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Fo.m **990-EZ**

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 iss 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

Α	For t	he 2009 calenda	ar year,	or tax year beginning , 2009, an	nd ending			, 20		
В	Check	ıf applicable				D Employ	entification number			
	Addre	ss change	use IRS label or	Haiti Christian Development, Inc.			58	8-1918987		
		change	print or	Number and street (or P O box, if mail is not delivered to street address)	eet address) Room/suite		E Telephone number			
닏	Initial Termii		type See	10100 Kanis Road		(501)224-652				
늗		ded return	Specific	City or town, state or country, and ZIP + 4		F Group Exemption				
Н			Instruc- tions	Little Rock, AR 72205-6202		,	Number ►			
_	• S	ection 501(c)(3)	_	rations and 4947(a)(1) nonexempt charitable trusts must attach inpleted Schedule A (Form 990 or 990-EZ).	1	inting Meth		☑ Cash ☐ Accrual		
_								rganization is not		
	Wah	site: ▶ www.	hcdp n	et	1			hedule B (Form 990,		
-				nly one) — ✓ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	· I	Z, or 990-F		medale D (i oith 550,		
	Chec			zation is not a section 509(a)(3) supporting organization and its gross re		<u> </u>		ve than \$25,000 A		
K			-	turn is not a section 303(a)(3) supporting organization and its gross in	•	-				
_				e 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead			•	261106		
	art			penses, and Changes in Net Assets or Fund Balances			Ons			
	1				3 (000 1110		1	258298		
	2		_	ts, grants, and similar amounts received		· · · ⊢	_	230230		
	- 1			revenue including government fees and contracts			2			
	3		•	s and assessments		<u> </u>	3	0000		
	4			1 1		· · -	4	2808		
				m sale of assets other than inventory						
	1			er basis and sales expenses	····					
a				n sale of assets other than inventory (Subtract line 5b from line			c			
Revenue	6			ivities (complete applicable parts of Schedule G). If any amount is from gaming	g, check here i	▶□│				
2	?	a Gross rever	nue (no	ot including \$ of contributions						
å	:	reported or		' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
		b Less: direct	t expe	nses other than fundraising expenses 6b			- 1			
		c Net income	or (lo	ss) from special events and activities (Subtract line 6b from lin	e 6a)	6	ic _			
	7	a Gross sales	s of inv	entory, less returns and allowances						
		b Less. cost	of goo	ds sold						
		c Gross profi	t or (lo	ss) from sales of inventory (Subtract line 7b from line 7a) .		7	'c			
	8	Other rever	nue (de	scribe ►) [В			
	9	Total rever	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		. •	9	261106		
	10			r amounts paid (attach schedule)		1	0			
	11			r for members) .	1	1			
ď	12					1	2			
Ž	13	Professiona	al fees	and other payments to independent Contractors.			3	14650		
Expenses	14	Occupancy	rent.	and other payments to independent contractors 1.7 2010 utilities, and maintenance	-	4	415			
Ă	15			ons, postage, and shipping	S		5	645		
	16			describe ▶ see attached OCDEN 117	<u> </u> =		6	136468		
	17	•	•	Add lines 10 through 16		— · · —	7	152178		
_	140			for the year (Subtract line 17 from line 9)	·		8	108928		
Net Assets	19			d balances at beginning of year (from line 27, column (A)) (r	nust agree		_			
U.U.				reported on prior year's return)			9	380765		
Ž,	20	-	-	net assets or fund balances (attach explanation)			0	4965		
Ž	21					_	1	494658		
	art			ts. If Total assets on line 25, column (B) are \$1,250,000 or mo			_			
	GI C	Balarioc	0.100	(See the instructions for Part II.)		inning of yea		(B) End of year		
•	2	Cach causaga	and in		17, Deg	2418				
		· · · · · · · · · · · · · · · · · · ·					31 2			
			-		`,		96 2			
							65 2			
			. (d		·	3007				
		Total liabilities Net assets or		ribe ► alances (line 27 of column (B) must agree with line 21)	,	3807	65 4			
_			.u.u L	MINIOUS WILL AT ALL COLUMN TO HINGS AND THE WILL HING A LI	. 1	30U/	said 1 2	· ·		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Cat No 10642I

Par	Statement of Program Ser	vice Accom	plishments (See the insti	ructions for Part II	 I.)		Expenses		
What is the organization's primary exempt purpose? Charitable and educational							(Required for section		
	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise)(3) and 501(c)(4)		
manner, describe the services provided, the number of persons benefited, and other relevant information for $\begin{bmatrix} 0 \\ 4 \end{bmatrix}$							nizations and section (a)(1) trusts, optional		
each	program title.		<u></u>			for ot	hers)		
28 Continued demonstration/educational farm near Gonaives, Haiti.						i			
	(O := -1- A					00-			
20	(Grants \$) Continued education of Haitians regar		includes foreign grants, ch			28a	<u> </u>		
29	Continued education of naturals regar	ung samano	n, nygrene, and sen-sustaini	ng agricultural tech	inques.				
	(Grants \$)	f this amount	ıncludes foreign grants, ch	eck here	▶ □	29a			
30	Repaired and replenished losses due t								
	for Haitian micro-loan program. Provid								
	(Grants \$) h	f this amount	includes foreign grants, ch	eck here	▶ □	30a			
31	Other program services (attach sche	•			•				
			includes foreign grants, ch		<u>. ▶ □</u>	31a			
	Total program service expenses (a					32	t (D-40()		
Par	t IV List of Officers, Directors, Trus	stees, and Ke	/ Employees. List each one e	(c) Compensation	(d) Contribution		(e) Expense		
	(a) Name and address		hours per week	(If not paid,	employee benefit	plans &	account and		
Davi	d E. Smith, M.D.		devoted to position	enter -0)	deferred comper	ISation	other allowances		
	hawbridge Lane, Little Rock, AR		Chairman, 5-6 hrs/wk	0		0	o		
	Cleveland, M.D., D.V.M.								
	Madison Lane, Little Rock, AR		Vice-chairman, .5 hr/wk	0		0	0		
Roge	er D. Rowe, J.D.		Carrata a E batada						
1391	1 Longtree Dr., Little Rock, AR		Secretary, .5 hr/wk	0		0	0		
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Vest		0-EZ (2009)		F	age 3
33	Part	Other Information (Note the statement requirements in the instructions for Part V.)		,	
description of each activity 4 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 5 If the organization had income from business activities, such as those reported on lines 2, 6s, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization of not report the income on Form 990-T and Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 9033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it field a tax return on Form 990-T for this year? b If "Yes," has the did a tax return on Form 990-T for this year? 36 Did the organization londergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a of bid the organization file Form 1120-POL for this year? 38b Did the organization file Form 1120-POL for this year? 39c Did the organization file Form 1120-POL for this year? 39c Did the organization file Form 1120-POL for this year? 39d Section 501(c)(3) organization is the end of the period covered by this return? 39d Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0; section 4912 ▶ 0; section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization in a prome organization in a formination of	1			Yes	No
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Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4956 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. C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e 41 List the states with which a copy of this return is filed. ▶ Arkansas 42a The organization's books are in care of ▶ Dr. David E. Smith Telephone no. ▶ 501-224-6525 Located at ▶ 10100 Kanis Road, Little Rock, AR 2IP + 4 ▶ 72205-6202 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; location as a bank account, securities account, or other financial account?? 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. 42b ✓ 42c ✓ 44b Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	_		1		
b Section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 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 1 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed. ▶ Arkansas The organization's books are in care of ▶ Dr. David E. Smith Telephone no. ▶ 501-224-6525 Located at ▶ 10100 Kanis Road, Little Rock, AR ZIP + 4 ▶ 72205-6202 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S ?		•	1		li
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account)?	b			Voo	No
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See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S?		,	420		<u> </u>
and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S?		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		ļ	
If "Yes," enter the name of the foreign country: ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here					
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 ▶ ☐ Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	С		42c		1
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Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ				V	N1 -
Form 990-EZ	44	Did the exceptation maintain any depart advised funds? If "Vee" Form 000 must be completed meteod of		Yes	NO
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44			-	
W. 15 000 H	45		 	 	-
			45		V

rait v	 Section 501(c)(3) organizations and section 494 and complete the tables for lines 50 and 	section 4947(a)(1) none 17(a)(1) nonexempt char nd 51.	itable trusts mus	t answer question	ii sec ins 40	tion 3–491	o .	
	Did the organization engage in direct or indirect			in opposition to		Yes	No	
	candidates for public office? If "Yes," complete Schedule C, Part I							
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	· · · · · · · · · · · · · · · · · · ·							
	f "Yes," was the related organization a section 5				49b		d ko	
	Complete this table for the organization's five his employees) who each received more than \$100,							
		(b) Title and average	(c) Compensation	(d) Contributions to	(e)	Expen		
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		count a		
None		•						
				•				
					ļ			
				1				
			ļ	-				
					<u> </u>			
f 7	Total number of other employees paid over \$100		J					
None	(a) Name and address of each independent contractor		(b) Tyş	pe of service	(c) Co	mpensa	ation	
d 1	Fotal number of other independent contractors e	each receiving over \$100,0	00 . ▶					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompar of preparer (other than officer) is	nying schedules and sta based on all information	tements, and to the best of which preparer has	any kno	knowl	edge e	
Sign Here	Signature of officer Roger D. Rowe, J.D. Type or print name and title	ARY		August 12 Date	-, 7	20/	0	
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying nur	nber (Se	e instruc	tions)	
Use Only	y yours if self-employed), address, and ZIP + 4		EIN Ph	one no ▶	-			
May the	e IRS discuss this return with the preparer shown	n above? See instructions	<u> </u>	▶ <u> </u>	Yes		No (2009)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0047

2009

Open to Publication

Name of the organization Employer identification number 1918987 Haiti Christian Development Project, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я An organization that normally receives: (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/8 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated a 🗌 Type I e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the α following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? |11g(îı) (ii) A family member of a person described in (i) above? . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s). h (III) Type of organization (i) Name of supported (ir) EIN (iv) Is the organization (v) Did you notify (vii) Amount of organization in col (i) listed in your ne organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes No

Total

	tion A. Public Support					1	_T
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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						1
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3					ļ	ļ
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				L		ļ
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2003	(b) 2000	(C) 2007	(u) 2000	(e) 2009	(i) Total
7 8	Amounts from line 4 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 .					 	<u> </u>
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re					
				L column (A)		14	
14	Public support percentage for 2009 (line in		-	r, column (i))		15	
15 16a	Public support percentage from 2008 Sci 33% % support test—2009. If the organization qualifies	zation did not	check the box o		ine 14 is 33⅓'		eck this box
	33% % support test – 2008. If the organization quality box and stop here. The organization quality	lifies as a publ	licly supported o	organization .			🕨
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum	acts-and-circur	mstances" test,	check this box	and stop here	. Explain in Part	: IV how the
ь	10%-facts-and-circumstances test-2008					or 17a, and line Explain in Part	

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total grants, contributions, membership fees received. (Do not include 186828 1016627 171335 102620 297546 258298 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 ıts behalf The value of services or facilities furnished by a governmental unit to the organization without charge 171335 102620 186828 297546 258298 1016627 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 25000 251365 70600 55250 69765 30750 received from disqualified persons b Amounts included on lines 2 and 3 received. from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 251365 70600 55250 69765 25000 30750 c Add lines 7a and 7b Public support (Subtract line 7c from 765262 line 6) Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) 1016627 171335 102620 186828 297546 258298 Amounts from line 6 , 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 44 2911 5157 2589 2808 13509 sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 44 2911 5157 2589 2808 13509 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 (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 13 300135 171379 105531 191985 261106 1030136 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 74 % 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 / 73 % Section D. Computation of Investment Income Percentage 1.31 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . 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 🕨 🗹 33% % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33% %, and

line 18 is not more than 331/4 %, 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 (F	orm 990 or 990-EZ) 2009		Page 4
Part IV		is part to provide the explanations required 2. Provide any other additional information.	by Part II, line 10; See instructions.
			,
			·

Haiti Christian Development Project, Inc.

EIN: 58-1918987

Form 990-EZ (2009) Attachment

16. Other Expenses

Education in Haiti	\$4,883
Micro loan program	21,000
Farm operating expense	24,056
Flood relief	19,893
Telephone	1,480
Medicine/Medical expenses	1,406
Travel	51,964
General Supplies	410
Bank Charges	76
Depreciation Expense	11,300
Total other expenses	\$136,468

Total other expenses \$130,400

20. Other changes in net assets are due to unrealized gain on marketable securities carried at fair market value.