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9 2010 $\overline{}$ SCANNED !!!

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A F	or the	2009 calendar year, or tax year beginning	<u>,</u> 2009, and	ending		, 20
В	heck If a	pplicable. Please C Name of organization		D E	nployer ic	dentification number
	Address o	change use IRS Haitian Roots		1 2	0-2	3054913
	Name cha		street address) Ro		elephone r	
	nitial retu					529-8877
	Terminate					
	Amended	return Instruc- Only of town, state of country, and 2.1	tos + 15	γ _Λ F G	roup Exe	emption
	Application	on pending tions. Rivergale, UT 64	705 1 1 5	9 U	lumber	<u> </u>
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trus	ts must attach	G Accounting	Method	☑ Cash ☐ Accrual
		a completed Schedule A (Form 990 or 990-EZ).		Other (spec	ofv) ▶	•
						organization is not
		te: > www.haitianroots.com		1		=
	Vebsit			1		ichedule B (Form 990,
JT	ax-exe	empt status (check only one) — 🔀 501(c) (多) ◀ (insert no) 🔲 4947		990-EZ, or	. <u> </u>	
K	Check	► ☐ If the organization is not a section 509(a)(3) supporting organization	on and its gross re	ceipts are norma	illy not m	ore than \$25,000. A
	orm 9	90-EZ or Form 990 return is not required, but if the organization chooses	to file a return, be	sure to file a co	nplete re	eturn.
LA	dd line:	s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file	Form 990 instead	of Form 990-EZ	> 9	8
P	art I	Revenue, Expenses, and Changes in Net Assets or F	und Balances	(See the inst	ruction	s for Part I.)
	1			- 		35,003
						29,009
	2	Program service revenue including government fees and contra				
	3	Membership dues and assessments			. 3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	<u>5a</u>			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract		5a)	5c	
ē	6	Special events and activities (complete applicable parts of Schedule G). If any arr				
Ē						
Revenue	a	Gross revenue (not including \$ of contrib				
ď		reported on line 1)			_	
	b	Less: direct expenses other than fundraising expenses				İ
	С	Net income or (loss) from special events and activities (Subtract	: line 6b from line	e 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	ь	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from	om line 7a)		7c	
	8	Other revenue (describe ►		,	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	35.003
			RECEIVE	 		200
	10	Grants and similar amounts paid (attach schedule)	.114.0.	JSI ·	10	34,5VD
	11	Benefits paid to or for members		101	11	
es	12	Salaries, other compensation, and employee benefits 5	WIMI A	יוסטוי טוע	12	
penses	13	Professional fees and other payments to independent contractor		<u>``</u> <u>\``</u>	13	40
	14	Occupancy, rent, utilities, and maintenance	· SORTAL.	117 1	14	
Щ	15	Printing, publications, postage, and shipping \.	. OGUEIN,		. 15	763
	16	Occupancy, rent, utilities, and maintenance		,	16	92
	17	Total expenses. Add lines 10 through 16			17	35,203
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				-700
Net Assets	19	Net assets or fund balances at beginning of year (from line 2)				
SS	ן וש					1-270
Ř		end-of-year figure reported on prior year's return)				11,210
ē	20	Other changes in net assets or fund balances (attach explanation	•			
	21	Net assets or fund balances at end of year. Combine lines 18 th			<u>21</u>	17,170
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$	1,250,000 or mo	re, file Form 9	90 inste	ad of Form 990-EZ.
		(See the instructions for Part II.)	-	(A) Beginning	of year	(B) End of year
22	Ca	ash, savings, and investments		172	70	22 17 170
23		and and buildings		- 1-11-2		23
24		ther assets (describe >				24
25		tal assets		·		25
					-	
26		otal liabilities (describe ► et assets or fund balances (line 27 of column (B) must agree wit)	1	7.0	26
_27	NE	et assets of fund balances (line 27 of column (B) must agree wil	n line 21)	11,3	<u> 70 </u>	27 7, 10

Form **990-EZ** (2009)

· OIIII s						· age 🕳
Par						Expenses
What	is the organization's primary exempt purpose?	education schola	archips for h	taitian chiv	(Requ	ired for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpor	ses. In a clear a	nd concise	SUITE)(3) and 501(c)(4) zations and section
manr	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		a)(1) trusts; optional
each	program title.				for oth	
28	During 2009 we were ab	e to provide t	wition un	i forms		
0	and book for 134 Hall	rian children	-X11-1-1X14-1-1-1	YYXXXIIIX		
	Thu but to the	right-refratories			1 1	ου ο.Λ
	/Crente C) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	34,300
20	(Grants \$) If this amount	includes foreign grants, cri	ecknere		200	
29	Banking Service fees					<u> </u>
	<u></u>					MA G
					.	
		includes foreign grants, ch			29a	
30	Printing, Publications, 2061	age, licensing fe	. t .S]]	
						000
						803
		includes foreign grants, ch		<u>. ▶ ∐</u>	30a	
31	Other program services (attach schedule)					
		includes foreign grants, ch		. ▶ 🗆	31a	
_	Total program service expenses (add lines 28a t			▶	32	35,203
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensa			tions for Part IV.)
	(a) Name and address	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	deferred comper		account and other allowances
lo	son Joseph	trustee				
~	156 Colony Club Dr #207, Lake Worth, FL	10 hours	-0-			
	Tarie France Joseph 33463	trustee		1		
7	6 Colony Club Dr. #207, Lake Worth FL 3346		-0-			
-115		trustee	·			
·9	hannon Cox 609 W-3850 S. Riverdale UT944		-0-	ļ		
		trustee		 		
ا	ason Cox		- 1 -	1		
	2 W. 3050 S. Riverdale, UT 84405	2 hours	ļ <u>.</u>	 		
<u>(</u>	hareyl Moyes	director	- 0 -			
	35 E! 5600'S. Ogden, UI 84405	10 hours		<u> </u>		
				 		
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		$^{\prime}$
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		4
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		<u> </u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ►	7001		
42a	The organization's books are in care of \triangleright Shannon (ox Telephone no. \triangleright 80 Located at \triangleright 609 W · 3850 S. Riverdale, UT ZIP + 4 \triangleright 84	. <u>52</u> 409	9.8	877 597
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		×
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		. •	•
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		r	- T	<u> </u>
44	Did the organization maintain any depart advised funded if ill/on it Form 000 must be asserted to the	, 	Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ			<u> </u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		$\overset{\mathbf{N}}{\mathbf{X}}$
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		<u> </u>

Part \	Sèction 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) non 47(a)(1) nonexempt cha nd 51.	nexempt charital aritable trusts mu	ble trusts only. A st answer questio	ll section ns 46–49b
	Did the organization engage in direct or indirect				Yes No
	candidates for public office? If "Yes," complete				46
	Did the organization engage in lobbying activitie				47 X
	Is the organization a school as described in section		· ·		48 X
	Did the organization make any transfers to an exif "Yes," was the related organization a section 5		•		49a X
50	Complete this table for the organization's five hi employees) who each received more than \$100,	ghest compensated emp	loyees (other than	officers, directors, t	rustees and ke
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) Expense account and other allowances
	NONE	 			- Chio anowalioso
	Total number of other employees paid over \$100	2,000		<u> </u>	
	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor	·		ype of service	(c) Compensation
	NONE				
d	Total number of other independent contractors e	each receiving over \$100,	000▶		
	Under penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accomp of preparer (other than officer) is	anying schedules and si s based on all information	atements, and to the bes	t of my knowledge any knowledge
Sign Here	Signature of officer Cox,	rustee		5 - 10 - 2 Date	010
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	nber (See instructions)
Prepare Use On	I FIRM STIAME (OF		E	IN ►	
May the	e IRS discuss this return with the preparer show	n above? See instructions		▶ 🔀	Yes No m 990-EZ (2009

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.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

	+	laitian	KOOTS						20 :	20S4	913
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this			
The 1 2 3 4		A church, co A school de A hospital o A medical re hospital's na An organizat	onvention of chuscribed in section of a cooperative esearch organizatione, city, and st	r the benefit of a colle	of churc tach Scho nization d junction v	hes descredule E.) escribed with a ho	ribed in s in sectio spital de	n 170(b) scribed ii	70(b)(1)((1)(A)(iii). n sectior	A)(i). 170(b)(1	
6 7 8 9		An organizate described in A communit An organizate receipts from support from acquired by	tion that normally section 170(b) by trust described tion that normally activities related gross investments or activities activities the organization	vernment or government or government or government or government of the vertical section (1)(A)(vi). (Complete For the vertical of the vertica	al part of Part II.) I (A)(vi). (C an 33½ % tions—su elated bus . See sec	its supportion of its supporti	Part II.) Part II.) pport from certain exable ince (a)(2). (Co	m contrib sceptions come (les	nental uni outions, m s, and (2) s section Part III.)	t or from nembersh no more n 511 tax	ip fees, and gross than 33% % of its
10 11 e f		An organiza purposes of 509(a)(3). Classification Type By checking persons other 509(a)(1) or signification Since Augus following pe (i) A person and (iii) be (ii) A family (iii) A 35% of	tion organized at one or more purheck the box that I b grithis box, I cere than foundation section 509(a)(2) ization received, check this box at 17, 2006, has resons? The who directly one below, the governmenter of a percent of the percent of th	tify that the organization managers and other in managers and other in a written determination in the organization accept in the organization accept in the supperson described in (i) a of a person described	vely for the nizations of suppoor to appropriate than one of the nization from the n	the benefit described orting organization. the IRS to gift or come or tog ganization. (ii) above	t of, to post of the control of the	on 509(a) and com integrate titly or ind supporte a Type in the companies	he functi (1) or sei nplete line d directly be d organiz , Type II	ons of, oction 509 es 11e the d y one or zations de	(a)(2). See section rough 11h. Type III–Other more disqualified escribed in section III supporting
<u>h</u> (i)		e of supported anization	(ii) EIN	ation about the support (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amount of support

	Support Schedule for Org (Complete only if you chec	janizations l ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170(b)(1	I)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		24,861	27,445	37,869	35,063	125,178
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		24,861	24,445	37,869	35,063	125,178
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.	0	Ρ,	3	4		125, 178
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		24,86	27,445	37,869	35,003	125,178
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				,		
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 IV.)						
11	Total support. Add lines 7 through 10 .		. N. 8	, · · ·		 	125,178
12	Gross receipts from related activities, etc	,	•			12 -0-	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>	nd, third, fourth			on 501(c)(3)
14	Public support percentage for 2009 (line			1 solumn (f)	· · · · · · · · · · · · · · · · · · ·	14	%
15	Public support percentage for 2009 (inter-					15	
	33% % support test—2009. If the organization qualifies	zation did not o	check the box	on line 13, and		% or more, che	
b	33% % support test—2008. If the organization qua			•		331/3 % or more	
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and the organization meets the organi	acts-and-circur	nstances" test,	check this box	and stop here	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization of the organization did organization did organization did organization organi	acts-and-circum inces" test The	nstances" test, organization qu	check this box alifies as a public	and stop here . cly supported or	Explain in Part ganization	IV how the
				,		and 000 mo	

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Pari	* Support Schedule for Organ (Complete only if you checke				n)(2)		
ect	ion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
:	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 through 5						
a .	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons				!		
•	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						
	Public support (Subtract line 7c from line 6.)						
	ion B. Total Support		<u> </u>				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
)a	Amounts from line 6						
b !	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c ,	Add lines 10a and 10b						
,	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						

Total support. (Add lines 9, 10c, 11, 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 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 %

Sec	tion D.	Computa	tion of Inv	estment	Income	Percent	age			
17	Investm	ent income	percentage	for 2009 (line 10c,	column (f)	divided by	line 13,	, colum	nn (f))
18	Investm	ent income	percentage	from 2008	3 Schedu	lle A, Part	III, line 17			

<u> 17 </u>	_	<u>%_</u>
18		%

19a 331/3 % support tests -- 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ightharpoonup

331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/2 %, 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 ▶ □

Part IV Supplemental Information. Complete this part to provide the explanary Part II, line 17a or 17b; and Part III, line 12. Provide any other additions	ations required by Part II, line 10; nal information. See instructions.
Part II, line 17a or 17b; and Part III, line 12. Provide any other addition	nal information. See instructions.
	••••
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