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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2012

OMB No. 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Inter	nal Rever	nue Service	► The organization may ha	ave to use a copy of this	retum to satisfy	state rep	orting requir	ements.			
AF	or the	2012 calend	ar year, or tax year beginning			2012, and			ember 3	31 , 20	12
В	Check of ap	oplicable:	C Name of organization					D Emplo	yer ider	ntification number	er
	Address c	hange	Haitian Educational Initiatives,	Inc					27-	4250639	
=	Name cha	-	Number and street (or P.O. box, if	mail is not delivered to s	treet address)	R	oom/suite	E Telepi	none nur	nber	
$\overline{\mathscr{L}}$	Initial retui	m	857 Post Road		,			·		512-1774	
	Terminate	d	City or town, state or country, and	171P ± 4				F C==			
_	Amended		Fairfield, CT 06824	120 74				F Grou	•	ption	
		n pending	L						ber ▶		
		ing Method:		other (specify) 🕨						the organizatioi	n is not
	Nebsit		hartiedu.org	<u>.</u>				•		ch Schedule B	
J T	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🗌] 501(c) () ◀ (ins	ert no.) 🔲 4947(a	a)(1) or	527	(Form 99	0, 990-	EZ, or 990-PF).	
K	Check 🕨	· 🔲 ıf the	e organization is not a section 5	09(a)(3) supporting org	janization or a se	ection 527	organizatio	on and its	gross	receipts are nor	mally
r	not more	e than \$50,00	0. A Form 990-EZ or Form 990	return is not required	though Form 99	90-N (e-p	ostcard) ma	y be reqi	ired (se	e instructions)	. But ıf
t	he orga	nızatıon chod	oses to file a return, be sure to f	ile a complete return.							
L A	dd lines	5b, 6c, and 7	b, to line 9 to determine gross re	ceipts If gross receipts	are \$200,000 or	more, or i	f total assets	(Part II,			
lı	ne 25, c	olumn (B) belo	ow) are \$500,000 or more, file For	m 990 instead of Form	990-EZ				► \$		
P	art I	Revenu	e, Expenses, and Chan	ges in Net Asset				instruc	tions 1	for Part I)	
			the organization used Sch								. 🗹
	1		ons, gifts, grants, and simila						1		40,443
	2		ervice revenue including go						2		
	1	_						}	3		
	3		ip dues and assessments.					}			
	4	Investment							4		
	5a		ount from sale of assets other	•		5a					
	b		or other basis and sales ex			5b					
	C		ss) from sale of assets othe	r than inventory (Su	btract line 5b f	from line	5a)	[5c		
	6	-	nd fundraising events					ļ			
	a	Gross inc	ome from gaming (attach	Schedule G if	greater than			Ì			
Ĭ	1	\$15,000)	<i></i>			6a			ł		
2013 Revenue	b	Gross inco	me from fundraising events	(not including \$		of c	ontribution	s			
E	1	from fundr	aising events reported on I	ine 1) (attach Sche	dule G if the			Ì	[
25	ļ	sum of suc	ch gross income and contrib	outions exceeds \$1	5,000)	6b		15,761			
₩	C	Less: direc	ct expenses from gaming an	d fundraising event	s	6c		1,508			
\Leftrightarrow	d		e or (loss) from gaming an				Sb and sul	otract			
Z	"	line 6c)		-	•				6d		14,254
N	70	,	s of inventory, less returns :			7a		· · · · · · · · · · · · · · · · · · ·			
•	7a		-	and allowances .		7b					
	b		_								
SCALE S	C	Gross pro	fit or (loss) from sales of inve	entory (Subtract line	76 from line 7		7.1.	٠ ٠ ١	7c		
153	8	Other reve	nue (describe in Schedule ("	RECH	CIVE	ان <u>بس</u>	·	8		54,697
	9		114017144 111100 1, 2, 0, 1, 00	, 00, 70, 0110 0 .	· · · · · · · · · · · · · · · · · · ·		<u> </u>	. ▶	9		45,736
	10		d similar amounts paid (list i	n Schedule O) .	ابين اجزا	1.9.50	13 · 1.01	٠ ٠ إ	10		45,736
	11	•	aid to or for members		MAY.	1. W.E.	13 8		11		
Expenses	12		ther compensation, and em	,			197		12		
Su	13	Profession	al fees and other payments	to independent cor	ntractors C)EN, !	لسسال	[13		
<u>ş</u>	14	Occupanc	y, rent, utilities, and mainter	nance				[14		
ũ	15	Printing, p	ublications, postage, and sh	nipping				[15		599
	16		enses (describe in Schedule					!	16		395
	17	•	enses. Add lines 10 through	•				▶	17		46,730
	18		(deficit) for the year (Subtra						18		7,967
ets	19		or fund balances at begin								
188	1		ar figure reported on prior ye						19		4,715
Net Assets	20	-	nges in net assets or fund b	•				1	20		
ž	21		or fund halances at end of		•				21		12.683

Cat No. 10642I

Pa	Balance Sheets (see the instructions	-				_
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
			1_	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			4,715		10,173
23	Land and buildings		+		23	2,510
24	Other assets (describe in Schedule O)		+	4,715	24	12,683
25	Total assets				_	12,083
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column	· · · · · · · · · · · · · · · · · · ·	 h lino 21)	12,644	26	4,675
Par					21	
ı aı	Check if the organization used Schedule	-		•	_	Expenses
Wha	t is the organization's primary exempt purpose?		r impoverished children			uired for section c)(3) and 501(c)(4)
			· · · · · · · · · · · · · · · · · · ·			nizations and section
as n	ribe the organization's program service accompleasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe thach program title.	e services provided	, the number of		(a)(1) trusts; optional thers.)
28	CASED W funded tuition scholarships, uniforms, books			_		
	85 children in Jacmel, Haiti in partnership with the Haiti					
	Difficile 99% of these children completed their 2011-20					
	(Grants \$ 17,605) If this amount	includes foreign gra	ants, check here .	🕨 🗹	28a	17,605
29	FJBJ We have funded tution scholarships, uniforms, b	• • • • • • • • • • • • • • • • • • • •				
	children in partnership with Haitian community group Fo			mel, Haiti 100% of		
	these children completed their school year and 87% we		•			
	(Grants \$ 28,131) If this amount	includes foreign gra	ants, check here	🕨 🗹	29a	28,131
30						
	(O		-			
04		includes foreign gra	ants, check here .		30a	
31	Other program services (describe in Schedule O)				04-	•
32	(Grants \$) If this amount Total program service expenses (add lines 28a	through 31a	ants, check here .		31a 32	45,736
Par						<u> </u>
ı aı	Check if the organization used Schedule		,	•	Suuci	
	Official interest and in a sea of field in	(b) Average	(c) Reportable	(d) Health benefits,	Ť	<u> </u>
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation	0	Estimated amount of ther compensation
Susa	n P Whitcomb, President	25				
		<u></u>	0	<u></u>	<u> </u>	0
Willia	m B Lerchen III, Secretary			1		
			0		<u> </u>	0
Crai	R Schlavone, Treasurer	. 2				
Dete	ali Carama Director	14	0		이	0
Patri	ck Crump, Director	. '				0
Dob	ecca S Kohl, Director	 	0		9	0
		-{	0		٥	0
Gera	rd Azor, Jr , Director	1	 		-	
		-{	0		0	0
		 	ļ	-	+	
		 		 	+	
		-			1	
	·		-		+	-
		-			1	
		†			1	
		1				
		·1	I	i	1	

rait	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
	modulation for Fact 1) check if the organization about contours of to respond to any quotient in the	, air	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		•
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		•
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	-		
b 38a	Did the organization file Form 1120-POL for this year?	37b		V
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	 	~
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]	'	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0	j I		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	-1	•
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			<u> </u>
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► CA, CT, NY,			_
42a	The organization's books are in care of particular to the property of the prop	203-44	14-192: 880	5
ь	Located at ► 6 Overlook Drive, Westport, C1 At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	110
	If "Yes," enter the name of the foreign country: ▶			Ť
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	• 🗆
4.6			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	1
d	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	1
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h	-	1

	. 4	
om	990-EZ	(2012)

D	1
Page	4

								Yes	NO
46	Did the organization engage, direct								
	to candidates for public office? If			Part I	<u></u>	· · · ·	. 46	3	
Part '									
	All section 501(c)(3) organ	nizations	s must answer que	stions 47–49b and	d 52, and	complete th	e tables	for lir	nes
	50 and 51								
	Check if the organization u	sed Sch	edule O to respond	to any question in	this Part \	/I			
								Yes	No
47	Did the organization engage in lo	bbying a	activities or have a s	section 501(h) elect	ion in effec	t during the	tax 🗀	1	
	year? If "Yes," complete Schedule						. 47	7	1
48	Is the organization a school as des			12 If "Ves " complete	Schedule	F	. 48		1
49a	Did the organization make any tra			•			. 49		+
b	If "Yes," was the related organizat		· · · · · · · · · · · · · · · · · · ·	_			. 49		+
50	Complete this table for the organi								nd key
30	employees) who each received me								
	employees) who each received me	Ole than	\$100,000 or comper	radion from the org			e, enter	None.	-
	(a) Name and title of each employee		(b) Average	(c) Reportable		alth benefits, ons to employee	(e) Estima	ated amo	ount of
	paid more than \$100,000		hours per week devoted to position	compensation (Forms W-2/1099-MISC) benefit pla	ns, and deferred		ompensa	
			develop to position	(1011121721000111100	com	pensation			
None									
	· · · · · · · · · · · · · · · · · · ·							•	
		 							
f	Total aurabas of other ampleuses		£100 000	Nor	10				
	Total number of other employees	•		. –					
51	Complete this table for the organ \$100,000 of compensation from the compensation from the complete this table for the organization from the complete the comple	nization's	s five nignest compe	ensated independer	nt contract	ors wno eacr	i receive	a mor	e tnan
	\$100,000 or compensation from	uie orgai	nzauon. II unere is no	ine, enter None.					
(a)	Name and address of each independent con	tractor paid	d more than \$100,000	(b) Type of se	ervice	(c	Compens	ation	
None	· · · · · · · · · · · · · · · · · · ·								
									
	***			ļ					
		 							
						1			
		_							
d	Total number of other independer	nt contrac	ctors each receiving	over \$100,000 .	. •	N	one		
52	Did the organization complete Sci		_	•	ns and 494	7(a)(1)			
0 2	nonexempt charitable trusts must					. (4)(1)	► 1 Y	es 🗀	No
l Inder n	penalties of perjury, I declare that I have exam				ments and to	the best of my ki			
	rrect, and complete. Declaration of preparer						iowieuge a	uid belle	1, 11 15
-	J. Small	Ph.	That Isruet	, ,	· · · · · · · · · · · · · · · · · · ·	-			
Sign	Signature of officer	,				Date 🗐	, -		
Here	Susan P Whitcomb, Preside	ent			'	3/2	13		
1 151 6		21 IL			-				
	Type or print name and title		In-		Data		DE		
Paid	Print/Type preparer's name		Preparer's signature		Date	Check _		•	
Prep	arer				·-····································	self-emplo	yed		
Use Only Firm's name						Firm's EIN ▶			
	Firm's address ▶					Phone no.		/200000	
May th	he IRS discuss this return with the p	preparer	shown above? See i	nstructions		· · · ·	▶ □ Ye	es 🔲	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

Pa	rt Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this par	rt.) See ii	nstructio	ons.		
The	organization is not	a private founda	ation because it is: (Fo	r lines 1 t	through 1	1, check	only one	box.)				
1	A church, con	vention of churc	hes, or association of	churches	s describe	ed in sec	tion 170((b)(1)(A)(i).			
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3			spital service organiza									
4		earch organizatione, city, and stat	on operated in conjun e:	ction with	n a hospit	al descrit	oed in se	ction 170)(b)(1)(A)	(iii). Ente	r the	
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vemmen	tal unit d	escrib	ed in
6 7	An organization	on that normally	nment or govemment receives a substantia (A)(vi). (Complete Pai	al part of					it or fror	n the ger	neral p	ublic
8												
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre lafter June 30, 1975. Se	an 33¹/₃% ions—sul lated bus	6 of its subject to desiness tax	upport fro certain ex xable inc	ceptions ome (les	s, and (2) ss section	no more	e than 33	31/3%	of its
10 11	An organization	on organized ar	d operated exclusively and operated exclusive blicly supported organ describes the type of the C Type II	ely for th nizations supportin	ne benefit described ng organiz	t of, to p d in secti zation and	perform 1 ion 509(a d comple	the funct a)(1) or se	ions of, ection 50 1e throu	9(a)(2). S gh 11h.	ee se	ction
e	By checking t	his box, I certify indation manage	that the organization ers and other than on	is not co	ntrolled d	lirectly or	indirectly	y by one	or more	dısqualifi	ed per	rsons
f	If the organiz		a written determination	on from t	the IRS t	that it is	a Type	I, Type I	l, or Typ	oe III sup	portin	ig 🖂
g	Since August following pers		he organization acce	pted any	gift or co	ontributio	n from a	ny of the	•			
	(i) A person	who directly or i	ndirectly controls, eith	her alone	or toget	her with	persons	describe	d in (ii) a	nd	Yes	No
	(iii) below,	the governing be	ody of the supported	organizat	ion?					11g(i)		1
	(ii) A family m	ember of a pers	on described in (i) abo	ve?						11g(ii	+	1
	(iii) A 35% co	ntrolled entity of	a person described in	ı (i) or (ii) a	above?.					11g(iii		4
h	Provide the fo	llowing informat	ion about the support	ed organi	ization(s).							
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ col. (i)	ou notify exation in of your cort?	organizat (i) organi	s the ion in col. zed in the S.?	(vii) Amou su	nt of mo	netary
	ASES			Yes	No	Yes	No	Yes	No			
(A)	ASED	N/A	9			•			•		1	7,605
(B)	JBJ	N/A	9						•		2	8,131
(C)	·											
(D)												
(E)												
Tota											4	5,736

Part							
	(Complete only if you checked the						alify under
Cont	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0000	(L) 0000	1 (1) 0040	40.0044	1 () 00/0	
Caler 1	idar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")		İ				
2	Tax revenues levied for the		1				
	organization's benefit and either paid to or expended on its behalf			:			
3	The value of services or facilities						
	furnished by a governmental unit to the				:		
	organization without charge					<u> </u>	
4	Total. Add lines 1 through 3						
5	The portion of total contributions by				ŀ		
	each person (other than a			-	!	:	
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount				Ţ		
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>	-			
Secti	on B. Total Support	L <u> </u>			 	1	L
Caler	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						·
8	Gross income from interest, dividends,			:			
	payments received on securities loans,		1				
	rents, royalties and income from similar sources]		
9	Net income from unrelated business		<u> </u>		<u> </u>		
•	activities, whether or not the business				1		
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10		l	l	·		<u> </u>
12	Gross receipts from related activities, etc					12	504(-)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop he	ie organizatioi re	n's tirst, secon	a, tnira, tourtn	i, or tiπth tax y	ear as a sectio	n 501(c)(3) ► □
Secti	on C. Computation of Public Suppor	t Percentag	<u> </u>	<u> </u>			<u> </u>
14	Public support percentage for 2012 (line			1. column (fl)	· · · · · · · · · · · · · · · · · · ·	14	%
15	Public support percentage from 2011 Sch					15	%
16a	331/3% support test-2012. If the organize					/3% or more, c	
	box and stop here. The organization qua	-		-			_
b	331/3% support test—2011. If the organ					15 is 331/3%	or more,
	check this box and stop here. The organ						. 🕨 🗀
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me						
	Part IV how the organization meets the "forganization			-	=	•	
h	•	-					and line
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m	eets the "fact	s-and-circums	tances" test T	he organizatio	n qualifies as a	a publiciv
	supported organization						
18	Private foundation. If the organization di						
	instructions						

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

(Complete or	ily if you checked the	hox on line 9 of Parl	t Lor if the organization	on failed to qualify und	ler Part II.
(Complete of	ny n you onconcu me	box on mic o or r ar	crorn and organization	orrianou to quamy arre	
If the erganize	ation fails to qualify.	inder the tests listed	bolow places compl	lata Part II \	
II tile organiza	aliun ialis lu quality t	1111161 1116 16212 112161	DEIUW, PIEASE CUITIPI	icle rail ii.)	

Secti	on A. Public Support	4.10-10				-/		
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	012	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")				34,282		54,697	88,979
2	Gross receipts from admissions, merchandise		·					
	sold or services performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose		į					
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513		1					
4	Tax revenues levied for the							
	organization's benefit and either paid			i				
	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5				34,282		54,697	88,979
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons .							
b	Amounts included on lines 2 and 3							
	received from other than disqualified		ļ	1			- 1	`
	persons that exceed the greater of \$5,000			1			1	
	or 1% of the amount on line 13 for the year			l				
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from			-				
	line 6.)		<u></u>	==.				88,979
	on B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2		(f) Total
9	Amounts from line 6				34,282		54,697	88,979
10a	Gross income from interest, dividends,	ļ			j		1	
	payments received on securities loans, rents,	}					İ	
	royalties and income from similar sources .							
b	Unrelated business taxable income (less						1	
	section 511 taxes) from businesses						-	
	acquired after June 30, 1975		ļ		<u> </u>			
С	Add lines 10a and 10b		.					
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on		ļ					
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
40	(Explain in Part IV.)				 			
13	Total support. (Add lines 9, 10c, 11, and 12)				34,282		54,697	88,979
14	and 12.)	L	n'o first saas-	d third facet	· 1.	or oc -		
14	First five years. If the Form 990 is for the organization, check this box and stop he	_			-			
Socti	on C. Computation of Public Suppor				· · · · · ·	• •	· · · ·	🕨 🕢
<u>36011</u> 15	Public support percentage for 2012 (line			3 column (fl)		15		%
16	Public support percentage from 2011 Sci		•			16		
	on D. Computation of Investment In				<u> </u>	10		70
17	Investment income percentage for 2012 (v line 13 colu	mn (fl)	17		%
18	Investment income percentage for 2012 (•	* *	-		18	<u> </u>	
19a	331/3% support tests—2012. If the organ					لتنا	n 331/29/	
130	17 is not more than 331/3%, check this box							
b	331/3% support tests—2011. If the organiz	-	_	-			_	_
U	line 18 is not more than 331/3%, check this							
20	Private foundation. If the organization di		_				_	_

Chedule A (F	onn 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization Haitian Educational Intitiatives, Inc			Employer identification number 27-4250639					
Part I 10 Grants and Similar Amounts Pai	d							
CASED - Jacmel, Harti	\$17,605							
Program Description Tuition, uniforms, books and school supplies for 35 children; after school tutoring for 80 children in four sessions Monday-								
Thursday; a Friday library program, and supervised play on Saturday								
FJBJ - Jacmel, Harti	\$28,131							
Program Description Program Description	Tuition, uniforms, books and school	l supplies for 40 children, as w	ell as weekly feedings and job training					
(needlework, crafts and computer literacy.) 							
	••••••							
Part I 16 Other Expenses								
Bank Charges: \$145								
Registration/Filing Fees \$250		•••••						
Part I: 24 Other Assets								
Undeposited Funds. \$1,550								
Donated Computers \$ 950								
Part I 26 Total Liabilities								
Paypal Service Fees \$ 40								
		••						