289,057 а b Client Food/Nutrition Supple 258,448 258,448 Client Transportation 1,575 1,575 С d Client Meds and Other Asst 4,387 4,387 е All other expenses 71,044 8,060 62,984 1,778,934 180,290 25 Total functional expenses. Add lines 1 through 24e 1,592,252 6,392 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and if fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

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Form 990 (2014) HEALTH EMERGENCY LIFELINE PROGRAMS

38-2719621

art X	Balance Sheet			
(Check if Schedule O contains a response or note to any line in this Part X		••••	
		(A)		(B)
		Beginning of year		End of year
	Cash - non-interest-bearing	55,117	1	83,76
	Savings and temporary cash investments		2	
	Pledges and grants receivable, net	271,791	3	295,78
	Accounts receivable, net		4	
-	Loans and other receivables from current and former officers, directors,			
t	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6 I	Loans and other receivables from other disqualified persons (as defined under section			
4	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
5	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L		6	
7 1	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9 1	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 41,942			
	Less: accumulated depreciation	9,276	10c	5,2
	Investments - publicly traded securities		11	-
	Investments - other securities. See Part IV, line 11		12	
	Investments - program-related. See Part IV, line 11		13	
	Intangible assets		14	
	Other assets. See Part IV, line 11		15	
	Total assets. Add lines 1 through 15 (must equal line 34)	336,184	16	384,8
	Accounts payable and accrued expenses	56,379	17	48,5
	Grants payable	507575	18	10,5
			19	
-	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	Loans and other payables to current and former officers, directors,		21	
	trustees, key employees, highest compensated employees, and			
			22	
		75	22	
		75	23	00.0
	Unsecured notes and loans payable to unrelated third parties		24	99,93
	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X		05	
			25	1.10.1
	Total liabilities. Add lines 17 through 25	56,454	26	148,4
	Organizations that follow SFAS 117 (ASC 958), check here > X and			
	complete lines 27 through 29, and lines 33 and 34.		07	
		279,730	27	236,3
	Temporarily restricted net assets		28	
			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗌 and			
	complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds		32	
33 -	Total net assets or fund balances	279,730	33	236,3
34 -	Total liabilities and net assets/fund balances	336,184	34	384,82

Form 990 (2014)

Form	990 (2014) HEALTH EMERGENCY LIFELINE PROGRAMS 3	8-2719621		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	735,	529
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	778,	934
3	Revenue less expenses. Subtract line 2 from line 1	3		(43,	405)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		279,	730
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		236,	325
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line 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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
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?		3a	Х	
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		3b	Х	
EEA			Form	990 (2014)

SCHEDULE A

(Form 990 or 990-EZ)

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.

Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Inspection Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization HEALTH EMERGENCY LIFELINE PROGRAMS 38-2719621 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). g (i) Name of supported organization (iv) Is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

OMB No. 1545-0047

2014

Sched		TH EMERGENCY L				38-2719621	Page 2
Pa	rt II Support Schedule for Org						
	(Complete only if you chec				•		under
	Part III. If the organization	fails to qualify u	inder the tests	listed below, pl	ease complete	e Part III.)	
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,163,696	1,185,270	1,047,764	1,441,925	1,735,529	6,574,184
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	1,163,696	1,185,270	1,047,764	1,441,925	1,735,529	6,574,184
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						6,574,184
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,163,696	1,185,270	1,047,764	1,441,925	1,735,529	6,574,184
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						6,574,184
12	Gross receipts from related activities, etc. (see	e instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						
<u>3ec</u> 14	tion C. Computation of Public Su Public support percentage for 2014 (line 6, co					14 1	.00.00 %
14	Public support percentage from 2013 Schedu	.,	())	•••••			99.89 %
16a	33 1/3% support test - 2014. If the organiz						<u> </u>
iuu	box and stop here. The organization qualif						▶ ⊠
b	33 1/3% support test - 2013. If the organization						••••
-	check this box and stop here. The organiz						▶ □
17a	10%-facts-and-circumstances test - 2014			-			
	10% or more, and if the organization meets Part VI how the organization meets the "facts	the "facts-and-circ	cumstances" test, o	check this box and	stop here. Explai		
	organization						🕨 📋
b	10%-facts-and-circumstances test - 2013	-				line	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization meets						
18	supported organization Private foundation. If the organization did					· · · · · · · · · · ·	••••
10	instructions						
		• • • • • • • • • •	• • • • • • • • • •	• • • • • • • • • •		· · · · · · · · · · · ·	

EEA

Schedule A (Form 990 or 990-EZ) 2014

Schee		TH EMERGENCY L				38-2719621	Page 3
Pa	rt III Support Schedule for Org	ganizations De	escribed in S	ection 509(a)(2	2)		
	(Complete only if you checl	ked the box on	line 9 of Part	I or if the orgar	nization failed to	o qualify under P	art II.
	If the organization fails to q	ualify under th	e tests listed b	elow, please c	omplete Part II.	.)	
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
3	unrelated trade or bus. under sec 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						
	5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
	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						
800	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(a) 2012	(4) 2012	(a) 2014	
		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the o	rganization's first,	second, third, fou	rth, or fifth tax year	r as a section 501(c)(3)	
	organization, check this box and stop here	- • • • • • • • • •		· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · . ▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2014 (line 8, colu	umn (f) divided by li	ine 13, column (f))			15	%
16	Public support percentage from 2013 Schedule					16	%
Sec	ction D. Computation of Investmer	nt Income Per	centage				
17	Investment income percentage for 2014 (line	e 10c, column (f) c	livided by line 13,	column (f))		17	%
18	Investment income percentage from 2013 S						%
19a	33 1/3% support tests - 2014. If the organiz	zation did not cher	ck the box on line	14. and line 15 is r	nore than 33 1/3%	and line	
	17 is not more than 33 1/3%, check this box						🕨 🗌
b	33 1/3% support tests - 2013. If the organiz	-					
~	line 18 is not more than 33 1/3%, check this						🕨 🗌
20	Private foundation. If the organization did r						

SCI	HEDULE D	Supplemental Financial Statements		OMB No. 1545-0047
(Fo	rm 990)	Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2014	
Dana	tment of the Treasury	Attach to Form 990.		Open to Public
	al Revenue Service	Information about Schedule D (Form 990) and its instructions is at www.irs.gov/forr	n990.	Inspection
Name	of the organization		Employer identi	ication number
		ENCY LIFELINE PROGRAMS	38-271	.9621
Pa		tions 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				
2		contributions to (during year) .		
3 ⊿		grants from (during year)		
4 5	Aggregate value at	n inform all donors and donor advisors in writing that the assets held in donor advised		
5	-	ization's property, subject to the organization's exclusive legal control?		🗌 Yes 🗌 No
6	-	n inform all grantees, donors, and donor advisors in writing that grant funds can be used		
-	-	urposes and not for the benefit of the donor or donor advisor, or for any other purpose		
	-	sible private benefit?		🗌 Yes 🗌 No
Pa		vation Easements.		
	Complete	e if the organization answered "Yes" to Form 990, Part IV, line 7.		
1	Purpose(s) of conse	ervation easements held by the organization (check all that apply).		
	Preservation of	land for public use (e.g., recreation or education)	ortant land are	a
	Protection of na	atural habitat Preservation of a certified historic	structure	
	Preservation of	open space		
2		hrough 2d if the organization held a qualified conservation contribution in the form of a conservatio		
		st day of the tax year.	Held at	the End of the Tax Year
а			2a	
b	•		2b	
C			2c	
d		ation easements included in (c) acquired after 8/17/06, and not on a		
~			2d	
3		ation easements modified, transferred, released, extinguished, or terminated by the organization d	uring the	
	tax year	hare preparty subject to concernation accompany is located		
4 5		here property subject to conservation easement is located on have a written policy regarding the periodic monitoring, inspection, handling of		
5	-	rcement of the conservation easements it holds?		🗌 Yes 🗌 No
6		hours devoted to monitoring, inspecting, and enforcing conservation easements during the year		
Ŭ				
7	Amount of expense	— s incurred in monitoring, inspecting, and enforcing conservation easements during the year		
	▶ \$			
8	Does each conserv	ation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		🗌 Yes 🗌 No
9	In Part XIII, describe	e how the organization reports conservation easements in its revenue and expense statement, and	d	
	balance sheet, and	include, if applicable, the text of the footnote to the organization's financial statements that describ	es the	
_		unting for conservation easements.		
Pa		zations Maintaining Collections of Art, Historical Treasures, or Other	Similar A	ssets.
		te if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	•	lected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance		
		al treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of	
		ide, in Part XIII, the text of the footnote to its financial statements that describes these items.	h = = 4	
b	-	lected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance si		
	-	al treasures, or other similar assets held for public exhibition, education, or research in furtherance ide the following amounts relating to these items:		
		ide the following amounts relating to these items: ded in Form 990, Part VIII, line 1	• c	
	.,	d in Form 990, Part X		
2	.,	eceived or held works of art, historical treasures, or other similar assets for financial gain, provide the		
-	•	equired to be reported under SFAS 116 (ASC 958) relating to these items:		
а	0	n Form 990, Part VIII, line 1	• s	
b		Form 990, Part X		
			. 4	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sched	lule D (Form 990) 2014 HEALTH EMERGENCY	LIFE	LINE PROGR	AMS				38-2719	9621		Page 2
Pa	rt III Organizations Maintaining C	ollec	tions of A	rt, Histo	rical Tre	easures, c	or Othe	er Similar As	sets (contir	nued)
3	Using the organization's acquisition, accession, an	nd othe	r records, cheo	ck any of the	e following	that are a sig	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌 Loa	n or exchar	ige prograi	ms					
b	Scholarly research		e 🗌 Othe	er							
с	Preservation for future generations										
4	Provide a description of the organization's collection	ons and	d explain how t	hey further	the organiz	zation's exem	pt purpos	se in Part			
	XIII.				Ū						
5	During the year, did the organization solicit or rece	eive dor	nations of art, h	nistorical tre	asures, or	other similar					
	assets to be sold to raise funds rather than to be n	naintair	ned as part of t	he organiza	ation's colle	ection?			[Yes	s 🗌 No
Pa	rt IV Escrow and Custodial Arrang	geme	nts.								
	Complete if the organization an	swer	ed "Yes" to	Form 99	90, Part	IV, line 9,	or repo	orted an amou	unt on	Form	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian or	other in	ntermediary fo	r contributic	ns or othe	r assets not					
	included on Form 990, Part X?								[Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII and c	complet	te the following	table:							
	. 2		-					A	mount		
с	Beginning balance						1c				
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Form 9							· · · · · ·		Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Chec						•				
	rt V Endowment Funds.										
	Complete if the organization an	swer	ed "Yes" to	Form 99	0. Part	IV. line 10					
			Current year	(b) Prio		(c) Two year		(d) Three years bac	k (e)	Four ve	ars back
1a	Beginning of year balance	(-)		(4) * ***		(0)		(1)			
b											
c	Net investment earnings, gains, and										
•											
d	Grants or scholarships										
e	Other expenditures for facilities and										
Ũ	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current ye		halance (line	1a column	(a)) held a						
a	Board designated or quasi-endowment		%	rg, oolanni							
b	Permanent endowment		/0								
c	Temporarily restricted endowment		%								
U	The percentages in lines 2a, 2b, and 2c should eq	u al 100									
3a	Are there endowment funds not in the possession			at are held	and admir	nistered for the	2				
Ju	organization by:		organization				0			V	es No
	(i) unrelated organizations									a(i)	
	(ii) related organizations	• • • •						•••••		a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lister	d as ro	· · · · · · · ·							3b	
4					• •	••••	• • • • •		· · _	30	
Pa	t VI Land, Buildings, and Equipm			t Turius.							
r ai	Complete if the organization an		od "Voc" to	Eorm 00	0 Part	IV line 11	2 500	Form 000 P	ort X I	ino 1	0
	· –	ISWell									
	Description of property		(a) Cost or oth (investme		.,	r other basis other)	• •	Accumulated epreciation	(a)	Book v	alue
4-	Lond		("1762111	o.n.j	(de				
1a ⊾		•••				41 040		26.655			F 057
b		•••				41,942		36,666			5,276
C	Leasehold improvements	···									
d		•••									
e	Other	•••		, .				x			
Tota	 Add lines 1a through 1e. (Column (d) must eq 	ual Fo	rm 990, Part ک	K, column (B), line 10)c.)		•••••			5,276

Schedule	D	(Form	990)	2014	
	-	(· •····	,		

Schedule D (Forr		LIFELINE PROGRAMS	38-271	9621 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered	l "Yes" to Form 990, Par	t IV, line 11b. See Form 990,	Part X, line 12.
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b	o) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	I "Yes" to Form 990, Par	t IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	I "Yes" to Form 990, Par	t IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15	.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" to Form 990, Pa	rt IV, line 11e or 11f. See Forr	n 990, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes	(1)	-	
(2)			-	
(3)			-	
(4)			_	
(5)			-	
(6)			-	
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.)			
	r uncertain tax positions. In Part XIII, provide the text of	the footnote to the organization	's financial statements that reports the	
	liability for uncertain tax positions under FIN 48 (ASC	-		Ⅲ□

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2014 HEALTH EMERGENCY LIFELINE PROGRAMS	38-2719621	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	1,735,529
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	1,735,529
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	1,735,529
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	1,778,934
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	1,778,934
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	1,778,934
Pa	rt XIII Supplemental Information.		

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

SCHEDULE G	Supplemer	ntal Informati	on Regar	ding Fun	draising or Gam	ing Act	ivities 📙	OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		organization en	tered more that to Form	an \$15,000 or 990 or Form	990, Part IV, lines 17, 18 1 Form 990-EZ, line 6a. 990-EZ. its instructions is at wy		- E	2014 Open to Public Inspection
Name of the organization	P Information	about benedule e		550 EZ) and		W.II 3.901		ntification number
HEALTH EMERGENCY LI	FELINE PROGR	AMS					38-271	9621
Eundraisi			the organi	zation ans	swered "Yes" to F	orm 990		
Part	-	t required to co	-					
 Indicate whether the Mail solicitations Internet and email Phone solicitation In-person solicitat Did the organization 	l solicitations s ions	Ū	e [] f [] g []	Solicitation of Solicitation of Special func	s. Check all that apply. of non-government grar of government grants lraising events officers, directors, trust			
0	ted in Form 990, F ighest paid individ	Part VII) or entity in uals or entities (fu	connection v	vith professio	nal fundraising service	s?		es 🗌 No
(i) Name and address or entity (fundra		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to etained by) ser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total	the organization is	s registered or lice		t contribution	s or has been notified i	t is exemp	t from	

HEALTH EMERGENCY LIFELINE PROGRAMS

38-2719621

Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts greater than	\$5,000.			
			(a) Event #1 <u>Wine Tasting</u>	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anu						
Revenue	1	Gross receipts	19,322			19,322
2						
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	19,322			19,322
	4	Cash prizes				
	_					
	5	Noncash prizes				
	•					
ses	6	Rent/facility costs				
Direct Expenses	-					
Щ	7	Food and beverages				
rect	•					
ā	8	Entertainment				
	•		6 200			6 200
	9	Other direct expenses	6,392			6,392
	10	Direct expense summary. Add lines 4	1 through 0 in column (d)			c 202
	11	Net income summary. Subtract line 1				6,392 12,930
Pa	rt II			Yes" to Form 990 Part I	V line 19 or reported m	
		than \$15,000 on Form 990	-			
				(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo		(c) Other gaming	
				bingo/progressive bingo	(c) other gaining	col. (a) through col. (c))
eve				bingo/progressive bingo		col. (a) through col. (c))
Revenue	1	Gross revenue		bingo/progressive bingo		col. (a) through col. (c))
Reve	1	Gross revenue		bingo/progressive bingo		col. (a) through col. (c))
	1	Gross revenue		bingo/progressive bingo		col. (a) through col. (c))
				bingo/progressive bingo		col. (a) through col. (c))
				bingo/progressive bingo		col. (a) through col. (c))
	2	Cash prizes		bingo/progressive bingo		col. (a) through col. (c))
	2	Cash prizes				col. (a) through col. (c))
Direct Expenses Reve	2 3	Cash prizes				col. (a) through col. (c))
	2 3	Cash prizes				col. (a) through col. (c))
	2 3 4	Cash prizes	Yes %	Yes %	(c) outer gamming	col. (a) through col. (c))
	2 3 4	Cash prizes	% Yes% No			col. (a) through col. (c))
	2 3 4 5	Cash prizes	No	Yes %	%	col. (a) through col. (c))
	2 3 4 5	Cash prizes	No	Yes %	%	col. (a) through col. (c))
	2 3 4 5	Cash prizes	2 through 5 in column (d)	□ Yes% □ No	%	col. (a) through col. (c))
	2 3 4 5	Cash prizes	2 through 5 in column (d)	□ Yes% □ No	Yes% No	col. (a) through col. (c))
	2 3 4 5 6 7 8	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, column	☐ Yes % ☐ No % i.d)	Yes% No	col. (a) through col. (c))
	2 3 4 5 6 7 8 En	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activities	Yes % No	Yes% No	
birect Expenses	2 3 4 5 6 7 8 En Ist	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activities	Yes % No	Yes% No	col. (a) through col. (c))
6 Direct Expenses	2 3 4 5 6 7 8 En Ist	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activities	Yes % No	Yes% No	
birect Expenses	2 3 4 5 6 7 8 En Ist	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activities	Yes % No	Yes% No	
g v 6 Direct Expenses	2 3 4 5 6 7 8 En Ist	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activities aming activities in each of the	□ Yes % □ No %	Yes% No%	Yes No
Direct Expenses	2 3 4 5 6 7 8 En Ist Ist If"	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activities aming activities in each of the	□ Yes % □ No %	Yes% No%	
g b G Direct Expenses	2 3 4 5 6 7 8 En Ist Ist If"	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activities aming activities in each of the	□ Yes % □ No %	Yes% No%	Yes No

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

OMB No. 1545-0047 2014

28b, or 28c, of Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Reve Sor Name of the

HEALTH

Attach to Form 990 or Form 990-EZ.

Open to Public

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\$

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		. "	
enue Service	Information about Schedule L (Form 990 or 990EZ) and its instructions is at ww	w.irs.gov/form990.	Inspection
organization		Employer identification nun	nber
•			
EMERGENCY	LIFELINE PROGRAMS	38-2719621	
Excess	Benefit Transactions (section (501(c)(3), section 501(c)(4), and 501(c)(29) c	organizations only).	

Part I	Excess Benefit Transaction	ons (section (501(c)(3), section 501(c)(4),	and 501(c)(29) organizations only).		
	Complete if the organization	n answered "Yes" on Form 990, Part IV, li	ne 25a or 25b, or Form 990-EZ, Part V, line 4	0b.	
4		(b) Relationship between disqualified person and		(d) Corr	rected?
1	1 (a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					

(3) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year 3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	fron	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In c	default?	(h) Ap by bo comm		(i) Wr agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
Total					🕨	\$						
Part III Grants or Assis Complete if the		-			Part IV, line 27	· .						
(a) Name of interested person		ip between interested			assistance	(d) Type of assistance		(6) Purpos	se of ass	istance	

(a) Name of interested person	(b) Relationship between interested	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
	person and the organization			
(1)				
_(2)				
(3)				
(4)				
(5)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. EEA

Schedule L (Form 990 or 990-EZ) 2014

Schedule L (Form 990 or 990-EZ) 2014 HEALTH EMERGENCY LIFELINE PROGRAMS

Part IVBusiness Transactions Involving Interested Persons.Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
Anthony Williams and Teresa			Receive reimbursement		
(1) Roscoe	Aids Walk Detroit	46,635	for paid employees		X
_ (2)					
_ (3)					
(4)					
(5)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE R	Related (Related Organizations and Unrelated Partnerships	related Pa	rtnerships	:		OMB No. 1545-0047	545-0047
(Form 990)	Complete if the orga	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	n 990, Part IV, Ii	ne 33, 34, 35b, 36, (or 37.		2014	4
Department of the Treasury Internal Revenue Service	Information about S	Attach to Form 990. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	990. tructions is at v	/ww.irs.gov/form96	.0		Open to Public Inspection	tion
Name of the organization						Employer identification number	cation number	
Щ Н	HEALTH EMERGENCY LIFELINE PROGRAMS					38-2719621		
Part I Identific	Identification of Disregarded Entities Complete if	te if the organization answered "Yes" on Form 990, Part IV, line 33	red "Yes" on	Form 990, Part	IV, line 33.		-	
Name	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal dom. (state or foreign country) T	(d) Total income	(e) End-of-year assets	Direct	(f) Direct controlling entity
(1)								
(2)								
(3)								
(4)								
(5)								
Part II Identific	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.	ations Complete if the orgar ring the tax year.	nization answ	ered "Yes" on F	⁻ orm 990, Par	t IV, line 34 b	ecause it h	ad
	(a)	(q)	(c)	(q)	(e)		(I)	(g) Sec 512(h)(13)
Name,	Name, address, and EIN of related organization	Primary activity	Legal dom. (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))		Direct controlling entity	rentried entity?
(1) Aids Walk Detroit, 45-5278202	it, 45-5278202	Raise/Distribute funds						
1726 Howard Detroit MT 48216	د س	to non-profit entities HTV/ATDS	MT	501(2)(3)	-	A / M		×
(3)								
(4)								
(5)								
For Paperwork Reductio	For Paperwork Reduction Act Notice, see the Instructions for Form 990. \ensuremath{EEA}						Schedule R (F	Schedule R (Form 990) 2014

Schedule R (Form 990) 2014	rm 990) 2014 HEALTH EMERGEN	HEALTH EMERGENCY LIFELINE PROGRAMS						38-2719621	9621			Page 2
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.	tions Taxable as a Partions treated a	artnersł as a part	hip Comple tnership dur	te if the organiz ing the tax yea	zation answei ır.	ed "Yes" on I	Form 96	90, Part I∖	V, line 3	4	
	(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 at under	(f) Share of total income	(g) Share of end-of- year assets	(h) Disprop- ortionate alloca- tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) Gen. or managing partner?	(k) % ship
(1)					96010115 31 2-9 14)			2		•		
(2)												
(3)												
(4)												
(5)												
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization a line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Interst Complete if the organization a line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Name, address, and EIN of related organization Interst or a corporation or trust during the tax year. Name, address, and EIN of related organization Primary activity Complete if the organization at trust during the tax year. Primary activity (b) (c) (d) Name, address, and EIN of related organization Primary activity (b) (c) (d) (c) (d) (c) (d) (c) (d) (c) (d) (c) (d) (c) (c)	tions Taxable as a Co elated organizations tr (b)	orporat reated a	ion or Trus as a corpora (c) Legal domicile (state or	a Corporation or Trust Complete if the organization answered "Yes" a Corporation or Trust Complete if the organization answered "Yes" ons treated as a corporation or trust during the tax year. b) (c) b) (c) b) (c) civity (e) domicile Type of entity (state or (c) (state or (c)	he organizatio ring the tax yo (C corp, S corp, or trust)	Dn answered " ear. (f) ^{Share of total}		ss" on Form 990, Part IV (g) (h) Precentage Sec end-of-year assets ownership o	90, Part IV, (h) (i) Percentage Sec.512(b)(13) ownership controlled entity?	t IV, sec.512(b)(1 controlled entity?) (b)(13) billed <i>y?</i>
E				foreign country)							Yes	N
(2)												
(3)												
(4)												
(5)												
EEA		-							S S	Schedule R (Form 990) 2014	Form 990) 2014

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(Form	
Schedule R	

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Transactions with Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					I
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				×	Yes N	No No
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?	ations listed in Parts II-IV?					
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · ·	1a	X	м
b Gift, grant, or capital contribution to related organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · ·	1b	×	
c Gift, grant, or capital contribution from related organization(s)	· · · · ·	· · · · ·	· · · ·	1c	×	
d Loans or loan guarantees to or for related organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · ·	· · · · ·	1d	×	X
e Loans or loan guarantees by related organization(s)	· · · · · ·		· · · · ·	1e	X	м
f Dividends from related organization(s)				1f	×	Ы
g Sale of assets to related organization(s)				1g	X	м
h Purchase of assets from related organization(s)	· · · · · ·			1h	Χ	м
i Exchange of assets with related organization(s)	· · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · ·	1i	×	м
j Lease of facilities, equipment, or other assets to related organization(s)	· · · · · ·	· · · · ·		1j	X	м
				:		
K Lease of facilities, equipment, of other assets from related organization(s)	• • • • • • • • • • •	• • • • • • • • • •	· · · ·	۲	4	
I Performance of services or membership or fundraising solicitations for related organization(s)				=	×	М
m Performance of services or membership or fundraising solicitations by related organization(s)	· · · · · ·			1m	×	м
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	· · · · ·	· · · · ·	· · · · ·	1n 1	X	м
• Sharing of paid employees with related organization(s)	· · · · · ·	· · · · ·		10 X		
p Reimbursement paid to related organization(s) for expenses	• • • • • • • •			1p	×	м
q Reimbursement paid by related organization(s) for expenses	· · · · ·	· · · · ·		1q X		
 Other transfer of cash or nonanty to related organization (c) 				÷	~	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · ·	- (1	
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	ig covered relationships an	nd transaction thresholds				
(a)	(q)	(c)	(p)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	amount invo	olved	
(1)						
(2)						
(3)						
(1)						[
(5)						
	_			1		1

Schedule R (Form 990) 2014

(6)

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 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	I Partnership Complete in through which the organization	IT THE OI	rganization an:	SWered	f its activities (m	orm 990, Pa	irt IV, Iir al assets	le 37.		
or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ns regarding exclusion for certain	n investme	ent partnerships.					-	_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organi- zations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disprop- ortionate alloca- tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gen. or managing partner?	(K) % ship
				3			3			
		-	-	-			-	Schedule R (Form 990) 2014	(Form 99) 2014

Department of the Treasury

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.

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.

OMB No. 1545-0047

Open to Public

Employer identification number

Internal Revenue Service Information al Name of the organization HEALTH EMERGENCY LIFELINE PROGRAMS

38-2719621

01. Form 990 governing body review (Part VI, line 11)

Reviewed by key officers prior to filing and copy of final provided to governing board

members

02. Conflict of interest policy compliance (Part VI, line 12c)

The Organization has a Conflict of Interest Policy that is confirmed with officers,

directors and key staff annually

03. CEO, executive director, top management comp (Part VI, line 15a)

Compensation for the Executive Director is determined by the independent directors and

includes a market review of comparable compensation

04. Other officer or key employee compensation (Part VI, line 15b

Compensation for other officers (if any) is determined by the board of directors

05. Governing documents, etc, available to public (Part VI, line 19)

Documents are available in the office of the Organization to the general public by request

	Statement of Program Service Accomplishm	nents	2014 01
Name(s) as shown on return <u>HEALTH EMER</u>	GENCY LIFELINE PROGRAMS		Your Social Security Number 38-2719621
	Form 990, Part III(a)		
D			
Program Ser Program Ser	vice Code vice Expenses	\$69748	
Grants and	allocations included in above expense	\$0	
Program Ser	vices Revenue	\$0	
Explanation	n - Therapy Services were provided for over 100 clients.		
Benavioral Health	- inerapy services were provided for over 100 clients.		