

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



#### **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)

20**1**1

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2011 calendar year, or tax year beginning January 1st 2011, and ending December 31st 20 11 C Name of organization The Haitian Project, Inc. D Employer identification number Check if applicable 22-2700013 Address change Doing Business As E Telephone number Number and street (or P O box if mail is not delivered to street address) Name change Room/suite PO Box 6891 401-351-3624 Initial return City or town, state or country, and ZIP + 4 Terminated Providence, RI 02940-6891 Amended return G Gross receipts \$ 1,164,869 Patrick Moynihan, President F Name and address of principal officer. H(a) Is this a group return for affiliates? ☐ Yes ☑ No Application pending 32 Mizzen Lane, Salem, SC 29676 H(b) Are all affiliates included? Yes No **✓** 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) Tax-exempt status www.haitianproject.org Website: ▶ H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🔲 Trust ☐ Association ☐ Other ▶ L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The Haitian Project, through Louverture Cleary School, its Catholic, coeducational boarding school in Haiti, educates and nurtures academically talented and motivated Activities & Governance students from the poorest Haitian families to maximize their potential and enable them to work toward building a Haiti where justice and peace thrive. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 3 22 Number of independent voting members of the governing body (Part VI, line 1b) 4 21 Total number of individuals employed in calendar year 2011 (Part V. line 2a) 5 10 Total number of volunteers (estimate if necessary) 6 6 50 Total unrelated business revenue from Part VIII, column (C), Vine 12 7a 0 Net unrelated business taxable income from Form 990:17: line 34 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1H) 1,535,461 1.037.791 Program service revenue (Part VIII, line 2g)[1] 3.993 11.592 10 Investment income (Part VIII, column (A), lines 3,4, and 7d) 31,971 47,581 Other revenue (Part VIII, column (A), lines 5, 6d 36, 9c 106 11 12,183 34,039 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1.583.608 1.131.003 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 493.524 538,198 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 630,473 657,967 18 1,123,997 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,196,165 19 Revenue less expenses. Subtract line 18 from line 12 459.611 -65,162 **End of Year Beginning of Current Year** 20 Total assets (Part X, line 16) 2,057,363 21 Total liabilities (Part X, line 26) . . . . . 20,350 22 Net assets or fund balances. Subtract line 21 from line 20 2.231.231 2.037.013 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete peclaration of preparer (other than officer) is based on all information of which preparer has any knowledge M/W IN Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN **Paid** Check I If self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** 

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Cat No 11282Y

☐ Yes ☐ No Form 990 (2011)



Form 99	0 (2011)					Page 2
Part		rogram Service Accor				
		ule O contains a respon	se to any question	n in this Part III .		<u></u> 🛚
1	academically talented	ganization's mission: rough Louverture Cleary S and motivated students fro where justice and peace t	om the poorest Haiti	an families to maxim		
2		indertake any significant -EZ?				
3	If "Yes," describe these Did the organization	se new services on Schercease conducting, or	dule O. make significant o	changes in how it	conducts, any program	
4	Describe the organizate expenses. Section 50	se changes on Schedule ation's program service a 01(c)(3) and 501(c)(4) org to others, the total expe	accomplishments for ganizations and se	ection 4947(a)(1) tru	ists are required to rep	
4a	The Haitian Project, In otherwise could not af		parding school in Po	ort au Prince, Haiti, se	erving 350 students, ages	11 - 19, who
					' 	
					·,	
4b		xpenses \$				
		·				
					·····	
4c	(Code:) (E	xpenses \$	including grants	of \$	') (Revenue \$	)
			····			
4d	Other program service (Expenses \$	es (Describe in Schedule including grants		) (Revenue \$	)	-

931,814

4e Total program service expenses ▶

Part	V Checklist of Required Schedules	-		ugo c
			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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		•	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	<del></del>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		<b>✓</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	445	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	14b	_	,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15		<b>✓</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		<b>✓</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	18	<b>✓</b>	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<b> </b>

Part I	Checklist of Required Schedules (continued)		V I	A1-
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>&gt;</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		1
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? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	1	1

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	<b>V</b>	<del>                                     </del>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		_	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ļ	_ ا	
	account)?	4a	<b>✓</b>	
b	If "Yes," enter the name of the foreign country: Haiti			
_	See instructions for 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		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<b>-</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	130		
-	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	<b>√</b>	
b b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	Ì
U	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	· · ·		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		ļ
9	organization, have excess business holdings at any time during the year?	<b>├</b> °	ļ	<del> </del>
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	4		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	4		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		İ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	100	-		ļ
C 1/10	Enter the amount of reserves on hand	14a	<del> </del>	1
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	$\vdash$	<b>├</b>

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	
Secti	on A. Governing Body and Management	<u> </u>		
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<b>✓</b>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a 8b	<b>√</b>	
9	Is there any officer, director, 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	9		1
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<b>✓</b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			لـــا
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<b>-</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14 15	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	<b>▼</b>	<del>                                     </del>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	<u> </u>	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			_
17 18	List the states with which a copy of this Form 990 is required to be filed ► N/A  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)
19	Own website  Another's website  Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Marisa Grondin, Vice President of Operations, The Haitian Project, Inc., 160 Broad St., Providence R			

Form	990	(2011)	

Dag	_	•
rau	•	

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. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this have fracther the average street and average street are averaged and average of the street are street as a second street and average street are street as a second street are street as a second street as a second street are street as a second street as a second street are street as a second street as a second street are street as a second street as a second street are street as a second street as a second street are street as a second street as a second street are street as a second street are street as a second street as a second street are street as a second street as a second street are street as a second street as a second street are street as a second str

☐ Check this box if neither the organization no	or any relate	d org	anız	atio	n c	ompe	nsa	ated any currer	it officer, director	r, or trustee.
				((	C)				•	
(A)	(B)	(B) Position					(D)	(E)	(F)	
Name and Title	Average	(do not check more than one			Reportable	Reportable	Estimated			
	hours per					or/trus		compensation	compensation from	amount of
	week (describe	우급	Ing	9	8	희픓	<u>a</u>	from the	related organizations	other compensation
	hours for	d vid	<b>1</b>	Officer	g	ploy	Former	organization	(W-2/1099-MISC)	from the
	related organizations	Individual trustee or director	Į į		Key employee	8 8		(W-2/1099-MISC)		organization and related
	ın Schedule	l in	쿨		8	mp				organizations
	O)	8	Institutional trustee			Highest compensated employee			:	
	<u> </u>	ļ	Ļ			8.	L.			
(1) Mark Bamford			1					ļ		
Director	As need	1						· 0	۰ ا	o
(2) Elizabeth Bowman										
Director	As need	1						0	о	0
(3) Mary Cooney									,	
Director	As need	1						0	0	0
(4) Ronald Couser							ĺ			
Director	As need	✓						, 0	0	0
(5) Kurt Daviscourt										
Director	As need	✓	<u> </u>	_	<u> </u>	ļ		0	0	0
(6) John Fiorenza										
Director, Vice Chair of the Board	As need	<b>✓</b>	<u> </u>	ļ		<u> </u>	<u> </u>	0	0	0
(7) Timothy Flanigan					ļ					
Director	As need	1	$oxed{oxed}$		L	<u> </u>		0	0	0
(8) Scott Hill									1.	
Director	As need	✓					_	0	0	0
(9) Steve Holmes										
Director	As need	✓			L		<u> </u>	0	0	0
(10) Michael Ingles										Į
Director	As need	✓	L	<u> </u>	L		_	0	0	0
(11) James Kavney						1				
Director	As need	✓	ļ		<u> </u>	<u> </u>		0	. 0	0
(12) Stephen Keppel							1	ľ		
Director	As need	✓		ļ	$oxed{oxed}$	<u> </u>		0	0	0
(13) Michelet Lofficial	. <u>. ]</u>		ŀ				1			
Director	As need	✓	$oxed{oxed}$	_	$oxed{oxed}$	ـــــــ		0	0	0
(14) Muriel Marquet				1				1		
Director	As need	✓	<u> </u>					0	0	0

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighe	st C	ompensated E	mployees (co	ontinu	ıed)		
	-	(C)												
	(A)	(B)	١			ition			(D) (E)			(F)		
	Name and title	Average	٠.				than one is both		Reportable	Reportable		-	nated	
		hours per					or/trusi		compensation	compensation			unt of	
					$\overline{}$			·	from	related			her	
		(describe hours for	Individual trustee or director	l st	Officer	Key employee	豊	Former	the organization	organization (W-2/1099-MI			ensation n the	1
		related	9 2	돍	₽	3	oy est	Ę	(W-2/1099-MISC)	(**-271033-1411	ا (۲۰		ization	
		organizations	Q 22	ם		§	Φ §					•	elated	
		in Schedule	st	2		8	ğ					organ	zations	
		O)	*	Institutional trustee	1		Highest compensated employee							
/4 E\ EI	inchests 880000			<u> </u>	_		<u> </u>	-	ļ					
3	zabeth Mason or, Secretary	As need	1		_				0		0			0
	trick Moynihan	ASTICEG	<b>-</b>		┡				<del>                                     </del>		-			
	or, President	40	1		/	1	1		51,500		٥			400
	hn J. Murphy, Jr.		Ė		Ė	Ť					Ť			
Direct	or	As need	✓						0		o			0
(18) Pa	tricia Newell													
Direct	or	As need	✓						0		0			0
(19) Su	ısan Prince													
Direct	or	As need	✓					L	0		0			0
J	ean B. Reineking, Sr.				١.			l	İ					
	or, Treasurer	As need	<b>_</b>		<b>✓</b>	ļ	ļ	L-	. 0		0			0
	even Shackford		١,					İ			ا			_
Direct	or atthew Smith	As need	<b>-</b>				-	┢	0		-			0
	or, Chair of the Board	As need	1						0		0			0
	arisa Grondin	73 11000	<b>                                     </b>	-	-		ļ	┢	<del>                                     </del>					
31	President of Operations	40			1	1			48,500		o		e	5,000
	izabeth O'Connell Cross	<del>- ``</del>			Ė	Ė					1			,,,,,,
31	President of Development	40			1	1			40,000		o		2	2,823
	ark Bowker	<del>- "</del> -	t	-	١	Ť		╁	10,000	<del> </del>				.,020
J	or of Community Development	40				1			35,000		0		c	5,000
1b	Sub-total	1 70	Ь	<u> </u>	Щ.		<u> </u>		175,000		0			5,223
		 		•	•	•	•						13	
C	Total from continuation sheets to Part	-		•	•	•	•		0		0			0
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	175,000	•	0		15	5,223
2	Total number of individuals (including but			ose	e list	ted	abov	e) w	ho received m	ore than \$10	0,000	0 of		
	reportable compensation from the organi	zation 🚩 u	<u>,                                     </u>										Yes	Na
3	Did the organization list any former of	ficer direc	tor. c	or tr	usti	ee.	kev i	emr	olovee or high	nest compen	sate	а Г	163	110
_	employee on line 1a? If "Yes," complete											3		<b>/</b>
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other com	pensation fro	m the			
	organization and related organizations													
	ındıvidual											4		1
5	Did any person listed on line 1a receive of									zation or indi	vidua	al		
	for services rendered to the organization	? If "Yes," (	comp	ete	Scl	ned	ule J	for s	such person			5		<u> </u>
	on B. Independent Contractors										<b>A</b> 40			
1	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	ensatio	on to	or ti	ne c	alenc	ar y	year ending, wi	th or within ti	ne or	ganizatio	ın's ta	ıχ
	year.							_						
	(A) Name and business add	Iress							(B) Description of s	services		(C) Compens	ation	
N/A	· · · · · · · · · · · · · · · · · · ·	·	_					t	<del></del> .	-	-			
								Г						
								_	·	·				
	Total number of independent contracts	re (meludi	na hi	.+		lir-	od +	<u> </u>	aged lighted at	oval who	_			
2	Total number of independent contractor received more than \$100,000 of compensations.							Jir	iose listed ad <b>0</b>	Ove, wild				

Part	VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1a	Federated campaigns	1a	0			-	
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b	0	ľ		ľ	
S, E	С	Fundraising events		66,228	ļ		Ì	
sift. ar /	d	Related organizations	1d	0				Ì
s, C	е	Government grants (contributions)	1e	0				Ì
tion	f	All other contributions, gifts, grants,						
the		and similar amounts not included above	€ 1f	971,563	ĺ			
d O	g	Noncash contributions included in lines 1	a-1f. \$	28,253				
<u>ဒ</u> မ	h	Total. Add lines 1a-1f	<u> </u>	🕨	1,037,791			
Program Service Revenue				Business Code				
ver	2a	Student Fees		900099	11,592	11,592	. 0	0
æ	b							
ξ	С				<u></u>			
Ser	d							
Ę	е						<u>-</u>	
. go	f	All other program service rever						
<u> </u>	g	Total. Add lines 2a-2f			11,592	· · · · · · · · · · · · · · · · · · ·		
	3	Investment income (including		1		_		
		and other similar amounts) .			47,754	0	0	47,754
	4	Income from investment of tax-ex	-		0	0	0	0
	5	Royalties		(ii) Personal	0	0	0	<u>0</u>
	6-	<u> </u>		(1) 1 61301121		į		
	6a	Gross rents	0	0				
	b	Less: rental expenses  Rental income or (loss)	0	0				
	d	Net rental income or (loss)	•			0	0	0
	7a	Gross amount from sales of (i) Secu	nties	(ii) Other				
			81,860	0				
	ь	Less: cost or other basis	01,000					
	~		82,033	0				
	С	Gain or (loss) .	-173	0	j			
	d	Net gain or (loss)			-173	0	0	-173
_								
venue	8a	Gross income from fundraising	ł					
		events (not including \$ 66,	228					
Other Re		of contributions reported on line						
<b>76</b>		See Part IV, line 18	· a	52,302				
õ	l .	Less: direct expenses						
		Net income or (loss) from fund		events . <b>&gt;</b>	34,039		0	34,039
	9a	Gross income from gaming acti						
	١.	See Part IV, line 19	-				1	
		Less: direct expenses						
	C 400	Net income or (loss) from game Gross sales of inventory,	-	villes	0	0	0	0
	Iva	returns and allowances						
	_							
		Less: cost of goods sold Net income or (loss) from sales				0	<u> </u>	0
		Miscellaneous Revenue	01 111	Business Code				
	11a	N/A			<del></del>			
	b			<u> </u>				
	C							
	d	All other revenue						
	e	Total. Add lines 11a-11d		<del>.</del>	0			1
	12	Total revenue. See instruction			1,131,003	11,592	0	81,620

## 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), and (D).

requir	ed to complete columns (B), (C), and (D).	<del></del>			
	Check if Schedule O contains a respons		n this Part IX		<u> </u>
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	o	o		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				<u>-</u>
	trustees, and key employees	478,822	319,122	109,700	50,000
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o	o	. О	0
7	Other salaries and wages	14,000	14,000	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	27,903	14,303	10,777	2,823
10	Payroll taxes	17,473	4,980	8,668	3,825
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	2,780	2,780	0	0
C	Accounting	900	0	900	0
d	Lobbying	0	. 0	0	. 0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	12,142	0	12,142	0
9	Other	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	25,869	13,169	10,423	2,277
14	Information technology	6,812	3,668	3,015	129
15 16	Royalties	19,195	0	5.500	0
17	Occupancy	69,296	12,910	5,580	705
18	Payments of travel or entertainment expenses	09,290	49,776	9,648	9,872
.0	for any federal, state, or local public officials	ا			0
19	Conferences, conventions, and meetings .	2,354	0	2,354	0
20	Interest	2,334	0	0	0
21	Payments to affiliates	- 0	0	0	
22	Depreciation, depletion, and amortization .	46,088	46,088	0	0
23	Insurance	16,225	13,687	, 2,538	0
24	Other expenses. Itemize expenses not covered	1,9,000	10,001		
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Food	78,249	78,249	0	0
b	Scholarships/University Expenses	89,130	89,130	0	0
C	Facility Maintenance	19,341	19,341	0	
d	Earthquake Recovery, Relief, Renovation	109,299	109,299	0	0
е	All other expenses See Schedule O.	160,287	141,312	6,709	12,266
25	Total functional expenses. Add lines 1 through 24e	1,196,165	931,814	182,454	81,897
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and	į			
	fundraising solicitation. Check here ▶ ☐ if			. '	
	following ŠOP 98-2 (ASC 958-720)				
					Form <b>990</b> (2011)

Form 990 (2011)

Part X **Balance Sheet** (B) Beginning of year End of year 75,142 47,943 1 2 399.372 2 410,658 3 0 3 0 3,676 4 0 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of ol 5 0 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . . ol 0 6 **Assets** 0 7 0 7 0 8 0 8 0 0 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 1,074,314 509,444 Less: accumulated depreciation . . . . 10b 564.870 555.532 10c b Investments—publicly traded securities . . . . . . 11 1,201,185 11 1.085.642 12 Investments - other securities. See Part IV, line 11 . . . . . . . . 0 12 0 0 13 13 Investments—program-related. See Part IV, line 11... 0 14 0 14 0 15 0 15 0 2,231,231 16 2,057,363 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 17 0 17 0 Accounts payable and accrued expenses . . . . . . . . . . . . 0 18 0 18 0 19 0 19 0 20 0 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 0 21 0 21 Payables to current and former officers, directors, trustees, key 22 Liabilities employees, highest compensated employees, and disqualified persons. 22 0 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 Unsecured notes and loans payable to unrelated third parties . . . 0 20,350 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0 0 25 26 Total liabilities. Add lines 17 through 25 . . . ol 26 20.350 Organizations that follow SFAS 117, check here ▶ 🗸 and complete Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 1,870,781 27 27 1,761,820 28 260,450 28 179,504 100,000 29 95,689 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds . 32 Š 33 2,231,231 2,037,013 33 34 Total liabilities and net assets/fund balances . . . . . . . . . . . 2,231,231 34 2,057,363

Form 9	90 (2011)		Pa	ige <b>12</b>
Par	Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	_··	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)		1,13	1,003
2	Total expenses (must equal Part IX, column (A), line 25)		1,19	6,165
3	Revenue less expenses. Subtract line 2 from line 1		-6	5,162
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		2,23	1,231
5	Other changes in net assets or fund balances (explain in Schedule O)		-12	9,056
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		2,03	7,013
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule Q and describe any steps taken to undergo such audits.	3h		<u> </u>

Form **990** (2011)

#### 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

Open to Public Inspection

Name of the organization
The Haitian Project, Inc.

Employer identification number 22-2700013

Pai	Reason f	or Public Char	r <b>ity Status</b> (All orga	nization	s must c	omplete	this par	t.) See ii	<u>nstructic</u>	ns.	
The	<u> </u>	•	ition because it is: (Fo		•	-	•	•			
1			hes, or association of			ed in sec	tion 170(	b)(1)(A)(i	).		
2			170(b)(1)(A)(ii). (Attac					<b>4</b> \/····\			
3			spital service organiza on operated in conjund						\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(iii) Entartha	
4		ne, city, and state		CHOII WILI	i a nospii	ai descrii	Jeu III Se	Cuon 170	ינאוני ועטוי	my. Enter the	
5		-	the benefit of a colle	ge or uni	versity o	wned or	operated	by a go	vernment	al unit descri	bed in
	section 170(b	)(1)(A)(iv). (Com	plete Part II.)	_	•		•	, ,		a. a.m. accom	
6			nment or government								
7	_ •	•	receives a substantia (A)(vi). (Complete Par	•	its suppo	ort from a	a governr	nental ur	nt or fron	the general	public
			n section 170(b)(1)(A)	-	nnlata Da		,				
8 9			receives: (1) more tha				om oontri	hutions	mombore	hin food and	arocc
9	_	•	to its exempt funct							•	-
			nt income and unrel								
	acquired by th	ne organization a	fter June 30, 1975. Se	ee <b>sectio</b>	n 509(a)(	<b>2).</b> (Com	olete Parl	: III.)			
10	☐ An organization	on organized and	operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(	4).		
11			nd operated exclusive								
			licly supported organ								ection
			describes the type of		-			te lines 1			
_	a ☐ Type I		• •	☐ Type		-	•			Type III-Oti	
, е	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	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									
g	_		he organization accep	pted any	gift or co	ontributio	n from a	ny of the	)		
	following pers										
			ndirectly controls, eith								No
			ody of the supported o	-						11g(i)	+-
	·	•	on described in (i) abo a person described in							11g(ii) 11g(iii)	+
h		•	on about the support							119(11)	Ь
	Name of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi)	s the	(vii) Amoun	t of
• • •	organization	, ,	(described on lines 1–9 above or IRC section		sted in your document?	the orgai	nization in of your	organizat	tion in col zed in the	support	
			(see instructions))		document		port?	U U	S?		
				Yes	No	Yes	No	Yes	No		
(A)							,				
(B)											
	-			-					<del> </del> -		
(C)											
(D)							,				
(E)											
	_				-		<del> </del>	-	<del>                                     </del>		
Tota	1		1	1	I	i	1		1	i	

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 910,857 728,596 933,648 1,535,461 1,037,791 5,146,353 revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 933,648 910,857 728,596 1,037,791 5,146,353 Total. Add lines 1 through 3 . . . . 1,535,461

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)							641,0	077
6	Public support. Subtract line 5 from line 4.							4,505,2	
	on B. Total Support				,			· ·	
	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e)	2011	(f) Total	
7	Amounts from line 4	910,857	728,596	933,648	1,535,461	-	,037,791	5,146,3	353
8	Gross income from interest, dividends,				_				
•	payments received on securities loans,					1			
	rents, royalties and income from similar								
	sources	78,828	58,138	21,961	34,535		47,754	241,	216
9	Net income from unrelated business				,				
	activities, whether or not the business								
	is regularly carried on	o	o	0	0		0		0
10	Other income. Do not include gain or								
	loss from the sale of capital assets			,					
	(Explain in Part IV.)	-1,657	1,464	457	11,364		34,039	45,0	667
11	Total support. Add lines 7 through 10				•			5,433,	236
12	Gross receipts from related activities, etc					12			439
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, thırd, fourth	, or fifth tax y	ear as	a sectio	n 501(c)(3)	)
	organization, check this box and stop he	re		<u></u>	<u> </u>			<u> </u>	
Secti	on C. Computation of Public Support					,		-	
14	Public support percentage for 2011 (line					14	_		<u>%</u>
15	Public support percentage from 2010 Sci					15			<u>%</u>
16a	331/3% support test-2011. If the organi								_
	box and stop here. The organization qua	•	• • •	_					✓
b	331/2% support test-2010. If the organ					15 is	s 331/3%	or more,	
	check this box and stop here. The organ	ization qualifies	s as a publicly	supported org	janization .				
17a	10%-facts-and-circumstances test—2								
	10% or more, and if the organization me								
	Part IV how the organization meets the "I	acts-and-circu	mstances" tes	st. The organiz	ation qualifies	as a	oublicly s	upported	_
	organization					•			
b	10%-facts-and-circumstances test —2	<b>010.</b> If the orga	inization did n	ot check a box	on line 13, 16	3a, 16	b, or 17a	and line	
	15 is 10% or more, and if the organiza								
	Explain in Part IV how the organization in	neets the "facts	s-and-circums	tances" test. T	ne organizatio	n qua	ulities as a	publicly	_
	supported organization								
	Private foundation. If the organization d		· · · · ·						ш

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to quality	under the te	sts listed beit	ow, please co	Jilipiele Fait	11. <i>j</i>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")		ļ		ļ . <u>.                                   </u>		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					'	
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose				ļ <u>.</u>		
3	Gross receipts from activities that are not an			[			
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified				Ĭ		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				ļ—.—		
	Add lines 7a and 7b		<del> </del>				
8	Public support (Subtract line 7c from			}		ļ	
	line 6.)			L	Į.	<u> </u>	<u> </u>
	on B. Total Support		1	T	1		·
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		<del> </del> -	<del> </del>	<del>                                     </del>		ļ. <del></del>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				,		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)				,		
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secor				
Secti	ion C. Computation of Public Support						
15	Public support percentage for 2011 (line			13, column (fl)		15	%
16	Public support percentage from 2010 Sci	• •	-				<del></del>
	ion D. Computation of Investment In					1 1	
17	Investment income percentage for 2011 (			by line 13. colu	ımn (f))	17	%
18	Investment income percentage from 2010			-		18	%
19a	331/3% support tests—2011. If the organ						
	17 is not more than 33½%, check this box						
b	331/2% support tests—2010. If the organization 18 is not more than 331/2%, check this	zation did not	check a box on	line 14 or line	19a, and line 1	6 is more than	33 <sup>1</sup> /3%, and
20	Private foundation. If the organization d		_				·
20	r mate roundation. Il tije organization d	O LIOT CLIECK S	L DOX OII III 6 14	, 13a, OI 13D,	OTICOK II IIS DOX	4114 366 1119111	

#### **SCHEDULE D** (Form 990)

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

22-2700013 The Haitian Project, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . . . . . Aggregate contributions to (during year) . 2 3 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? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . . 2a Total acreage restricted by conservation easements . . . . . . . . . Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 . . . . . . . . . . . . . . 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 (ASC 958) relating to these items: Assets included in Form 990, Part X

Part	Urganizations Maintaining	Collections of A	ut, Historica	i ireasures	i, or U	iner Similar A	sse	ts (co	ntinuea)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	er records, ch	eck any of the	ne follov	wing that are a	sign	ificant	use of its
а	☐ Public exhibition		d 🗌 Lo	an or exchan	ge prog	rams			
b	☐ Scholarly research		e 🗌 Ot	ner					
C	☐ Preservation for future generations	<b>;</b>							
4	Provide a description of the organizat XIV.	ion's collections ai	nd explain hov	v they further	the ore	ganization's exe	empt	purpo	se in Part
5	During the year, did the organization	solicit or receive of	donations of a	t, historical t	reasure	s, or other sim	ılar		
	assets to be sold to raise funds rather	than to be maintai	ned as part of	the organizat	ion's co	ollection? .		☐ Ye	s 🗌 No
Part	IV Escrow and Custodial Arra	ngements. Con	nplete if the o	rganization	answe	red "Yes" to F	orm	1 990,	Part IV,
	line 9, or reported an amoun	t on Form 990, P	art X, line 21						
1a	Is the organization an agent, trustee, included on Form 990, Part X?								s 🗆 No
b	If "Yes," explain the arrangement in Pa	art XIV and comple	te the followin	g table:					
							Amo	unt	
С	Beginning balance				10	;			
d	Additions during the year	· · · · · · ·			10	-+			
е	Distributions during the year				16				
f	Ending balance				11				
2a	Did the organization include an amour		rt X, line 21?					☐ Ye	s 🗌 No
	If "Yes," explain the arrangement in Pa								
Par	Endowment Funds. Comple								
		(a) Current year	(b) Pnor year	(c) Two yea	rs back	(d) Three years ba	ck	(e) Four	years back
1a	Beginning of year balance	1,201,185	1,034,3	10	815,024	1,103,8	07		
b	Contributions	13,906	15,7	45	189,488	172,3	66		
С	Net investment earnings, gains, and				•				
	losses	-62,308	160,9	05	186,522	-394,7	25		
d	Grants or scholarships	-5,000		0	0	-10,0	00		
е	Other expenditures for facilities and								ì
	programs	-50,000		0 -	150,000	-45,0	02		
f	Administrative expenses	-12,141	-9,7	75	-6,724	-11,4	22		
g	End of year balance	1,085,642	1,201,1	85 1,	034,310	815,0	24		1
2	Provide the estimated percentage of t			1g, column (a	a)) held	as:			
а	Board designated or quasi-endowmer	nt ▶ 91	_%						
b	Permanent endowment ▶	9 %				•			
C	Temporarily restricted endowment ▶	0 %							
	The percentages in lines 2a, 2b, and 2								
За	Are there endowment funds not in the	possession of the	e organization	that are held	and ac	Iministered for t	the	_	
	organization by:				•			$\longrightarrow$	Yes No
	(i) unrelated organizations						•	3a(i)	
	(ii) related organizations						•	3a(ii)	<b>✓</b>
ь	If "Yes" to 3a(II), are the related organi						•	3b	
4	Describe in Part XIV the intended uses								
Part		ment. See Form	990, Part X,	line 10.					
	Description of property	(a) Cost or oth (investme	1 ' '	st or other basis (other)		Accumulated epreciation		(d) Bool	k value
1a	Land		77,042						77,042
b	Buildings		605,336			383,947			221,389
C	Leasehold improvements		0			0			0
d	Equipment		275,336			98,403			176,933
е	Other	·	116,600			82,520			34,080
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0, Part X, colu	mn (B), line 1	0(c). <del>)</del>	▶			509,444

Part VII	Investments - Other Securities	. See Form 990, Part X, I	ine 12.	
(a	) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial				
	neld equity interests			
(3) Other				
(A)		<del>" "</del>		
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
(I)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments-Program Related	J. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)		<del> </del>		
(5)				
_(6)				
(7)				<del> </del>
_(8) _(9)				
(10)				
	b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.		
	(a	a) Description		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				<del></del>
<u>(6)</u> (7)	<del></del>	<del></del>		
(8)				
(9)				
(10)				<del></del>
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)	<del></del>			
(5)			{	
(7)			1	
(8)			1	
(9)	.3999999		1	
(10)			1	
(11)	<del></del>		1	
	(b) must equal Form 990, Part X, col. (B) line 25.)		1	
	SC 740) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial stater	nents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedu	lie D (Form 990) 2011			Page 4
Part	Reconciliation of Change in Net Assets from Form 990 to Audited Finance	ial Statem	ents	1
_ 1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	[	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
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 through 8	[	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
Part			Ret	urn
1	Total revenue, gains, and other support per audited financial statements		1	
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	•	4	
C	Recoveries of prior year grants			}
d	Other (Describe in Part XIV.)			_
е	Add lines 2a through 2d		2€	)
3	Subtract line 2e from line 1		3	
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		4	
þ	Other (Describe in Part XIV.)		<b>-</b>	
C	Add lines 4a and 4b			<del></del>
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Part			T .	eturn
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities		4	Ţ
b	Prior year adjustments		4	İ
C	Other losses		4	
d	Other (Describe in Part XIV.)		<del>ا</del> _	
e	Add lines 2a through 2d		26	
3	Subtract line 2e from line 1		3	<del></del>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	,		-
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		-	
0	Other (Describe in Part XIV.)		-	_
C	Add lines 4a and 4b		5	
Part		· · · ·	3	
Comp Part V any a	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4 dditional information.			
The H	laitian Project, Inc. has 2 Endowments - The 'General Endowment' was established to support t	the Project's	opei	rating expenses.
Dietri	hutions from this Endoument can only be made if the principal is 64 million or mars. The same	rata IDani O	rod	nto Cupport Endou
Disui	butions from this Endowment can only be made if the principal is \$1 million or more. The sepa	rate Post-G	raqua	ite Support Endowment
was e	established to support scholarships for university for alumni of our school in Haiti. The \$100,00	0 principal	of this	s Endowment is
perma	anently restricted. Distributions from this Endowment can only be made if the principal is over	\$100,000. S	epara	ite investment policies
exist	governing these Endowments.	·	<b></b>	
		·		

# SCHEDULE F (Form 990)

## Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

The Haitian Project, Inc.

Employer identification number 22-2700013

Inspection

Parl	General Information Form 990, Part IV, line		es Outside	the United States. Comp	plete if the organization ans	wered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the	e grants or as			
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monit	toring the use of its gran	ts and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Haiti	2	60	Program Services	Boarding School	931,814
(2)						
(3)						
(4)					,	
(5)	· · · · · · · · · · · · · · · · · · ·	-				
(6)					,	
(7)						
(8)						
(9)			-			
(10)					,	
(11)						
(12)						
(13)						
(14)						
(15)		,				
(16)						
(17)						
3a		2	60			931,814
b	Total from continuation sheets to Part I	0	0			0

c Totals (add lines 3a and 3b)

931,814

Schedule F (Form 990) 2011	<u>-</u>							Page 2
Part   Grants	and Other A	ssistance to Org	anizations or Entitie	es Outside the L	<b>Inited States.</b> Con	nplete if the organ	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,	s" to Form 990,
Part IV,	line 15, for ar	Part IV, line 15, for any recipient who received more th Part II can be duplicated if additional space is needed.	eceived more than \$ pace is needed.	5,000. Check thi	more than \$5,000. Check this box if no one recipient received more than \$5,000 needed.	ipient received mo	re than \$5,000	□ ▲ · ·
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(e)								
(4)								
(5)								
(9)								
(7)			-					
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								

(15)

(16)

8

Schedule F (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

_	4
Page	4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		<b></b> ✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	•	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	•	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)		☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)		<b></b> ✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		☑ No

Schedule F (Form 990) 2011

#### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

	f the organization					Employer identific	cation number
The H	aitian Project, Inc.						2700013
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" to F	orm 990, Part IV,	line 17.
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. C	heck all that apply.	
а	☐ Mail solicitations		e 🗆		on of non-govern		
b	☐ Internet and email solicitation	ons	f 🗆		on of government	•	
C	Phone solicitations		g 🗀	] Special f	fundraising events		
d	☐ In-person solicitations						
2a	Did the organization have a wri or key employees listed in Form	n 990, Part VII) o	r entity in co	onnection v	with professional f	undraising services	? 🔲 Yes 🗌 No
D	If "Yes," list the ten highest paid compensated at least \$5,000 by			araisers) pi	ursuant to agreem	ients under wnich tr	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1					]		
2							
3							
4							
5		·			,		<u>.                                    </u>
6					1		
7							
8		,			,		
9							
10						•	
Total				•			
3	List all states in which the organization or licensing.						
							•••
			·				
						,	
					,		

Pa	art II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater than	g event contributions			
		<u>.</u>	(a) Event #1  Dinner/Auction  (event type)	(b) Event #2  Garage Sale  (event type)	(c) Other events  4 (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1	Gross receipts	83,378	26,137	9,015	118,530
æ	2	Less: Charitable contributions	55,628	1,585	9,015	66,228
_	3	Gross income (line 1 minus line 2)	27,750	24,552	0	52,302
	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
Direct Expenses	6	Rent/facility costs	1,819	3,600	, 180	5,599
t Exp	7	Food and beverages	10,599	0	370	10,969
Direc	8	Entertainment	750	0	0	750
	9	Other direct expenses .	945	o	, 0	945
Pa	10 11	Direct expense summary. Ad Net income summary. Combi Gaming. Complete if the than \$15,000 on Form 99	ine line 3, column (d), and organization answer	nd line 10 red "Yes" to Form 99		18,263 ) 34,039 reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
uses	2	Cash prizes				
ect Expenses	3	Noncash prizes			<del>,</del>	-
Direct	4	Rent/facility costs	-			
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No No	□ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)	<b>&gt;</b>	( )
	8	Net gaming income summary	. Combine line 1, colun	nn d, and line 7	<u> ▶</u>	
9	a Is		perate gaming activities	in each of these states	, 	
10		/ere any of the organization's g		, suspended or termina	ated during the tax year	? .

11	e G (Form 990 or 990-EZ) 2011  Does the organization operate gaming activities with nonmembers?	$\neg$	Yes	s 🗆	age 3			
11 12	Is the organization operate gaining activities with nonlinembers?	_	1 6	<b>»</b> Ц	110			
	formed to administer charitable gaming?		Ye	s 🗌	No			
13	Indicate the percentage of gaming activity operated in:				•			
а	The organization's facility				<u>%</u> %			
ь 14	An outside facility				<del>-70</del>			
1-7	records:							
	Name ▶		<b></b>	<b>-</b>				
	Address ▶							
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		] Ye	s 🗆	No			
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$							
С	If "Yes," enter name and address of the third party:							
	Name ▶							
	Address ▶							
16	Gaming manager information:							
	Name ▶							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶		· <b></b>					
	☐ Director/officer ☐ Employee ☐ Independent contractor							
17	Mandatory distributions:							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		۵۷ ا	s 🗆	No			
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the organization's own exempt activities during the tax year > \$	_	,	.5				
Part	Supplemental Information. Complete this part to provide the explanations required by Part I columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable.	, lır om	e 2b plete	this				
_	part to provide any additional information (see instructions).							
					<del>-</del>			
·								

# SCHEDULE M (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Haitian Project, Inc.

Employer identification number 22-2700013

Part	Types of Property		<u></u>					
	,	(a) Check if applicable	(b) Number of contributions or items contributed	(c)  Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			-
1	Art-Works of art							
2	Art—Historical treasures							
3	Art Fractional interests				_		_	
4	Books and publications		, ti , ti					
5	Clothing and household							
	goods		· 查验量。	,				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property						_	
9	Securities—Publicly traded	<b>1</b>	3	9,000	Market			
10	Securities—Closely held stock .							
11	Securities-Partnership, LLC,			,				
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation	1						
	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		28	8,928	Cost			
20	Drugs and medical supplies			<u> </u>				
21	Taxidermy							
22	Historical artifacts				<u> </u>			
23	Scientific specimens							
24	Archeological artifacts	<del></del>		1 200	04			
25 26	Other (Misc )	1	52	1,328	Estimation			
26 27	Other ► ( Computer Equip. ) Other ► ( School Supplies )	<b>→</b>	10		Estimation			
28	Other ► ( Diesel )	<del></del>	25	3,226				
29	Number of Forms 8283 received	by the or			COSL			
	which the organization completed				29	0		
			,	•		Ť	Yes	No
30a	During the year, did the organization	tion receive	e by contribution any prope	erty reported in Part I. lines	s 1–28 that	(		
	it must hold for at least three year					× 5		
	used for exempt purposes for the					30a		1
ь	If "Yes," describe the arrangement	t in Part II.				~		
31	Does the organization have a		stance policy that require	es the review of any no	n-standard	, ,		_
	contributions?					31	1	
32a	Does the organization hire or use	e third part	ties or related organization	s to solicit, process, or se	ell noncash			
		-		· • • • • • • • • • • • • • • • • • • •		32a		1
b	If "Yes," describe in Part II.			•		11.5		
33	If the organization did not report a	n amount ir	column (c) for a type of pro	perty for which column (a)	s checked,	, i		*
	describe in Part II.	<u></u>				[ .	`	

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer Identification number

The Haitian Project, Inc.	22-2/00013
Part VI, Section A, Line 2: Family Relationships of Directors:	
· In 2011, Director M. Aimee Maier & Director Michael Ingles were married.	
Part VI, Section A, Line 4: Significant Changes to Governing Documents:	
- In 2011, bylaws were amended to add term limits to Board of Directors.	
Part VI, Section B, Line 11b: Reviewing the Form 990	
- Form 990 and accompanying schedules are reviewed by the organization's Treasurer and Financ	e Committee before filing.
Part VI, Section B, Line 15: Determining Compensation	·
- Search Committee is formed, professional headhunter is consulted, comparision to other organiz	ations. From the
organization's bylaws: SECTION 10.04. Contract, etc., How Executed. Except for contracts to be	e performed in Haiti
which may be executed and delivered by the President on behalf of the Project, or as otherwise de	etermined by the
Board of Directors, any two of the following: the Chair, the Vice Chairs, the President, any Vice Pr	esident, the
Secretary or the Treasurer, may enter into any contract or execute and deliver any contract or oth	er instrument, the
execution of which is not otherwise specifically provided for, in the name and on behalf of the Pro-	pject. The Board of
Directors, except as otherwise provided in these by-laws, may authorize any other or additional of	fficer or officers,
agent or agents, of the Project to enter into any contract or execute and deliver any contract or ot	her instrument in
the name and on behalf of the Project, and such authority may be general or confined to specific	instances. Unless
authorized to do so by these by-laws or by the Directors, no officer, agent or employee shall have	any power or
authority to bind the Project by any contract or engagement, or to pledge its credit, or to render it	liable pecuniarily
for any purpose or in any amount.	
Part VI, Section C, Line 19: Making documents available to the Public:	
- The Haitian Project provides copies of all governing documents, written policies and financial sta	stements to the
Board of Directors and staff regularly. Members of the public receive financial statements contain	ned in the organization's
yearly publication "Annual Report." Members of the public may also receive copies of organization	onal documentation
upon request.	

Name of the organization The Haitian Project, Inc.			E	mployer identification number 22-2700013			
Part IX, Line 24e: All Other Expenses (Exceeds 10% of Line 25, Column A)							
(A) Total   (B) Program Services   (C)Management & General   (D) Fundraising							
Professional Development	7,531	5,405 J	2,126	<u>J</u> 0			
Long-Term Volunteer Expenses	12,655	12,655	o	<u> </u>			
Direct Assistance to the Needy	2,655	2,655	0	<u> </u>			
Supplies (non-office)	19,169	19,169	0	0			
Auto Repair / Purchase	19,257	19,257	, o	0			
Miscellaneous	1,689	1,191	272	226			
Programs	31,298	31,298	0	0			
Ragamuffin Sewing Group	13,660	13,660	, 0	0			
Variance due to Exchange	570	570	0	0			
Office of External Affairs	29,747	29,747	0	<u> 0</u>			
Land Grant	5,705	5,705	0	<u> </u>			
Organizational Formalization Grant	4,311	0	4,311	<u> </u>			
Fundraising Printing, Postage, Material	5 12,040	0 ]	0	12,040			
Total All Other Expenses	160,287	141,312	6,709	12,266			
Part XI, Line 5: Other changes in net as:	sets or fund balanc	es:					
Unrealized change in value of investme	nts - \$111,208						
In-Kind Expenses (Items)	- \$ 19,253	••••					
Prior Period Adjustments	+ \$ 1,405						
Total change in net assets/fund balances = - \$129,056							
ADDITIONAL NOTE: Funds sent to the Catholic Church in Haiti and EGI;							
In 2011, The Haitian Project acted as fiscal agent for funds given in support of the rebuilding of the Catholic Church in Haiti. One gift of							
\$50,000 was given and was sent by wire transfer to His Excellency Barney Auza, Nuncio of Haiti, to the Nonciature's bank account in Haiti.							
The Haitian Project also acted as fiscal agent for one \$1,500 gift given in support of the Economic Growth Initiative's work in Haiti, which							
was sent to EGI by check upon receipt.	Neither of these git	ts appear in The Hait	ian Project's income & expe	nses.			