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DLN: 93493320037382

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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Internal	Revenue	Service	Fine organization may have to use	a copy of this return to sa	tisty state reportin	g requirements	Inspection
A Fo	r the 2	2011 ca	lendar year, or tax year beginning 01-	01-2011 and ending 12-3	1-2011	D Employer idea	ntification number
		pplicable	C Name of organization JP HAITIAN RELIEF ORGANIZATION				
_	dress ch	_	Doing Business As			27-1703237 E Telephone nui	
	me chai	_				(323) 934-4	
_	tıal retui		Number and street (or P O box if mail is no 6022 WILSHIRE BLVD SUITE 203	ot delivered to street address) R	oom/suite	G Gross receipts \$	_
	rmınated					· ·	
_	ended i		City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90036				
Арр	plication	n pending				J	
			F Name and address of principal MASAKO CARPENTER	officer		his a group return	
			6022 WILSHIRE BLVD SUITE 20	3	απιι	ates?	⊤Yes ▼ No
			LOS ANGELES, CA 90036			all affiliates include	
T Ta	x-exem	npt status	▼ 501(c)(3)	o)	_	No," attach a list up exemption nun	(see instructions)
		<u> </u>		- , ,(,(, ,	H(c) Gro	up exemption num	ilbei 🗜
			TP //JPHRO ORG/		<u> </u>		
			Corporation Trust Association O	her 🕨	L Year of f	formation 2010 M	State of legal domicile CA
Ра	rt I		mary escribe the organization's mission or n				
Governance	- - -	THE HAI	TIAN RELIEF ORGANIZATION IS DE	CTIVELY			
	1		nis box 🚩 if the organization disconti			1 1	
Activities &	1		of voting members of the governing bo of independent voting members of the			. 4	7
Ę	1		mber of individuals employed in calenc			. 5	32
Ę Ş	1		nber of volunteers (estimate if necess		•	6	200
4	7a 1	Total unr	related business revenue from Part VI	II, column (C), line 12 .	•	7a	0
	ы	Net unre	lated business taxable income from Fo	orm 990-T, line 34		7b	0
					Pri	or Year	Current Year
o.	8		butions and grants (Part VIII, line 1h)			14,109,900	6,498,935
Revenue	9	_	m service revenue (Part VIII, line 2g		0	4,166,671	
ř	10 11		ment income (Part VIII, column (A), l revenue (Part VIII, column (A), lines			720,250	0
	12		revenue—add lines 8 through 11 (must		•	720,230	
						14,830,150	10,665,606
	13		and similar amounts paid (Part IX, co	, ,,		9,254,292	1,169,525
	14 15		ts paid to or for members (Part IX, col es, other compensation, employee ben			0	0
8	13	5-10)		ents (rare IX, column (A),		1,041,181	3,930,414
Expenses	16a	Profes	sional fundraising fees (Part IX, colum	ın (A), lıne 11e)		0	0
ਡੋ	Ь	Total fu	ndraising expenses (Part IX, column (D), line 2	5) ► 325,298			
-	17		expenses (Part IX, column (A), lines 1	· · · · · · · · · · · · · · · · · · ·		2,924,061	4,732,895
	18		expenses Add lines 13–17 (must equ		·	13,219,534	9,832,834
in er	19	Keveni	ue less expenses Subtract line 18 fro	minne 12		1,610,616 ng of Current	832,772
Net Assets or Fund Balances						Year	End of Year
£sse Ba£a	20	Total a	assets (Part X, line 16)			1,944,773	3,540,916
E E	21		iabilities (Part X, line 26)		·	334,157	1,097,528
	22		sets or fund balances Subtract line 2	1 from line 20		1,610,616	2,443,388
Unde know		ties of pe	ature Block erjury, I declare that I have examined this f, it is true, correct, and complete. Declar				
		****	**		1.	2012-11-12	
Sign	1	I B	ture of officer			Date	
Her			KO CARPENTER CFO				
			or print name and title				
Paid		Preparer signature		Date 2012-11-12	Check if self-employed	Preparer's taxpay (see instructions) P00748170	er identification number
	arer's		ame (or yours SINGERLEWAK LLP	l		EIN & 0E 220261	7
Use (Only	ıt self-en address,	nployed), and ZIP + 4 10960 WILSHIRE BLVD STE	700		EIN ▶ 95-230261	r

LOS ANGELES, CA 900243783

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

Phone no 🕨 (310) 477-3924

Table 1 Statement of Program Service Accomplishments Check Schedule 0 contains a response to any question in this Part III P 1 Bindly describe the organization's mission 1 PhatTIAIR RELIEF 0 GRANI XZITON IS DEDICATED TO SAVING LIVES AND BRINGING SUSTAINABLE PROGRAMS TO THE HAITTIAN PEOPLE QUICKLY AND EFFECTIVELY 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27 Pyes, describe these new services on Schedule 0 3 Did the organization will be services of the services of the prior form 990 or 990-E27 Pyes, describe these new services on Schedule 0 4 Discribe the organization's program service accomplishments for each of as three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) and 501(c	Dar	; TTTT	Statement of	Program Se	ervice Accomplish	ments			rage Z
2. Did the organization undertake any significant program services during the year which were not listed on the prior form 99.0 or 99.0-E2? If "Yes," describe these new services on Schedule O Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expresses. Section 50.1(3) and 50.1(3) and 50.1(3) organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expresses. Section 50.1(3) and 50.1(3) and 50.1(3) organizations and section 49.47(13) thists are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a. (Cade) (Expenses \$ 2,05.7.18 musting grants of \$ 35,241) (Revenue \$ 1,000.000) (Expenses \$ 1,000.000) (Expenses \$ 2,007.718 musting grants of \$ 35,241) (Revenue \$ 1,000.000) (Expenses \$ 1,	Fell						III		/
#AITTAN PEOPLE QUICKLY AND EFFECTIVELY Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27. If "Yes," describe these new services on Schedule 0 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule 0 O Bescribe the organizations program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code) (Expenses 1 2,867,718 moluding grants of \$ 333,245) (Revenue \$) MEDICAL SERVICESI)P IRRO IS THE LEADING ALE SERVICE PROVIDER IN DELBMAS 23, AND THE SURROUNDING POAT AIP PRINCE AREA THROUGH TWO CLURICS WHICH IT OPERATE BY INFO DELBMAS 24, AND THE SURROUNDING POAT AIP PRINCE AREA THROUGH TWO CLURICS WHICH IT OPERATE BY INFO DELBMAS 24, AND THE SURROUNDING POAT AIP PRINCE AREA THROUGH TWO CLURICS WHICH IT OPERATE BY INFO DELBMAS 24, AND THE SURROUNDING POAT AIP PRINCE AREA THROUGH TWO CLURICS WHICH IT OPERATE BY INFO DELBMAS 24, AND THE SURROUNDING POAT AIP PRINCE AREA THROUGH TWO CLURICS WHICH IT OPERATE BY INFO DELBMAS 24, AND THE SURROUNDING POAT AIP PRINCE AREA THROUGH TWO CLURICS WHICH IT OPERATE BY INFO DELBMAS 25, AND THE SURROUNDING POAT AIP PRINCE AREA THROUGH TWO CLURICS WHICH IT OPERATE BY INFO DELBMAS 24, AND THE SURROUNDING POAT AIP PRINCE AREA THROUGH TWO CLURICS WHICH IT OPERATE BY INFO DELBMAS 25, AND THE SURROUNDING POAT AIP PRINCE CHARGES IN CLUB CHARGES	1	Brief	ly describe the org	anızatıon's mıs	sion				
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The prior form 990 or 990. F27									
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Part TV	Checklist	of Required	Schedules
	CHECKHISE	JI REUUIIEU	Scileudies

	•		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	<u> </u>
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		Νο
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? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
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		No
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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 $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
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		No
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16	Yes	
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	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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	25a		No
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		N o
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
	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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$. [
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
L				
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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 or securities			
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country 🕨 HA			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
,	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		.10
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
L	organization solicit any contributions that were not tax deductible?			
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
3	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?	71.		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
•	file Form 8282?	7c		No
ı	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
-	contract?	7e		Νo
•	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
h	required?	<i>-</i> /9		
	Form 1098-C?	7h		Νo
	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 organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
1	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
1	Initiation fees and capital contributions included on Part VIII, line 12 10a			
)	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities Section F01(c)(12) organizations Enter			
•	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
-	sources against amounts due or received from them)			
3	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
3	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	12-		
	allocated to each state	13a		
)	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
2	Enter the aggregate amount of reserves on hand			
	13c	ایرا		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
o	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

be Enter the number of voting members included in line 1a, above, who are independent of the properties of the propertie	1a Enter the number of voting members of the governing body at the end of the tax year. b Enter the number of voting members included in line 1s, above, who are independent. c Did any officer, director, trustee, or key employee have a family relationship on a business relationship with any other officer, director, trustee, or key employee and the supervision of officers, directors or trustees, or key employee? 3 Did the organization delegate control over management duties customanily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management campany or other person? 3 Yes 4 Did the organization have members or stockholders or the person of the organization have members or stockholders? 5 Did the organization have members, stockholders? 6 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? 5 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? 7 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? 7 Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or other persons when then the governing body? 8 Did the organization of the power of the organization of the organization of the organization of the power of the power of the organization of the organization of the power of the organization of the power of the pow	Se	ction A. Governing Body and Management			
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Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b No persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Beach committee with authority to act on behalf of the governing body? State 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. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b 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 the form? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give in Schedule O how this was done 13 Did the organization have a written whisteblower policy? 2 Did the organization have a written whisteblower policy? 3 Did the organization have a written whisteblower policy? 4 Did the organization have a written whisteblower policy? 5 Did the organization have a written whisteblower policy? 6 Did the organization have a written whisteblower policy? 7 Did the organization have a written whisteblower policy? 8 Did the organization have a written whisteblower policy? 9 Did the organization have a written whisteblower policy? 10 Did the organization have a written whisteblower policy? 11 Did the organization have a written whisteblower policy? 12 Did the	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? 5 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's IIf "Yes," provide the names and addresses in Schedule O 5 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 7 Yes No 10a Did the organization have local chapters, branches, or affiliates? 10b Unit 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review the Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b To did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 12c Yes 13 Did the organization have a written document retention and destruction policy? 14 Yes 15 Did the organization have a written document retention and destruction policy? 15 Did the organization so comparability data, and contemporaneous substantiation of the deliberation and decision? 16a No 17 Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 17 Yes," did the organization f	7a		7a		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?	Bo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Beach committee with authority to act on behalf of the governing body? Section B. Folicies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? In Has 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? In Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? In Describe in Schedule O the process, if any, used by the organization to review the Form 990 In Did the organization have a written conflict of interest policy? If "No," go to line 13 In the organization have a written conflict of interest policy? If "No," go to line 13 In the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done In Other Organization have a written document retention and destruction policy? In the organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written document retenti	b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,			
a The governing body? b Each committee with authority to act on behalf of the governing body? 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 0	a The governing body? b Each committee with authority to act on behalf of the governing body? 1 Is there any officer, director, trustees, 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. Section B. Policies (This Section B requests information about policies not required by the Internal Reveruse Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Yes No 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review the Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give nise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Yes 15b Yes 15a Yes 15b Yes 15a Yes 15b Yes 15a	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
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. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12b Describe in Schedule O the process, if any, used by the organization to review the Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Yes 12b Yes 12c Yes 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 15 Did the organization have a written whistleblower policy? 16 Did the organization have a written document retention and destruction policy? 17 Did the organization have a written document retention and destruction policy? 18c Yes 19c Other officers or key employees of the organization 18d Yes 19d The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 18d A the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 18d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 18d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Organization have awritten conflictes and procedures policies of its governing the Activities of such chapters, affiliates, and to require the formation of the deliberation and decision Plant Revenue Code.) Section B. Policies (Press, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	а		8a	Yes	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12b Describe in Schedule O the process, if any, used by the organization to review the Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Vere officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Up the organization requilarly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official 15 Did the organization in the soft by describe the process in Schedule O (see instructions) 16 If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16 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 tax with respect to such arrangements? 16b Vection C. Disclosure	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review the Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12b Yes 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the organization have a written document retention and destruction policy? 16 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes 15b Other officers or key employees of the organization 15a Tres," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b Vection C. Disclosure	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Policies (This Section B requests information about policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	9		9		No
10a Did the organization have local chapters, branches, or affiliates? 10a 1	10a bit fire organization have local chapters, branches, or affiliates?	Se				
10a Did the organization have local chapters, branches, or affiliates?	10a bit the organization have local chapters, branches, or affiliates?	Re	venue Code.)			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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12b Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a Yes 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Ves 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Yes 15 Did the organization have a written document retention and destruction policy? 16 The organization's CEO, Executive Director, or top management official 17 The organization's CEO, Executive Director, or top management official 18 Yes 19 Other officers or key employees of the organization 19 If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 10 If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 10 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? 10 In the organization of 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?	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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review the Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13				Yes	
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a Wes 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Ves 12c Ves 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 14 Did the organization have a written whistleblower policy? 15 Did the organization have a written document retention and destruction policy? 16 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Yes 15b Other officers or key employees of the organization 15a Yes 15b Yes 15b Yes 16a No 16a No 16a No			10a		No
the form? b Describe in Schedule O the process, if any, used by the organization to review the Form 990	the form? b Describe in Schedule O the process, if any, used by the organization to review the Form 990	b	affiliates, and branches to ensure their operations are consistent with the organization's exempt	10b		
Did the organization have a written conflict of interest policy? If "No," go to line 13	Did the organization have a written conflict of interest policy? If "No," go to line 13	11a		11a	Yes	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	rise to conflicts?	12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
In Schedule O how this was done 12c Yes 13 Did the organization have a written whistleblower policy?	In Schedule O how this was done	b		12b	Yes	
Did the organization have a written whistleblower policy?	Did the organization have a written whistleblower policy?	С		12c	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	13	Did the organization have a written whistleblower policy?	13	Yes	
Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	14	Did the organization have a written document retention and destruction policy?	14	Yes	
The organization's CEO, Executive Director, or top management official	a The organization's CEO, Executive Director, or top management official	15				
If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b	Other officers or key employees of the organization	15b	Yes	
taxable entity during the year?	taxable entity during the year?		If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
taxable entity during the year?	taxable entity during the year?					
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?	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		taxable entity during the year?	16a		No
Section C. Disclosure	organization's exempt status with respect to such arrangements?	b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16h		
	100	Se		100		
· · · · · · · · · · · · · · · · · · ·						
Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)		18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website Vpon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 MASAKO CARPENTER CFO 6022 WILSHIRE BLVD SUITE 203

LOS ANGELES, CA 90036 (424) 288-2524

<u>Part VII</u> 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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	•	lated or	rganı	zatio	ns o	ompe	nsat	ted any current or fo	ormer officer, direct	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	Positi more unles an	on (d e thai	C) o no n one son er ai	t che e bo is be	eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) SEAN PENN CEO AND DIRECTOR	10 00	х		х				0	0	0
(2) ELIZABETH KUCINICH DIRECTOR	1 00	х						0	0	0
(3) WILLIAM M POHLAD DIRECTOR	1 00	х						0	0	0
(4) BRYAN LOURD DIRECTOR (FROM 2/1/11)	1 00	х						0	0	0
(5) RICHARD HOTES DIRECTOR (FROM 2/1/11 THRU 07/11/12)	1 00	х						0	0	0
(6) PAUL VALLAS DIRECTOR(FROM 2/1/11)	1 00	х						0	0	0
(7) JEAN-MAX BELLERIVE DIRECTOR(FROM 11/16/2011)	1 00	х						0	0	0
(8) TOM COMPERE CFO (FROM 10/4/10 THRU 08/15/2011)	10 00			х				0	0	0
(9) DAVID PEREZ SECRETARY & COO (FROM 12/1/10 THRU 3/15/2011)	40 00			х				67,308	0	0
(10) MASAKO CARPENTER CFO (FROM 8/16/2011)	40 00			х				73,558	0	0
(11) RON BALDWIN EXECUTIVE DIRECTOR (FROM 10/26/2011)	40 00			х				68,077	0	0
(12) BIRGIT MURFF SECRETARY (FROM 11/16/2011), DIR OF DEV	40 00			х				15,385	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n on son er ai	e bo ıs b nd a	x, oth		(D) Reporta compens from tl organizatio	ation ne on (W-	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima mount of compens from to	ted fother ation he on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	,	relate organiza	
												-		
												+		
												+		
1b	Sub-Total							<u> </u> ▶		I		1		
	Total from continuation sheets t					<u> </u>		•						
d	=							F	2	24,328		0		0
2	Total number of individuals (inclu \$100,000 of reportable compens					ted	above) who	received m	ore tha	n			
													Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy •	ee,o •	or highest co	mpens:	ated employee • • •	3		N o
4	For any individual listed on line 1 organization and related organization and related organization.											_		N
5	Did any person listed on line 1a services rendered to the organization									zation d	r individual for			No_
								. , , , , ,				5		No_
	ction B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organizatio												
	Nam	(A) ne and business add	dress							Descr	(B) iption of services		(C) Compen	
									$\overline{\Gamma}$			-		
	Fotal number of independent conti \$100,000 of compensation from t			ot lın	nıted	d to	those	liste	d above) who	o receiv	ed more than			

Part V	/ + + 1	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
\$ \$	1a	Federated campaigns 1a				
きず	ь	Membership dues 1b				
ق∑	С	Fundraising events 1c	-			
ज्ञा <u>स</u>			-			
<u>ਜ਼</u> ੂਰ	d	Related organizations 1d	.			
ĕ,Œ	е	Government grants (contributions) 1e				
ভূ⊆	f	All other contributions, gifts, grants, and 1f 6,498,935				
2 2 2 3	g	similar amounts not included above Noncash contributions included in				
Ē	9	lines 1a-1f \$				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	6,498,935			
O 46			, ,			
<u> </u>		Business Code				
E .	2a	CONTRACT REVENUE 999999	9 4,166,671	4,166,671		
<u>\$</u>	ь					
<u>9</u> .	С					
ř	d		 			
æ			+			
a	e					
Program Serwce Revenue	f	All other program service revenue				
ΔŤ	g	Total. Add lines 2a-2f	4,166,671			
	3	Investment income (including dividends, interest	, ,			
	_	and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	_	(i) Real (ii) Personal	-			
	6a	Gross rents	4			
	b	Less rental expenses				
	С	Rental income]			
	d	or (loss) Net rental income or (loss)	-			
	_	(i) Securities (ii) Other				
	7a	Gross amount	-			
	/ a	from sales of				
		assets other than inventory				
	ь	Less cost or]			
		other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
속		events (not including				
듄		\$of contributions reported on line 1c)				
Other Revenue		See Part IV, line 18				
Œ		a				
<u>a</u>	ь	Less direct expenses b	1			
5	С	Net income or (loss) from fundraising events	1			
	9a	Gross income from gaming activities				
		See Part IV, line 19				
		a				
	b	Less direct expenses b	_]
	С	Net income or (loss) from gaming activities				<u> </u>
	10a	Gross sales of inventory, less				
		returns and allowances .				
	١.	a	-			
	Ь	Less cost of goods sold b	- I			
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code	<u> </u>			
	11a					
	ь					
	С					
	d	All other revenue	+ -			
	e	Total. Add lines 11a-11d	+			
		Total. Add filles 11a-11d				
	12	Total revenue. See Instructions				
			10,665,606	4,166,671	0	o

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) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, b, 9b, 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				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	1,169,525	1,169,525		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	247,310	90,290	107,596	49,424
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,442,262	2,991,996	375,971	74,295
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	62,433	62,433		
10	Payroll taxes	178,409	119,420	47,816	11,173
11	Fees for services (non-employees)				
а	Management	219,487	25,941	116,327	77,219
b	Legal	129,414	17,394	112,020	
c	Accounting	163,542		163,542	_
d	Lobbying				
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees				
g	Other	478,007	469,287	8,720	
12	Advertising and promotion				
13	Office expenses	260,235	241,500	10,780	7,955
14	Information technology	41,201			41,201
15	Royalties				
16	Occupancy	159,330	124,843	7,052	27,435
17	Travel	126,395	28,504	81,487	16,404
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				_
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	280,103	277,088	1,353	1,662
23	Insurance	123,947	119,398	4,549	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	HEAVY EQUIPMENT RENTAL	1,941,745	1,941,745	0	0
ь	FUEL & UTILITY	311,633	311,633	0	0
c	REPAIRS & MAINTENANCE	142,520	142,520	0	0
d	MATERIALS & SUPPLY	142,415	142,415	0	0
е					
f	All other expenses	212,921	172,690	21,701	18,530
25	Total functional expenses. Add lines 1 through 24f	9,832,834	8,448,622	1,058,914	325,298
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Pa	ırt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			734,444		2,173,057
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			216,210	4	346,360
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key en	nployees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o					
		Schedule L		6			
Assets	7	Notes and loans receivable, net				7	
80	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			108,726	9	142,925
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	1,232,885			
	ь	Less accumulated depreciation	10b	354,311	885,393	10c	878,574
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		•		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,944,773	16	3,540,916
	17	Accounts payable and accrued expenses .			334,157	17	820,220
	18	Grants payable				18	
	19	Deferred revenue				19	277,308
	20	Tax-exempt bond liabilities				20	
ø	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
æ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part D				25	
	26	Total liabilities. Add lines 17 through 25			334,157	26	1,097,528
Sé		Organizations that follow SFAS 117, check here ▶ ┌ and comp	lete line	s 27	,		<u> </u>
ž	27	through 29, and lines 33 and 34. Unrestricted net assets			1,610,616	27	993,214
<u> </u>					1,010,010	28	1,450,174
Fund Balance	28 29	Temporarily restricted net assets				29	1,430,174
	29	,			29		
or Fi		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.		ete			
	30	Capital stock or trust principal, or current funds				30	
ssets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
t As	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Ř	33	Total net assets or fund balances			1,610,616	\vdash	2,443,388
	34	Total liabilities and net assets/fund balances			1 944 773	1 34 l	3 540 916

Pal	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10.6	565,60	
2	Total expenses (must equal Part IX, column (A), line 25)	2			332,83	
3	3 Revenue less expenses Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,6	510,61	
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,4	143,388	
Par	TEXII Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII			৮		
1	Accounting method used to prepare the Form 990			Yes	No	
2-	Schedule O		2-		N -	
2a h	Were the organization's financial statements compiled or reviewed by an independent accountant?	}	2a 2b	Yes	No	
c	 Were the organization's financial statements audited by an independent accountant?					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued				
За	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		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b			

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As Filed Data -

DLN: 93493320037382

Employer identification number

OMB No 1545-0047

2011

Open to Public
Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Name of the organization JP HAITIAN RELIEF ORGANIZATION

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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 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) 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) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) 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 following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		instructions)	ınstructions))	Yes	No	Yes	No	Yes	No	
Total										

Provide the following information about the supported organization(s)

instructions

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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 Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 1 Gifts, grants, contributions, and membership fees received (Do not 14,109,900 6,498,935 20,608,835 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 14,109,900 6,498,935 20,608,835 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 11,707,954 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public Support. Subtract line 5 from 8,900,881 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) 14,109,900 6,498,935 20,608,835 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income (Explain in Part IV) Do not include gain or loss 720,250 720,250 from the sale of capital assets 11 Total support (Add lines 7 21,329,085 through 10) Gross receipts from related activities, etc (See instructions) 12 12 4,166,671 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, 13 check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14 14 Public Support Percentage for 2010 Schedule A, Part II, line 14 15 **15** 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 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, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Schedule A (Form 990 or 990-E	EZ)2011
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Page **4**

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).						
Facts And Circumstances Test							
	Explanation						
SCHEDULE A,	PART II, LINE 10, EXPLANATION OF OTHER INCOME ART AUCTION REVENUE						

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493320037382

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

P HAITIAN RELIEF ORGANIZATION		27 1702227	
Organizations Maintaining Donor Action organization answered "Yes" to Form 99		27-1703237 Funds or Account	ts. Complete if the
organization answered Tes to Form 93	(a) Donor advised funds	(b) Funds and	other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		onor advised	┌ Yes
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			┌ Yes ┌ No
art II Conservation Easements. Complete	ıf the organization answered "Yes"	to Form 990, Part	IV, line 7.
Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of a	a certified historic stru	•
easement on the last day of the tax year			
			e End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easements		2b	
Number of conservation easements on a certified his	, ,	2c	
Number of conservation easements included in (c) a		2d	
Number of conservation easements modified, transfe the taxable year -	erred, released, extinguished, or termina	ted by the organizatio	n during
Number of states where property subject to conserve	ation easement is located ►		
Does the organization have a written policy regarding enforcement of the conservation easements it holds:		ndling of violations, ai	nd Yes No
Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments during the year	· b
A mount of expenses incurred in monitoring, inspecti			•
▶ \$		- '	
Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of s	ection	┌ Yes ┌ No
In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easer	the footnote to the organization's financi		
Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures	, or Other Simila	r Assets.
If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	5 116, not to report in its revenue stater I for public exhibition, education or resea	arch in furtherance of p	
If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research		
(i) Revenues included in Form 990, Part VIII, line 1		► \$	
(ii) Assets included in Form 990, Part X		▶- ⊄	
If the organization received or held works of art, hist following amounts required to be reported under SFA		·	
Revenues included in Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easu	<u>res, or Oth</u>	<u>er Similar As</u> :	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing th	nat are	e a significant	use of its collect	ion	
а	Public exhibition		d	Γ	Loan o	rexch	ange program	ıs		
b	Scholarly research		е	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y further	the o	rganızatıon's	exempt purpose II	า	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								– Yes	┌ No
Par	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiz	ation		Yes" to Form 9	90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	edıary	forc	ontribut	ions o	r other assets	s not	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follov	ving t	able			A		
_									ount	
C C	Beginning balance						10			
d	Additions during the year						1d	+		
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•				Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete								/-\F\	/ DI-
1-	Reginning of year balance	(a)Current Year	(D) Prior	rear	(c) I W	Years Back (1)Three Years Back	(e)Four	ears Back
la L	Beginning of year balance									
b	Contributions									
C	Investment earnings or losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held	as					•		
а	Board designated or quasi-endowment									
ь	Permanent endowment 🕨									
С	Term endowment ▶									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that	are held	and a	dmınıstered fo	or the		
	organization by								Yes	No
	(i) unrelated organizations							3a(
	(ii) related organizations					-		3a(i		<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•						3b		<u> </u>
4	Describe in Part XIV the intended uses of th									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa		•			T		
	Description of property				a) Cost or sıs (ınvest		(b)Cost or other)	depreciation	(d) E	3ook value
	Land		•							
	Buildings		•				378,26	3 156,73	36	221,527
С	Leasehold improvements						59,16	6 4,83	37	54,329
d	Equipment		•				795,45	6 192,73	88	602,718
	Other									
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B), line	10(c).)			►		878,574
						_		Schedule D	(Form	990) 2011

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talac	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,665,606
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,832,834
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	832,772
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	832,772
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	10,785,134
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	119,528
3	Subtract line 2e from line 1	3	10,665,606
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	(
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,665,606
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per F	
1	Total expenses and losses per audited financial statements	1 1	9,952,362
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	119,528
3	Subtract line 2e from line 1	3	9,832,834
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV)]	
C	Add lines 4a and 4b	4c	(
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,832,834
Pai	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE IN ADDITION, THE ORGANIZATION IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE ACCORDINGLY, A PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS NOT BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS THE ORGANIZATION ALSO APPLIES THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC NO 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" ("ASC 740") ASC 740 CLARIFIES FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENTS NO 109, "ACCOUNTING FOR INCOME TAXES," AND PRESCRIBES A RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IN ACCORDANCE WITH ASC 740, THE ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION THE ORGANIZATION HAS DETERMINED THAT THE ADOPTION OF ASC 740 DID NOT RESULT IN THE RECOGNITION OF ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION FOR THE PERIOD SINCE JANUARY 19, 2010 (INCEPTION) WITH REGARDS TO THE POSITIONS TAKEN AND RESULTS REPORTED

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DLN: 93493320037382

OMB No 1545-0047

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Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

P H	AITIAN RELIEF ORGANIZATIO	O N			27-1703237	
Pa	rt I General Information "Yes" to Form 990, P			he United States.	Complete if the organiz	ration answered
1	For grantmakers. Does the assistance, the grantees' et the grants or assistance? .	organization r igibility for the	maıntaın record grants or assı	stance, and the selec	tion criteria used to awa	
2	For grantmakers. Describe in P United States	art V the organi	zatıon's procedu	res for monitoring the us	se of grant funds outside t	he
3	Activites per Region (Use Par	t V ıf addıtıonal s	space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(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 region/investments in region
	CENTRAL AMERICA AND THE	1	295	PROGRAM SERVICES	SEE SCHEDULE F, PART VSERVICES IN THE AREAS OF MEDICAL, CAMP MANAGEMENT AND RELOCATION, EDUCATION AND COMMUNITY LIVELIHOOD, REDEVELOPMENT	8,448,622
	-					
За	Sub-total	1	295			8,448,622
b	Total from continuation sheets to Part I	0	0			0

c Totals (add lines 3a and 3b)

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(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. Use Part V if additional space is needed. (a) Type of grant or (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (b) Region (g) Description (h) Method of cash grant disbursement non-cash of non-cash valuation assistance recipients assistance assistance (book, FMV, appraisal, other) CENTRALAMERICA 535,245 PROVIDED MEDICAL MEDICAL SUPPLIES 100,000 N/A lcost SUPPLIES AND THE CARIBBEAN CENTRALAMERICA 208,082 DEBIT CARDS COST MATERIALS AND 55,000 362,547 ROVIDED TENTS, MATERIALS, SUPPLIES SUPPLIES AND THE CARIBBEAN AND CONSTRUCTION ASSISTANCE EDUCATION AND 20,000 N/A 63,651 PROVIDED EDUCATION COST CENTRALAMERICA ANDTHE COMMUNITY LIVELIHOOD CARIBBEAN

Part IV 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 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
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 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	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)	Г	Yes	্	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
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)	Г	Yes	┍	Νo
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).	Г	Yes	~	No

Schedule F (Form 990) 2011

Identifier	ReturnReference	ections) required in Part I, line 2, and any Explanation
		<u>.</u>

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization JP HAITIAN RELIEF ORGANIZATION							mployer ı	dentifica	ition numb	er
31 WILDIN RELEASE ON STREET						2	7-17032	137		
Part I Excess Benefit Tran										
Complete if the organizat	ion ans	wered "	Yes" on Form 990,	Part IV, line 25a	or 25b,	or Form	990-EZ,	Part V , I	<u>ine 40b</u>	
1 (a) Name of disq	ualified	nerson		(b) Desc	- rintion	of trans	action	Cor	(c) Corrected?	
1 (a) Name of disq	aamica	person		(b) Desi	гірсіоп	OI LIAIIS	action		Yes	No
									163	110
2 Enter the amount of tax impos section 4958	ed on t		nızatıon managers (r ► ⊄		
3 Enter the amount of tax, If any	on line							- → <u></u> - s		
5 Enter the amount of tax, if any	, 011 1111	2, 400	ve, reimbursed by t	ine organization .	· ·			· •		
Part II Loans to and/or I										
Complete if the organiz	zation a T	nswere	d "Yes" on Form 99 I	0, Part IV, line 26	, or For	m 990-l			la l	
		oan to			(e)	In	(f) Appro		(g)Writi	en
(a) Name of interested person and	or from the organization?		4	(d)Balance due	default?		by board or committee?		agreeme	
purpose										
	То	From			Yes	No	Yes	No	Yes	No
		1								
		1				-				
						+				
_										
Total			> \$	•				_		•
Part IIII Grants or Assistar							•		•	
Complete if the orga	nızatı	on ansv	vered "Yes" on F	orm 990, Part I\	/, line	27.				
(a) Name of interested pers	on	(1	b) Relationship bety		rson	(c) A n	nount of g	rant or ty	ype of assis	stance
			and the d	rganization	-					
		_			+					

Part IV Business Transactions Involving Interested Persons
--

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

Complete if the organization	n answered Yes on	FORM 990, Part IV, III	ie 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	action (e) Share organize rever	
,	INTERIM EXECUTIVE DIRECTOR FOR J/P HAITIAN RELIEF ORGANIZATION	, ,	ANA LADOU, OWNER OF KORE STRATEGICS VENTURES, LLC, WAS INTERIM EXECUTIVE DIRECTOR AND PROVIDED MANAGEMENT SERVICES AS WELL AS ADDITIONAL PERSONNEL TO PERFORM BACK-OFFICE SUPPORT	103	No No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

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NonCash Contributions

DLN: 93493320037382

OMB No 1545-0047

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SCHEDULE M (Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Name of the organization
JP HAITIAN RELIEF ORGANIZATION

Employer identification number

					27-1703237		
Pa	rt I Types of Property	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contributio	etermınıng	
1	Art—Works of art						
2	Art—Historical treasures .						
	Art—Fractional interests						
4	Books and publications						
	Clothing and household goods						
6	Cars and other vehicles	Х	1	20,000	DONOR DESIGNA	TED VALU	JE
7	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .						
	Securities—Closely held stock						
	Securities—Partnership, LLC, or trust interests						
2	Securities—Miscellaneous						
3	Qualified conservation contribution—Historic structures						
4	Qualified conservation contribution—Other						
5	Real estate—Residential .						
6	Real estate—Commercial						
7	Real estate—Other						
8	Collectibles						
9	Food inventory						
	Drugs and medical supplies .	Х	46	484,918	INVOICES USED F	ORIMPO	RT
1	Taxidermy						
2	Historical artifacts						
3	Scientific specimens						
4	Archeological artifacts						
	CLOTHING						
5	Other► (<u>AND OTHER</u>)	Х	25	34,331	DONORS COST VA	ALUE	
6	SCHOOL Other►(<u>SUPPLIES</u>)	Х	28	6,672	DONORS COST VA	LUE	
	ELECTRONIC AND OTHER OFFICE				DONORS COST VA	ALUF & IN	VOIC
7	Other►(GOODS)	×	12	83,311	PRICES		
	HYGIENE				INVOICES USED F	OR	
8	Other►(<u>KITS</u>)	X	6	56,129	IMPORTATION		
	O ther ► ()	X					
9	Number of Forms 8283 receive for which the organization comp				29		
0a	During the year, did the organiz	atıon receıv	e by contribution any prope	erty reported in Part I, lines	1-28 that it	Ye	es No
	must hold for at least three yea	rs from the (date of the initial contributi	on, and which is not require	d to be used		
	for exempt purposes for the ent	ire holding p	period?			30a	No
b	If "Yes," describe the arrangem	ent in Part 1	II				
1	Does the organization have a gi	ft acceptan	ce policy that requires the	review of any non-standard	contributions?	31	N O
2a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	non-cash		
	contributions?					32a	N c
	If "Yes," describe in Part II						
3	If the organization did not repor	t revenues i	n column (c) for a type of p	roperty for which column (a) is checked,		

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization JP HAITIAN RELIEF ORGANIZATION

Employer identification number

27-1703237

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	J/P HAITIAN RELIEF ORGANIZATION HIRED KORE STRATEGIC VENTURES LLC TO PROVIDE MANAGEMENT DUTIES TO THE ORGANIZATION IN THE EARLY PART OF 2011 THE MANAGEMENT DUTIES WERE UNDER THE DIRECT SUPERVISION OF THE OFFICERS, DIRECTORS OR TRUSTEES, OR KEY EMPLOYEES OF THE ORGANIZATION
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE OF THE ORGANIZATION REVIEWS THE INFORMATIONAL RETURN AND THEN MAKES IT AVAILABLE FOR THE REST OF THE BOARD OF DIRECTORS FOR THEIR REVIEW THE RETURN IS THEN ELECTRONICALLY FILED
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL DISCLOSURES ARE REQUIRED FOR OFFICERS, DIRECTORS, AND KEY EMPLOYEES DISCLOSURES FOR OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER IF A CONFLICT EXISTS AT THE DIRECTOR LEVEL, THE DIRECTOR IS PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION IF POTENTIAL CONFLICTS ARISE AT THE OFFICER OR KEY EMPLOYEE LEVEL, THE TRANSACTION WOULD BE REVIEWED BY LEGAL COUNSEL AND THE RELEVANT BOARD COMMITTEE TO DETERMINE RESTRICTIONS
	FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S POSITION WAS AN UNPAID POSITION THROUGH EARLY 2011, THE EXECUTIVE DIRECTOR FUNCTION WAS FILLED BY A CONSULTANT HER CONTRACT AND INVOICES WERE REVIEWED BY A BOARD MEMBER THE CFO JOINED THE ORGANIZATION IN MID MAY OF 2011 HER SALARY WAS REVIEWED AND APPROVED BY AN INDEPENDENT BOARD MEMBER
	FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND INFORMATIONAL RETURNS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT

Additional Data

Software ID: Software Version:

EIN: 27-1703237

Name: JP HAITIAN RELIEF ORGANIZATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 4,485,137 including grants of \$ 137,985) (Revenue \$ 3,457,532)

ENGINEERINGJ/P HRO'S ENGINEERING TEAM DEMOLISHES HOUSES CONDEMNED BY THE GOVERNMENT OF HAITI AND REMOVES RUBBLES FROM STREETS IN THE NEIGHBORHOODS AFFECTED BY THE EARTHQUAKE THIS SERVICE PROVIDES THE FIRST STEPS IN COMMUNITY REGENERATION ONCE UNSAFE HOMES ARE DEMOLISHED AND RUBBLE REMOVED FROM THE LOTS IN A NEIGHBORHOOD, RESIDENTS CAN SAFELY MOVE BACK INTO THE AREA AND BEGIN REBUILDING THEIR HOMES AND THEIR LIVES J/P HRO IS RECOGNIZED AS A LEADER IN RUBBLE REMOVAL AND IS REMOVING AN AVERAGE OF 50 TRUCKS OF DEBRIS A DAY IN CURRENT OPERATIONS REDEVELOPMENTTHE REDEVELOPMENT PROGRAM REINFORCES J/P HRO'S OVERALL STRATEGY OF HARMONIZING SERVICES BETWEEN NEIGHBORHOODS AND THE CAMPS TO INCENTIVIZE FAMILIES TO RESETTLE OUTSIDE OF THE CAMPS AND RESTART THEIR LIVES THE REDEVELOPMENT TEAM IS REBUILDING DAMAGED HOMES AND ALSO BUILDINGS TO PROVIDE SAFE NEW COMMUNITY AMENITIES SUCH AS SCHOOLS, MEDICAL FACILITIES, COMMUNITY SPACES AND WATER KIOSKS THIS PROGRAM AIDS IN THE DEVELOPMENT OF DURABLE, SUSTAINABLE AND PROSPEROUS NEIGHBORHOOD COMMUNITIES THAT WILL ALLOW FOR CAMPS TO BE CLEARED HUMANELY AND PROGRESSIVELY IN ADDITION TO REPAIRING VULNERABLE STRUCTURES THE REDEVELOPMENT PROGRAM USES IN-HOUSE ARCHITECTURAL SERVICES TO DESIGN NEW STRUCTURES