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Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008 Open to Public

	mai revenu	e ocivice	- 	ive to use a copy of this return			equirements	Inspection	
<u>A</u>	For the 20		ear, or tax year beginning 1/	01/09 , and ending	6/30/0	19			_
В	Check if applic	cable Please use IRS	C Name of organization				D Emp	loyer identification numbe	er
Ш	Address chang	ge label or	HOPE F	OR HAITI, INC.			┩		
	Name change	print or	Doing Business As		-	 	59	-3564329	_
$\overline{\sqcap}$	Initial return	type.	Number and street (or P O box if mail is no	•		Room/suite		hone number	
H		See Specific	1042 6TH AVENUE	NORTH		<u> </u>	239	9-434-7183	
님	Termination	Instruc-	City or town, state or country, and Zi		_		G Gross red	peipts\$ 7,561,62	<u>3</u>
Ц	Amended retu		NAPLES	FL 3410	2				
	Application pe	aiuaiy	e and address of principal officer				H(a) is this	s a group return for	
			ANK PROTO				affilia H(b) Are a	tes? Yes X N	٧o
		1	17 LANGSTON DR PER ARLINGTON	OH 42220			includ	ded? res N	٩o
_			501(c) (3) ◀ (insert no)	OH 43220			If "No	," attach a list (see instructions)	
_	Tax-exempt Website:		HOPEFORHAITI. COM	4947(a)(1) or 527	/		— ₁₄ , , , , , , , , , , , , , , , ,		
		nization X Cor		Other ▶		Year of formation		p exemption number	_
	Part i	Summai		Odlei	<u></u>	rear or iornador		M State of legal domicile	_
<u>-</u>			he organization's mission or most s	significant activities:					
60			VE THE QUALITY OF LIE		PEOPLE.				
Activities & Governance	1		ARLY CHILDREN, THROUG						
ž	н	EALTHCA	RE.	,					
Š	2 Che	ck this box	If the organization disconting	nued its operations or disposed	of more than	1 25% of its a	issets		
დ • ಶ	3 Num	nber of voting	members of the governing body (i	Part VI, line 1a)			3	10	
es	4 Num	nber of indep	endent voting members of the gove	erning body (Part VI line 1b) ~	<u>)</u>		4	_10	
ivit	5 Tota	al number of e	employees (Part V, line 2a)	The Property of the Park of th			5	9	
Act			volunteers (estimate if necessary)		S		6	150	
	7a Tota	al gross unrel	ated business revenue from Part V	III Ine DE Golymg (2009	£ .		7a		_
	b Net	unrelated bus	siness taxable income from Form 9	90-T, line 34	7.34	T 5-:	7b		<u>0</u>
	8 Con	tributions and	d grants (Part VIII, line 1h)	OGDEN, UT			330,132	Current Year 7,307,888	<u>~</u>
Jue	ł.		revenue (Part VIII, line 2g)		ألمه		330,132	7,507,600	_
Revenue	1	-	ne (Part VIII, column (A), lines 3, 4,	and 7d)		-	-17,946	25,975	<u>-</u> 5
8			Part VIII, column (A), lines 5, 6d, 8c	•			273,029	227,760	
			add lines 8 through 11 (must equal	•			085,215	7,561,623	_
	·		ar amounts paid (Part IX, column (A				15,182	7,124,01	
	14 Bene	efits paid to d	or for members (Part IX, column (A)			_			
S	15 Sala	aries, other co	ompensation, employee benefits (P	art IX, column (A), lines 5-10)		1	L91,329	115,419	<u> </u>
enses		essional fund	draising fees (Part IX, column (A), li						
Expe	b Tota	al fundraising	expenses (Part IX, column (D), line	e 25) ► 31 ,	132				_
ш	1 17 0000		(Part IX, column (A), lines 11a-11d,	' '			20,238	527,695	_
	i .		Add lines 13-17 (must equal Part IX				126,749	7,767,131	
- 8	19 Reve	enue less exp	penses Subtract line 18 from line 1	<u> 12 </u>			-41,534 ing of Year	-205,508 End of Year	<u>3</u>
ets (20 Tota	ıl assets (Par	t X line 16)				503,302	1,404,172	<u> </u>
Ass	21 Tota		art X, line 26)				2,188	8,566	
Net Assets or Fund Balances	22 Net	•	d balances Subtract line 21 from li	ine 20		1,6	501,114	1,395,606	
	art II	Signatur	re Block						_
		Under penalt	ties of parjury, I declare that I have exami	ined this return, including accompar	nying schedules	s and statemen	its, and to the be	st of my knowledge	_
		and belief, it	is true correct, and complete Declaration		based on all inf	formation of wh	ich preparer has	, , , ,	
Sig			I serveis)	rete				14/2009	_
He	re	-	re of officer				Date		
			ANCIS PROTO		TREAS	URER			_
		l ype or	print name and title		1	 -		December death as sumbo	_
Pai	id	Preparer's			Date	امه ا	eck if f-	Preparer's identifying number (see instructions)	J
	parer's	signature	1 /5		11/0	3/09 em	ployed	P00530989	=
	e Only	Firm's name	`/ B 07/257 015 1	., LLP			EIN	▶ 20-219934:	3
_	•	if self-employ address, and	• •				Phone	000 000 100	^
Mac	the IBC d						no ▶	239-992-423	_
DAA			turn with the preparer shown above Paperwork Reduction Act Notice		ne .			X Yes N	_
<i></i>	. I SI FIIV	acy Act and	aperwork neutron Act NORCE	s, see uie separate mstructio		FTF	Mao	,200 Form 330 (2000)	~ へ
							<i>\ \ \ \ \ \ \ \ \ \</i>	(١

	HOPE FOR HAITI,		3564329	Page 2
Part III	Statement of Program Serv	vice Accomplishments (see instruction	ons)	<u> </u>
TO IMPI	JLARLY CHILDREN, I	OF LIFE FOR THE HAITIAN CHROUGH EDUCATION, NUTRI	•	
2 Did the err			Line to all a se	
	·	program services during the year which were no	t listed on	□
· · · · · · · · · · · · · · · · · · ·	orm 990 or 990-EZ?			Yes X No
•	escribe these new services on Sche			
	janization cease conducting, or mak	e significant changes in how it conducts, any pro	ogram	
services?				Yes X No
	escribe these changes on Schedule			
		or each of the organization's three largest program	* *	
		and section 4947(a)(1) trusts are required to rep		
allocations	to others, the total expenses, and r	evenue, if any, for each program service reporte	1	
AND ORE	S PROGRAMS TO SUPP PHANAGES IN HAITI.	ORT HOSPITALS, CLINICS, THESE PROGRAMS HELP TO HUNREDS OF THOUSANDS OF	IMPROVE)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	<u>-</u>
				,
				•
				
=	ram services (Describe in Schedule	·	_	
(Expenses			evenue \$	
4e l'otal progr	ram service expenses > \$	7,686,960 (Must equal Part IX, Line	25, column (B))	F. 000 (2222)
				Form 990 (2008)

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	 -
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	,		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3_		
•	Schedule C, Part II	4	ľ	x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	 -		
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5]	
6	Did the organization maintain any donor advised funds or any accounts where 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	1	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		Ī	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		ĺ	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	X	
b			.	
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4.5	x	
6	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	$\neg +$	$\frac{x}{x}$
8	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	- 	$\frac{\ddot{\mathbf{x}}}{\mathbf{x}}$
9	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		$\frac{\overline{\mathbf{x}}}{\mathbf{x}}$
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\overline{\mathbf{x}}$
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	$\overline{\mathbf{x}}$
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions	- 1		
	24b-24d and complete Schedule K If "No," go to question 25	24a		<u> </u>
þ	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	1	- 1	
	to defease any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			۹,-
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	<u> </u>		v
ı.c	person from a prior year? If "Yes," complete Schedule L, Part I	25b	 	<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	2		x
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
• •	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
	Control Contro		990	

Form 990 (2008) HOPE FOR HAITI, INC. Part IV Checklist of Required Schedules Checklist of Required Schedules (continued)

<u></u>	art IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or		İ	l
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? 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, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
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		x
			aan	(2008)

<u> Pa</u>	art V Statements Regarding Other IRS Filings and Tax Compliance									
						Yes	No			
1a					1					
	U.S. Information Returns Enter -0- if not applicable	1a	0_		₹					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b_		 	┨		ĺ			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rules for reportable payments to vendors and rules for reportable payments.	еропарі	е				x			
22	gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			1c		<u> </u>			
24	Statements, filed for the calendar year ending with or within the year covered by this return	2a	9				ĺ			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	$\overline{}$			2b	x				
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				20					
	instructions)	•			1					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed bv								
	this return?	,			3a		x			
b	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorn	ty							
	over, a financial account in a foreign country (such as a bank account, securities account, or other fi	nancial				l	ı			
	account)?				4a	X				
þ	If "Yes," enter the name of the foreign country HAITI									
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank								
_	and Financial Accounts				_					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				5b		<u> </u>			
С	Regarding Prohibited Tax Shelter Transaction?	,			5c					
6a	<u>- I.</u>				6a		<u>x</u>			
	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or								
	gifts were not tax deductible?				6b					
7	Organizations that may receive deductible contributions under section 170(c).				1.2					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than		i		ł				
	\$75?				7a		<u> </u>			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as								
	required to file Form 8282?	1 1			7c		<u> </u>			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				-				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	persona	I		_ 1		77			
	benefit contract?				7e 7f		$\frac{\mathbf{x}}{\mathbf{x}}$			
,	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of qualified intellectual property, did the organization file Form 8899 as required?						$\frac{\mathbf{x}}{\mathbf{x}}$			
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-				7g					
••	required?	<i>-</i> 45			7h	l	x			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and so	ection								
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spo									
	organization, have excess business holdings at any time during the year?	•			8		X			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?				9a		X			
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		<u> </u>			
10	Section 501(c)(7) organizations. Enter	1 1								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter	المدا			ļ					
a h	Gross income from members or shareholders Gross income from other sources (Do not not amounts due or paid to other sources against	11a			1					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	146		İ		- 1				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b			12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		ł	DAI					
=		1.50				000	(2008)			

59-3564329 Form 990 (2008) HOPE FOR HAITI, INC. Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management Yes Nο For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions 10 1a Enter the number of voting members of the governing body 10 Enter the number of voting members that are independent h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a X Each committee with authority to act on behalf of the governing body? b 8b X 9a 9a Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations X must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X 11 Section B. Policies Yes X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 X 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 The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? 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 X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Own website X Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the

900 BROAD AVE SOUTH

FL

34112

NAPLES

organization > VICKY MOLTER

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List 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 the c	organization did not compe		e an	y off	icer,	dire	ctor,	trustee, or key employee		
(A) Name and Title	(B) Average hours per	Pos	ition (chec		that a	_	(D) Reportable	(E) Reportable	(F) Estimated
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JOANNE M. KU										
PRESIDENT	2			X				0	0	0
DR. KEITH P.	HUSSEY									
VICE PRES.	2	1		X			<u>.</u>	0	0	0
LACEY KING										
SECRETARY	2			X				0	0	0
FRANCIS J. I	RODO									
TREASURER	2			X				0	0	0
HOWARD M. HU	JJSA, ESQ.									
DIRECTOR	2	<u> </u>	<u> </u>	X				0	0	0
JOHN HUSHON										
DIRECTOR	2		<u> </u>	X	<u> </u>			0	0	0
CARL R. KUE										
DIRECTOR	2	↓		X	_			0	0	0
DAVID B. LAN								_		
DIRECTOR	2	_		X				0	0	0
TODD L. KENI								_ [
DIRECTOR	2	<u> </u>		X	<u> </u>			0	0	0
JIM LANCASTE								_	_	_
DIRECTOR	2	_		X				0	0	0
		\vdash								
							_			
•										
		\vdash								
		<u> </u>								

Form 990 (2008) HOPE FOR HAITI, INC. Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (D) (F) Position (check all that apply) Name and title Reportable Average Reportable Estimated compensation compensation hours per Officer amount of Institutional trustee Key employee Individual trustee or director iighest compensated mployee from from related week other organizations the compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of services (C) Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization DAA Form **990** (2008)

Pa	<u>art V</u>	III Statement of R	evenue						
	·					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
97 97	4-	Fodostad company	14-			<u> </u>	revenue		512, 513, or 514
Program Service Revenue Contributions, gifts, grants	1a	Federated campaigns	1a						
₽Ğ	b	Membership dues	1b						
ff,	C	Fundraising events	1c						
<u>.g.'a</u>	d	Related organizations	1d						
S.Ë	e	Government grants (contributions)	1e						
흕	f	All other contributions, gifts, grants,							
혈충		and similar amounts not included ab	ove 1f	7,3	07,888				
<u> </u>	g	Noncash contributions included in Irr	nes 1a-1f \$		24,017				
ಬ್ಗೆ ಕ	h	Total. Add lines 1a-1f		·	· •	7,307,888			
Ten I	- "				Busn. Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-
ē	2a				Dusii. Oode				
æ	La L							,	
8	b							·····	
Ξ	C				<u> </u>				
Š	d								
ē	е								
§.	f	All other program service i	evenue						
_	g	Total. Add lines 2a-2f			<u> </u>				
	3	Investment income (includ	ıng dıvıde	nds, intere	st, and				
		other similar amounts)			•	25,975			25,975
	4	Income from investment of	f tax-exem	pt bond p	roceeds >				
	5	Royalties							
		(i) Re	eal	(II) P	ersonal				
	6a	Gross Rents							
	b	Less rental exps							
	C	Rental inc or (loss)							
	d	Net rental income or (loss)							
	7a	Gross amount from (i) Secu		(11)	Other				
		sales of assets		\ \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	oute.				
	_	other than inventory	•	1			j		
	b	Less cost or other							
		basis & sales exps		 					
		Gain or (loss)		<u> </u>		•	1		
	d	Net gain or (loss)							
_	8a	Gross income from fundraising	events						
nue		(not including \$							
Š		of contributions reported on line	e 1c)						
Other Reven		See Part IV, line 18	а						
흔	b	Less direct expenses	b		_				
ŏ	C	Net income or (loss) from f	undraisin	events					
	9a	Gross income from gaming act	ıvıtıes						_
		See Part IV, line 19	а						
	b	Less direct expenses	b	·					
	c	Net income or (loss) from (gaming ac	tivities	•				
	10a	Gross sales of inventory, le	ess						
		returns and allowances	а						
	b	Less. cost of goods sold	b						
		Net income or (loss) from s	-	ventory			•		
ì		Miscellaneous Reve			Busn. Code				
	11a			-		227,760	227,760		
		HANGER PARTY				- 221,100			
	b								
	C								
		All other revenue			L				
	е	Total. Add lines 11a-11d			▶	227,760			
	12	Total Revenue. Add lines	1h, 2g, 3,	4, 5, 6d, 7	'd, 8c,				
		9c, 10c, and 11e		_	▶	7,561,623	227,760	0	25,9 <u>75</u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B) (C) are

	All other organizations must	complete column (A) but a	re not required to comple	ete columns (B), (C), and (D).
	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		-		ganada anpanada	охроносо
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	7,124,017	7,124,017		
4	Benefits paid to or for members	1,124,011	1,123,011		
-	Compensation of current officers, directors,				
5					
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0F F70	66.005	10 116	
7	Other salaries and wages	95,579	66,905	19,116	9,558
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	19,840	13,888	3,968	1,984
11	Fees for services (non-employees)		==,000		
	Management				
b					· · · · · · · · · · · · · · · · · · ·
	Accounting			 	
d			•		<u> </u>
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	14,305	12,346	1,959	
17	Travel			2,000	
18	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,306	6,514	1,861	931
23	Insurance	3,300	0,314	1,001	
•	O 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	ľ			
_	5% of total expenses shown on line 25 below) OTHER PROGRAM EXPENSES	452 924	452 001		
a		452,821	452,821		15 010
b	PROMOTIONS	15,012	1 402	10 212	15,012
C	OFFICE EXPENSE TRAVEL & CONFERENCES	12,457	1,403	10,313	741
d	-	7,698	2,309	3,849	1,540
e	OFFICE SUPPLIES		1,458	5,101	872
	All other expenses	8,665	5,299	2,872	494
25	Total functional expenses. Add lines 1 through 24f	7,767,131	7,686,960	49,039	31,132
26	Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs		ļ		
	from a combined educational campaign and		İ		
DAA	fundraising solicitation				Form 990 (2008)

	art /	N Dalalice Sileet							
		•			(A) Beginning of year		(E End o		
_	1	Cash—non-interest bearing			530,218	1		32,	126
	2	Savings and temporary cash investments		<u> </u>	684,883			32, 86,	
	3	Pledges and grants receivable, net		<u> </u>	001/005	3		50 ,	<u> </u>
	4	Accounts receivable, net		1		4	 _		
	1 '	Receivables from current and former officers, directors,	trustoon k	<u></u>		-			
	5	•	•	·		_			
		employees, or other related parties. Complete Part II of			.	5			-
	6	Receivables from other disqualified persons (as defined							
		4958(f)(1)) and persons described in section 4958(c)(3)((b) Comple	ete					
	_	Part II of Schedule L		 -		6			
Assets	7	Notes and loans receivable, net		ŀ		7			
SS	8	Inventories for sale or use		_		8			
₹	9	Prepaid expenses and deferred charges	f 1	E0 005		9			
		Land, buildings, and equipment cost basis	10a	50,827					
	b	Less accumulated depreciation Complete							
		Part VI of Schedule D	10b	18,444	32,383	10c		<u>32,</u>	383
	11	Investments—publicly traded securities				11			
	12	Investments—other securities See Part IV, line 11		<u> </u>	355,818	12	3	53,	<u> 311</u>
	13	Investments—program-related See Part IV, line 11		L		13			
	14	Intangible assets		L		14			
	15	Other assets. See Part IV, line 11		L		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34	4)		1,603,302	16	1,4	04,	<u> 172</u>
	17	Accounts payable and accrued expenses		L	2,188	17		8,	<u> 566</u>
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
es	21	Escrow account liability Complete Part IV of Schedule I)			21			
ij	22	Payables to current and former officers, directors, truster	es, key						
Liabilities		employees, highest compensated employees, and disqu	ualified						
		persons Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrelated third	ages and notes payable to unrelated third parties						
	24	Unsecured notes and loans payable			24				
	25	Other liabilities Complete Part X of Schedule D		<u>-</u>		25			
	26	Total liabilities. Add lines 17 through 25			2,188	26		8,	566
nces		Organizations that follow SFAS 117, check here	and		,				
Š	ĺ	complete lines 27 through 29, and lines 33 and 34.							
Bala	27	Unrestricted net assets			1,535,614	27	1,3	37,	529
ã	28	Temporarily restricted net assets			65,500			58,	
pu	29	Permanently restricted net assets			•	29			
or Fund		Organizations that do not follow SFAS 117, check he	ere 🗀						
Ž		and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds			1	30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment	t fund			31	-		
Š	32	Retained earnings, endowment, accumulated income, or		ls –		32			
Ĭ.	33	Total net assets or fund balances		·	1,601,114	33	1,3	95.	606
ž	34	Total liabilities and net assets/fund balances		•	1,603,302		1,4		
	art X				2/000/002				
								Yes	No
1	Acc	counting method used to prepare the Form 990 C	ash 🗓	Accrual Othe	er				
28	We	re the organization's financial statements compiled or rev	riewed by a	n independent accounta	nt?		2a		\mathbf{x}_{-}
t		re the organization's financial statements audited by an ir	*	•			2b	Х	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of									
		e audit, review, or compilation of its financial statements a			-		2c	х	l .
3a		a result of a federal award, was the organization required							
		Single Audit Act and OMB Circular A-133?	J				3a	L.	X
t		Yes," did the organization undergo the required audit or a	udits?				3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Employer identification number HOPE FOR HAITI, INC. 59-3564329 Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The	orga	inization is not	t a private foundation becaus	se it is (Please check only one	organizat	tion)						
1		A church, co	invention of churches, or ass	sociation of churches described	ın sectio	n 170(b)(1)(A)(i).					
2		A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E)								
3	П			ice organization described in se	ction 170)(b)(1)(A)	(iii). (Att	ach Sch	edule F	ł.)		
4	П			d in conjunction with a hospital							iospital's name	Э.
	_	city, and stat	-				•	,.	•		·	•
5		An organizat	tion operated for the benefit	of a college or university owned	or operat	ted by a g	jovernm	ental un	ıt descr	bed in		
		section 170	(b)(1)(A)(iv). (Complete Part	t II)								
6	П	A federal, sta	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	П			substantial part of its support fr				from the	genera	al public	3	
	_	described in	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	X	An organizat	ion that normally receives (1) more than 33 1/3 % of its sup	port from	contribut	tions, me	embersh	ip fees	and gr	oss	
	_			npt functions—subject to certain						_		
		support from	gross investment income ai	nd unrelated business taxable in	ncome (le	ss section	n 511 ta:	x) from t	ousines	ses		
		acquired by t	the organization after June 3	0, 1975 See section 509(a)(2)	. (Comple	ete Part II	1)					
10		An organizat	ion organized and operated	exclusively to test for public safe	ety See s	section 5	09(a)(4)	. (see in:	structio	ns)		
11		An organizat	ion organized and operated	exclusively for the benefit of, to	perform t	he function	ons of, o	r to carr	y out the	е		
		purposes of	one or more publicly support	ed organizations described in s	ection 50	9(a)(1) or	section	509(a)(2	2) See	sectior	า	
		509(a)(3). Ch	neck the box that describes t	he type of supporting organizati	ion and co	omplete li	nes 11e	through	11h			
		a Type	t b Type II	c Type III-Function	ally Integi	rated	d	🗌 Тур	e III-Ot	her		
е		By checking	this box, I certify that the org	anization is not controlled direc	tly or indi	rectly by	one or m	ore disc	jualified			
		persons othe	r than foundation managers	and other than one or more put	blicly supp	ported org	ganızatıo	ns desc	ribed in	section	1	
		509(a)(1) or s	section 509(a)(2)									
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I	Type II,	or Type	III suppo	orting			
		-	check this box									
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution fron	n any of ti	ne					
		following per	rsons?									
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	nbed in (II)				Yes No
			• •	f the supported organization?							11g(i)	
		•	member of a person describ	**							11g(ii)	<u> </u>
			· ·	described in (i) or (ii) above?							11g(ui)	
h		Provide the	following information about t	he organizations the organization	n suppor	ts						
(i)		e of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify	,	s the	(vii) Am	
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?	the organ		organizat	ion in col zed in the	supp	ort
				(see instructions))	governing	document.		ort?		3?		
					Yes	No	Yes	No	Yes	No		
		_										
												
						}						
					<u> </u>							
					<u> </u>							
				·								
												- -
Tota	<u> </u>		<u></u>		L	<u> </u>						

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)		
	organization, check this box and stop here	•	[
Sec	ction C. Computation of Public Support Percentage		

	· come deposit personally for zone (mile of continuit (i) divided by mile i i i, continuit (i))		
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a	33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this to	оох	_
	and stop here. The organization qualifies as a publicly supported organization		▶ 🗌

33 1/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Schedule A (Form 990 or 990-EZ) 2008

12

14

12

14

Gross receipts from related activities, etc. (see instructions)

Public support percentage for 2008 (line 6, column /f) divided by line 11, column /f)

Schedule A (Form 990 or 990-EZ) 2008 HOPE FOR HAITI, INC. 59-3564329 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2,358,975 5,322,003 3,886,139 6,189,427 15,103,161 32,859,705 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-5 2,358,975 5,322,003 3,886,139 6,189,427 15,103,161 32,859,705 Amounts included on lines 1, 2, and 3 received from disqualified persons 2,427,757 4,371,503 12,807,689 19,606,949 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 2,427,757 4.371,503 12,807,689 19,606,949 Public support (Subtract line 7c from 2,358,975 5,322,003 1,458,382 1,817,924 2,295,472 line 6) 13,252,756 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 5,322,003 Amounts from line 6 2,358,975 3,886,139 6,189,427 15,103,161 32,859,705 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 12,948 29,815 50,661 73,823 -17,946149,301 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 12,948 29,815 50,661 73,823 -17,946 149,301 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 3,936,800 2,371,923 5,351,818 6,263,250 15,085,215 and 12) 33,009,006 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 40.1489 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 81.1513 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 0.4523 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 0.7509 % 19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line

17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 HOPE FOR HAITI, INC.

59-3564329

Page 4

rt IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2008

Open to Public

Name of the organization Employer identification number HOPE FOR HAITI, INC. 59-3564329 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b 2с c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located __ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	edule D (Form 990) 2008 HOPE FOR	HAITI, INC.		<u> 59-35</u>	64329			Page 2
Pa	art III Organizations Maintaining	Collections of Art,	Historical Trea	sures, or Othe	r Similar A	ssets (con	tinue	d)
3	Using the organization's accession and other items (check all that apply)	r records, check any of the	following that are a	significant use of its	collection			
а	Public exhibition	d Loan o	or exchange program	ns				
b	Scholarly research	e Other	3- p3					
c	Preservation for future generations				-	_		
4	Provide a description of the organization's co	ellections and explain how t	they further the orga	inization's exempt po	urpose in			
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to	r receive donations of art, I	nistorical treasures,	or other similar		Yes		No
Da	art IV Trust, Escrow and Custoo				red "Vec" t		┰╩	NO
	Part IV, line 9, or reported	-	•		ica ies i	0101111330	J,	
1a	Is the organization an agent, trustee, custodi							•
	included on Form 990, Part X?	•				Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the following	ı table			_	_	
	• • • • • • • • • • • • • • • • • • • •		,			Amou	nt	
_	Beginning balance				1c			
	Additions during the year				1d			
						•		
_	Distributions during the year				1e			
f	Ending balance				_1f	\neg	\neg	
	Did the organization include an amount on Fo	orm 990, Part X, line 217				∐ Yes		No
	If "Yes," explain the arrangement in Part XIV	1-4-16		1- F 000 D-	4 0 7 12	10		
Pa	irt V Endowment Funds. Comp				T			
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three year	s back (e) Fo	ur years	back
1a	Beginning of year balance							
b	Contributions							
C	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs				1			
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	end balance held as		·				
	Board designated or quasi-endowment	%						
	Permanent endowment ▶ %	"						
	Term endowment ▶%							
	Are there endowment funds not in the posses	coon of the organization th	at are hold and adm	unictored for the				
Ja	•	ssion of the organization th	at are new and adm	iiiisterea ioi tiie			Yes	No
	organization by					<u> </u>		No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii	4	
	If "Yes" to 3a(ii), are the related organizations					_ <u>3b</u>	Ь	
<u>4</u>	Describe in Part XIV the intended uses of the			<u> </u>				
Pa	rt VI Investments—Land, Build			1	0.			
	Description of investment	(a) Cost or other basis	(b) Cost or oth	1 ' ' '	preciation	(d) Boo	k value	
		(investment)	basis (other))		ļ		
1a	Land		<u> </u>					
b	Buildings		<u> </u>					
С	Leasehold improvements							
d	Equipment							
_0	Other		50	,827	18,444		32,	383
otal	Add lines 1a-1e (Column (d) should equal E	orm 990 Part Y column (I						383

Part VII	hvestments—Other Securities. See Form 990	90, Part X, line 12.		Page
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	 	Cost or end-of-year market va	lue
	vatives and other financial products			
	quity interests	252 211	MARKET	
Other _ MO	TOAL FONDS	353,311	MARKET	
		-		
				. =
				
		_		<u> </u>
		-		 _
Total. (Colum	n (b) should equal Form 990, Part X, col (B) line 12)	353,311		
Part VIII	Investments—Program Related. See Form 9	90, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market val	ue
				-
	, , , , , , , , , , , , , , , , , , ,			
		- -		
				
 				
		+-	· · · · · · · · · · · · · · · · · · ·	
·	, , , , , , , , , , , , , , , , , , ,			
otal. (Columi	n (b) should equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description		(b) B	ook value
		······		
····				
				
·				
	(b) should equal Form 990, Part X, col (B) line 15)	<u> </u>	>	
Part X	Other Liabilities. See Form 990, Part X, line 2		· · · · · · · · · · · · · · · · · · ·	
	(a) Description of liability	(b) Amount		
ederal income	e taxes			
-		 		
· <u></u> -				
··· <u> </u>		 		
		+		
		 		
		<u> </u>		
	(h) should equal Form 990, Part Y, col. (B) line 25.)	1		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for

uncertain tax positions under FIN 48

	dule D (Form 990) 2008 HOPE FOR HAITI, INC.		-3564329	Page 4
	art XI Reconciliation of Change in Net Assets from Form	990 to Financial State		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		11	7,561,623
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	7,767,131
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-205,508
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		_ 8	
9	Total adjustments (net) Add lines 4-8		_ 9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	-205,508
_Pa	rt XII Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	7,561,623
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	_2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	7,561,623
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 XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12		5	7,561,623
	rt XIII Reconciliation of Expenses per Audited Financial S		 	. / 5 5 _ / 5 5 5
1	Total expenses and losses per audited financial statements		1	7,767,131
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d		
	Add lines 2a through 2d	20	2e	
3	Subtract line 2e from line 1		3	7,767,131
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	-	
	Investment expenses not included on Form 990, Part VIII, line 7b	40		
		4a 4b		
	Other (Describe in Part XIV) Add lines 4a and 4b	40		
		٥.	4c	7,767,131
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 1: rt XIV Supplemental Information	8)		1,161,131

	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part VII, least 3, and 4, and Boat VIII, least 3, and 4,		, lines 1b	
and 2	b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, li	nes 20 and 40		
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Schedule D (F	orm 990) 20	800	HOPE	E F	OR	HAI	TI,	IÌ	NC.								59	-35	64	329	9					Pag	e 5
Schedule D (F Part XIV	Supple	ment	al Info	rma	ition	(cont	inued)										•										_
				- –					· –	-	_			_	_	-	_			_	-				_	_	_
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_ _ -	<u></u> .			-						_			_	_	_	_					_		_			_	_

Schedule F ·

Part I

(Form 990) Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States**

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

HOPE FOR HAITI, INC.

Employer identification number

59-3564329 General Information on Activities Outside the United States. Complete if the organization answered

	"Yes" to Form 99	0, Part IV, line 14	·D		
			ords to substantiate the amount of the	=	
assistanc	e, the grantees' eligibil	ity for the grants or as:	sistance, and the selection criteria u	sed to award	
the grants	s or assistance?				Yes 🗶 No
		Part IV the organization	's procedures for monitoring the use	e of grant funds outside the	
United St	ates				
3 Activities	per Region (Use Sche	edule F-1 (Form 990) if	additional space is needed)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
	offices in the	employees or	region (by type) (i e ,	a program service.	expenditures in
	region	agents in region	fundraising, program services, grants to recipients located in	describe specific type of service(s) in region	region
		region	the region)	service(s) in region	!
LES CAYE					
LES CATE	1	2	PROGRAM SERVICES	ASSIST HAITIANS	452,723
			PROGRAM SERVICES	ASSISI RAIIIANS	452,123
			·		
				<u> </u>	
				<u></u>	
					<u> </u>
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		-			
					
otals •	1	2	· 	1	452,723

59-3564329

HOPE FOR HAITI, INC.

Schedule F (Form 990) 2008

Page 2	o Form 990, ▼	(i) Method of valuation (book, FMV,	COST SUPPLY							į		
	swered "Yes" to \$5,000	(h) Description of non-cash assistance	MEDICAL	į								
	organization an ived more than	(g) Amount of non-cash assistance	7,124,017									
	Complete if the	(f) Manner of cash disbursement										
59-3564329	e United States. k this box if no o	(e) Amount of cash grant										
Ions or Entities Outside the I	Oranis and Curer Assistance to Organizations of Emittes Outside the Onited States. Complete it the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ □ Use Schedule F-1 (Form 990) if additional space is needed.	(d) Purpose of grant	MEDICAL SUPPLIES									
HOPE FOR HAITI, INC	pient who received if additional	(c) Region	LES CAYES		:							
HOPE AGE	Part IV, line 15, for any recipient who received more t Use Schedule F-1 (Form 990) if additional space is n	(b) IRS code section and EIN (if applicable)									-	
Schedule F (Form 990) 2008		(a) Name of organization										

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entitles

~

Schedule F-1 (Form 990) 2008

1481A 11/03/2009 2 27 PM

Schedule F (Form 990) 2008 HOPE FOR HAITI, INC.

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008 In 990) 2008 HOPE FOR HAITI, INC. 59–3564329

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of recipients (b) Region (a) Type of grant or assistance Part III

Schedule F (Form 990) 2008 HOPE FOR HAITI, INC.

59-3564329

Page 4

Part IV Supplemental Information

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

SCHEDULE M (Form 990)

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

2008

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HOPE FOR HAITI, INC.

Employer identification number 59-3564329

P	art I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of Contributions	Revenues reported on	Method of determini	ng		
		applicable		Form 990, Part VIII, line 1g	revenues			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded					-		
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution (historic							
	structures)							
14	Qualified conservation							
	contribution (other)							
15	Real estate—Residential							
16	Real estate—Commercial		=					
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies		-					
21	Taxidermy				<u> </u>			
22	Historical artifacts							
23	Scientific specimens	 						
24 25	Archeological artifacts	х	8	7 104 017				
25 26	Other ►(-	0	7,124,017				
26 27	Other ►()							
27 28	Other ►()	-		-				
<u>20</u> 29	/	ho organiz	ation during the tay year	for contributions for				
LJ	Number of Forms 8283 received by t which the organization completed Fo				29			
	which the organization completed to	1111 0203, F	ait iv, boliee Ackilowie	ugement [29	_	Yes	No
30a	During the year, did the organization	receive hy	contribution any proper	v reported in Part I lines 1	-28 that		163	140
	it must hold for at least three years fr	-	• • • •	•				
	used for exempt purposes for the ent			m, and milon to not require		30a		x
b	If "Yes," describe the arrangement in	_	polica	•		30a		
31	Does the organization have a gift acc		olicy that requires the re-	view of any non-standard				
	contributions?		,	or any mon oranicala		31		x
32a	Does the organization hire or use thir	d parties o	r related organizations to	o solicit, process, or sell no	on-cash			<u> </u>
	contributions?	F				32a		x
b	If "Yes," describe in Part II.							
33	If the organization did not report reve	nues in col	umn (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.				·· ,			

Schedule M (Form 990) 2008 HOPE FOR HAITI, INC.

59-3564329

Page 2

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

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

HOPE FOR HAITI, INC.

Employer identification number

59-3564329

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

CARL KUEHNER III

JOANNE KUEHNER

BOARD MEMBER

PRESIDENT

SON

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990
THE BOARD REVIEWS AND APPROAVES THE TAX RETURN BEFORE BEING FILED

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172 2008

Attachment Sequence No 6

Name(s) shown on return Identifying number HOPE FOR HAITI, INC. 59-3564329 Business or activity to which this form relates INDIRECT DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 9,306 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions. Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in service (business/investment use (e) Convention (f) Method (g) Depreciation deduction penod only-see instructions) 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs. MM S/L MM Nonresidential real S/L 39 yrs property MM S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs b 12-year S/L c 40-year 40 vrs MM S/L Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 9,306 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr 22 23 For assets shown above and placed in service during the current year. enter the portion of the basis attributable to section 263A costs 23

			Speci	al Eve	nts Sched	ule			
Form 9	90.	For calendar year 2008,			1/01/0		d ending 6	/30/09	2008
lame		,							ntification Number
HOPE F	OR HA	ITI, INC.						59-3564	1329
		(A)	(B)		(C)		Others		Total
Gross receip	ts	264,090		0	. ,	0		0	264,090
Less contributions		0		<u> </u>		0			0
Gross revenu	ie	264,090				0		0	264,090
Less direct	expenses	36,330	····	0		0		0	36,330
Net income (loss)	227,760		0		0		0	227,760
Description	(A)	HANGER PART	Y						
	(B)				<u> </u>				
	(C)	<u> </u>	-··						
	O45								
	Others	 .							
									
							ŧ	x	
									
								~	
									
									
			 						

Forms 990 / 990-EZ Return Summary

For calendar year 2008, or tax year beginning 1/01/09, and ending 6/30/09

59-3564329

HOPE FOR HAITI, INC.

Net Asset / Fund Balance at Begi	nning of Year			1,601,114
Revenue				
Contributions	7	,307,888		
Program service revenue				
Investment income		25,975		
Capital gain / loss				
Special events	 			
Gross revenue	264,090			
Direct expenses	264,090 36,330			
Net income	<u></u>	227,760 227,760		
Other income		<u> 227,760</u>		
Total revenue			<u>7,561,623</u>	
Expenses	_			
Program services	7	<u>,686,960</u>		
Management and general		49,039		
Fundraising		31,132		
Total expenses			7,767,131	005 500
Excess / (deficit)				
Other changes				
Reconciliation of Fotal revenue per financial statements Less Unrealized gains Donated services Recoveries Other Plus Investment expenses Other		Less Dor Pric Los Oth Plus	estment expenses	
Total revenue per return	7,561,623	Out	Total expenses per return	7,767,131
Assets Liabilities Net assets	Beginning 1,603,302 2,188 1,601,114 Miscellaneou Amended return	1,395,	Differences 172 566 606 -205,	
	Return / extended due d		/09	
	Failure to file penalty	10,	200	