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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

IIIC	nai neveliue	- Sa vice	information about Form 990 and its instructions is at www.irs.g	OV/IOIIII99	<i>)</i>	mopeonon		
<u> </u>	For the 2	2013 cale	ndar year, or tax year beginning January 1st , 2013, and ending	Decem	ber 31st	, 20 13		
В	Check if a	pplicable	C Name of organization The Haitian Project, Inc.		D Employer identification number			
	Address cl		Doing Business As	22-2700013				
	Name cha	nae	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number				
	Initial retur	•	PO Box 6891			401-351-3624		
	Terminated		City or town, state or province, country, and ZIP or foreign postal code					
7	Amended	_	Providence, RI 02940		G Gross re	eceipts \$ 1,236,933		
Ξ			F Name and address of principal officer Patrick Moynihan, President	H/a) In this a ci		subordinates ⁹ Yes V No		
	Application	n pending				subordinates \(\begin{align*} \text{ Yes } \text{ \text{No}} \\ \text{No} \\ \text		
			same as above	-		s included? L. Yes L. No a list (see instructions)		
<u>. </u>	Tax-exem		✓ 501(c)(3)	+				
<u>J</u>	Website:		w.haitianproject.org	H(c) Group	$\overline{}$			
			✓ Corporation Trust Association Other ► L Year of formation	1986	M State	of legal domicile RI		
Р	art I	Summ						
	1 E	3riefly de	escribe the organization's mission or most significant activities: The Haiti	an Project	through	Louverture Cleary		
G	<u>s</u>	School, it	s Catholic, co-educational boarding school in Haiti, educates and nurtures ac	ademically	talented	and motivated students		
-Activities,& Governance	f	rom Hait	an families who cannot afford the cost of their children's education.					
E			is box ▶☐ if the organization discontinued its operations or disposed of	more than	25% of	ıts net assets		
3	1		of voting members of the governing body (Part VI, line 1a)		3	21		
Š			of independent voting members of the governing body (Part VI, line 1b)		4			
8						20		
ij	1		nber of individuals employed in calendar year 2013 (Part V, line 2a) .		5	7		
.≩.	6 1	Total nur	nber of volunteers (estimate if necessary)		6	50		
ğ	7a T	Fotal unr	elated business revenue from Part VIII, column (C), line 12		7a	0		
[11	b	Net unre	ated business taxable income from Form 990-T, line 34		7b	0		
٤.				Prior Ye	ear	Current Year		
٠	8.	Contribu	tions and grants (Part VIII, line 1h)	-	,102,744	1,055,114		
Revenue				<u>-</u>				
5) 9 F	_	service revenue (Part VIII, line 2g)	14,393				
é	10 H		nt income (Part VIII, column (A), lines 3, 4, and 7d)		53,648	62,243		
_	11 (Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .	0		0		
	12 T	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	,170,785	1,138,998		
	13 (Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		0	0		
			paid to or for members (Part IX, column (A), line 4)		0	0		
			other compensation, employee benefits (Part IX, column (A), lines 5–10)		599,728	588,505		
Šes					•			
ë			onal fundraising fees (Part IX, column (A), line 11e)		0	0		
Expenses			draising expenses (Part IX, column (D), line 25) ► 51,400					
ш			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		502,799	537,779		
	18 7	Fotal exp	enses. Add lines 13–17 (must equal Rart IX, column (A) line 25) .	•	,102,527	1,126,284		
	19 F	Revenue	less expenses. Subtract line 18 from line 12		68,258	12,714		
2 8			C) Be	ginning of Cu				
Net Assets or Fund Relances	20 7	Fotal ass	ets (Part X, line 16) . (S) . APR 2 7 2015	•	2,174,061	2,288,806		
ASS	21 7		ultipe (Part Y line 26) 1 1					
草	21				9,270	21,110		
			ts or fund balances. Subtract line 21 from line 20		2 <u>,164,791</u>	2,267,696		
Р	art II	Signa	ture Block					
			ry, I declare that I have examined this return, including accompanying schedules and statement			my knowledge and belief, it is		
tru	ie, correct,	and comp	ete Declaration of preparer (other than officer) is based on all information of which preparer has	as any know	eage			
		1	111-1		4/	17/15		
Sig	gn	Sign	ature of officer	Da	ite /			
	ere	Ĺ	MARK S. BAMFORD, TREASURER					
		Type	or print name and title					
	<u>}</u>					PTIN		
Pa	aid	Frint ly	pe preparer's name Preparer's signature Date		Check	L] #		
	eparer	·			self-em	ployed		
	se Only		ame ►	Fım	n's EIN ▶			
J	JC Cilly		ddress ▶	Pho	ne no			
Ma	v the IRS		s this return with the preparer shown above? (see instructions)			Yes No		
_	<u> </u>			11282V		Form 990 (2013)		
LOI	raperwo	OLK MEGO	ction Act Notice, see the separate instructions. Cat No	112021		1 3.111 000 (2013)		



	·
	0 (2013) Page 2
Part	
1	Check if Schedule O contains a response or note to any line in this Part III
'	The Haitian Project through Louverture Cleary School, its Catholic, co-educational boarding school in Haiti, educates and nurtures
	academically talented and motivated students from Haitian families who cannot afford the cost of their children's education in order
	to maximize their potential and enable them to work toward building a Haiti where justice and peace thrive.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 892,309 including grants of \$) (Revenue \$ 21,641)
	The Haitian Project, Inc., owns and operates a boarding school in Port au Prince, Haiti, serving 350+ students, ages 11 - 19, who
	otherwise could not afford secondary education.
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
	•
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)

) (Revenue \$

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ 892,309

Total program service expenses ▶

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
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,	l		1
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		١,
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III			,
•	·	8	ļ	✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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			1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		-
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		54-2145	
• •	VII, VIII, IX, or X as applicable.			و کام دی
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		property and the state of the s	
_	complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
4.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII			1
_	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a	<u> </u>	
U	the organization included in consolidated, independent addited infancial statements for the tax year? If yes, and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	40h		1
13	470/1/4/4/4/10 11 11 11 11 11 11 11 11 11 11 11 11 1	12b 13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170	_	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓	İ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
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		✓
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		l .

Part (V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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	35b 36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			İ
·	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		,	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	-	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7		}	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	If "Yes," enter the name of the foreign country: ► Haiti	<u>4a</u>	_	1
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۵.		
7	gifts were not tax deductible?	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	1	
9	Sponsoring organizations maintaining donor advised funds.	-		,
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			 .
11	Section 501(c)(12) organizations. Enter:			'
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			'
ıs a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.	.oa		\vdash
b	Enter the amount of reserves the organization is required to maintain by the states in which			,
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		I

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Cooki	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	<u>. 😢</u>
Secti	on A. Governing Body and Management		Yes	T
1a	Enter the number of voting members of the governing body at the and of the toy year.		res	No
1.0	Enter the number of voting members of the governing body at the end of the tax year 1a 21 If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 20		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	1	
	any other officer, director, trustee, or key employee?	2	_	7
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	_3	<u> </u>	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u> </u>	✓
6 7-	Did the organization have members or stockholders?	6		✓
7a	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?	_		١,
b	one or more members of the governing body?	7a	 	✓
U	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	/5		ļ
	the year by the following:	!		
а	The governing body?	8a	1	i - '
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>)
40-	Delthe area at a land at the second at the s		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓_
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	- 	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		1
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?			
а	The organization's CEO, Executive Director, or top management official	15a	✓ -	-
b	Other officers or key employees of the organization	15b	_	1
-	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?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► N/A			
17 18	List the states with which a copy of this Form 990 is required to be filed ► N/A Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	c)(3)c	- Only
	available for public inspection. Indicate how you made these available. Check all that apply.	, 50 10	J)(J)S	Oilly)
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest :	policy	, and
	financial statements available to the public during the tax year.		,	
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	;	
	organization: ► Thomas Pham, Controller, 160 Broad Street, Providence, RI 02903, 401-351-3624			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	anız	atıo	n c	ompe	ensa	ted any currer	t officer, directo	r, or trustee.
	1			•	C)					
(A)	(B)	(do n	not ch		ition	e than o	one	(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unles er and	s pe d a d	rson	is both or/trus	n an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Mark Bamford	As needed									
Director, 2nd Vice-Chair of the Board	1	✓						0	0	0
(2) Betsy Bowman	As needed									
Director		✓						o	0	0
(3) Fr. James Cuddy, O.P.	As needed									
Director		✓						0	0	0
(4) Kurt Daviscourt	As needed									
Director		✓						0	0	0
(5) John Fiorenza	As needed									
Director, 1st Vice-Chair of the Board		1				L		0	0	0
(6) Dr. Timothy Flanigan	As needed						l			
Director		✓			L			0	0	0
(7) Steve Holmes	As needed						ĺ	İ		
Director	<u> </u>	✓						0	0	0
(8) James Kavney	As needed									
Director		✓			L.			0	0	0
(9) Stephen Keppel	As needed									
Director		✓						0	0	0
(10) Michelet Lofficial	As needed									
Director		✓					ļ	0	0	0
(11) Mimi Marquet	As needed									
Director		✓					L	0	0	0
(12) Elizabeth Mason	As needed									
Director, Secretary		✓		✓				0	0	0
(13) Deacon Patrick Moynihan	40									
Director, President		✓	Ш	✓		✓		65,904	0	17,378
(14) John M. Murphy, Jr.	As needed									
Director		✓						0	0	0

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, ar	nd H	lighe	st C	ompensated E	mployees (con	tinued)		
					(0	C)				-			
	(A)	(B)				ition			(D)	(E)		(F)	
	Average					than o		Reportable	Reportable	-	Estimated		
	Name and title	hours per					is both or/trust		compensation	compensation from	n	amount of	
	week (list any		т		_		`	from	related		other		
		hours for	Individual trustee or director	nst	Officer	Key employee	#g	Former	the	organizations		compensation	n
		related organizations	rec à	<u>\$</u>	ğ	e e	lo est	Per	organization (W-2/1099-MISC)	(W-2/1099-MISC		from the organization	
		below dotted	한글	ma	ŀ	흥	& Š		(*** 27 1000 101100)			and related	
		line)	l st	2		ee	np				(organizations	S
			8	Institutional trustee			Highest compensated employee						
							e e				1		
(15) Pa	tricia Newell	As needed											
Direct	or	1	✓						l 0		o		0
(16) St	Isan Prince	As needed									1		
Direct		1.10.1100000	1				l		0		o		0
	ean B. Reineking, Sr.	As needed		\vdash	\vdash	_			•		-		
		AS Heeded	1		1								
	or, Treasurer	<u> </u>	<u> </u>	\vdash	V		-	H	0		0		0
	mes E. Reulbach	As needed	1										
Direct		ļ	/	_		_	<u> </u>		0		0		0
(19) Bi	ian Rhodes	As needed											
Direct	or		✓					L.,	0		0		0
(20) EI	en Shackford	As needed											
Direct	or		✓						0		o		
(21) M	atthew Smith	As needed											
	or, Chair of the Board		 						i 0		o		0
	rice Crendin	40					-				1		
*********	resident	 	1		/		1		26,092		0	4	0,037
	zabeth Cross	40			<u> </u>	\vdash	- -		20,092		-	<u>'</u>	<u>U,U37</u>
*		40			,		1				_	_	
	resident	 		-	V		V		23,467		0	1	0,037
	ark C. Bowker	40	-		,		,						
	resident	 			✓		✓		40,177		0	1	7,378
(25)		ļ											
		i .									\bot		
1b	Sub-total								155,640		0	5	4,830
С	Total from continuation sheets to Part	VII, Sectio	n A	-					0		<u>o</u>		0
d	Total (add lines 1b and 1c)								155,640		o	5	4,830
2	Total number of individuals (including but	t not limited	to th	ose	list	ed	above	e) w	ho received m	ore than \$100.0	000 of		
	reportable compensation from the organ							,					
												Yes	No
3	Did the organization list any former of	ficer direc	tor. c	or tr	uste	96.	kev e	emr	olovee, or high	est compensa	ted [1.00	
	employee on line 1a? If "Yes," complete									oot compense		3	1
												3	<u> </u>
4	For any individual listed on line 1a, is the												
	organization and related organizations												
	ındıvıdual											4	
5	Did any person listed on line 1a receive of										iual		
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedu	ıle J f	or s	such person	<u> </u>	<u> </u>	5	✓_
Section	n B. Independent Contractors												
1	Complete this table for your five highest	compensat	ed ind	depe	end	ent	contr	act	ors that receive	ed more than \$	100,00	0 of	
	compensation from the organization. Rep												ax
	year.	•						•	J		J		
	(A)					_		Π	(B)	1.		(C)	
	Name and business add	iress						1	Description of s	ervices	Com	pensation	
	···				-			\vdash					
N/A								\vdash					
								├-					
								<u> </u>					
		 					_	<u> </u>					
2	Total number of independent contractor		-					th	iose listed abo	ove) who		_	
	received, more than \$100,000 of compens	sation from	the o	raar	บรลใ	hon	•						

Par	VIII	Statement of Reve						_
		Check if Schedule C) contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
irants ounts	1a b	Federated campaigns Membership dues		0		10101120		
s, G	С	Fundraising events .	<u>1c</u>	_ 0		İ		
Gift	d	Related organizations	s 1d	0				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (cor		0				
	f	All other contributions, g						
o F	_	and similar amounts not in		1,055,114		İ		
Š	g	Noncash contributions include Total. Add lines 1a-1		50,533	1055 114			
		Total. Add lines 1a-1	<u> </u>	Business Code	1,055,114	+		
enu	2a	Student Fees		900099	21,641	21,641	o	-
æ	b				2.,0	21,011		_ _
je	С							
Sen	d							
Ę	е							
Program Service Revenue	f	All other program ser						
	<u>g</u> 3	Total. Add lines 2a-2 Investment income		>	21,641	· · ·		
	3	and other similar amo			46.060		o	46.060
	4	Income from investmen	•	,	46,060	0	0	<u>46,060</u>
	5	Royalties	•		0	0	0	0
	•	,	(ı) Real	(ii) Personal				__
	6a	Gross rents	0	0				
	b	Less: rental expenses	0	0				
	С	Rental income or (loss)	0	0		1		
	_d	Net rental income or						
	7a	Gross amount from sales of	(i) Securities	(II) Other	-	:		
		assets other than inventory	195,477	4,925				
	b	Less. cost or other basis and sales expenses	404.040	0.000				
	С	Gain or (loss)	181,819 13,658					
	d	Net gain or (loss) .	13,030		16,183	o	o	16,183
9		Gross income from fu			10,103		<u>_</u>	10,100
Other Revenue) Ou	events (not including \$	andraising					
ě		of contributions report	ed on line 1c).					
<u>-</u>		See Part IV, line 18 .		0				
퉏	b	Less: direct expenses	s b	0				
•		Net income or (loss) f		events . >	o		0	0
	9a	Gross income from ga	-	1				
		•	···a) — — -				
	1	Less: direct expenses				_		_ ~~
	102	Net income or (loss) f Gross sales of in		ivides .		0	0	
	IVa	returns and allowance		اه				
	Ь	Less: cost of goods s	-					
	c	Net income or (loss) f			اه	o	o	O
	<u> </u>	Miscellaneous F		Business Code				
	11a	N/A						
	b							
	С							
	d	All other revenue .		L				
	12e	Total. Add lines 11a-			0			
	12	Total revenue. See ii	nstructions	🟲	1.138.998	21.641	0	62,243

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	nolete all columns. Al	ll other organizations	s must complete colu	umn (A).
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		,		
	organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in				
•	the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	o	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	167,685	88,732	66,120	12,833
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		i		
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	330,619	_287,500	36,500	6,619
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				•
9	Other employee benefits	56,849	29,577	22,467	<u>0</u> 4,805
10	Payroll taxes	33,352	24,519	7,448	1,385
11	Fees for services (non-employees):	33,332	24,319	7,440	
а	Management	o	o	O	0
b	Legal	0	0	0	0
c	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	13,040	1,500	11,540	0
g	Other. (If line 11g amount exceeds 10% of line 25, column		_		_
40	(A) amount, list line 11g expenses on Schedule O.)	1,452	0	1,452	0
12 13	Advertising and promotion	29,429	11,001	9,051	9,377
14	Office expenses	3,431	910	2,521	9,377
15	Royalties	0	0	0	0
16	Occupancy	16,548	9,317	7,231	0
17	Travel	63,748	39,541	8,196	16,011
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	2,798	0	2,798	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22 23	Depreciation, depletion, and amortization . Insurance	43,607	43,607	4 110	0
23 24	Other expenses. Itemize expenses not covered	4,366	256	4,110	0
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column		ł		
	(A) amount, list line 24e expenses on Schedule O.)				
а	Scholarship/University Expenses	98,886	98,886	0	0
b	Food	81,238	81,238	0	0
С	Mission Trips	28,165	28,165	0	0
d	Earthquake Renovation	23,574	23,574	0	0
e	All other expenses See Schedule O	127,497	123,986	3,141	370
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,126,284	892,309	182,575	51,400
20	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				
					~ 000 (0040)

	art X				
		Check if Schedule O contains a response or note to any line in this Pa	tX	<u> </u>	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	21,608	1	34,246
	2	Savings and temporary cash investments	365,878	2	405,86
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	9,359	4	5,84
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	o	5	
0	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	
se	7	Notes and loans receivable, net	<u>_</u>	7	
Assets	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	<u>_</u>		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,160,391			
	ь	Less: accumulated depreciation 10b 649,483	552,327	10c	510,908
	11	Investments—publicly traded securities	1,224,889	11	1,331,939
	12	Investments—other securities. See Part IV, line 11	0:	12	0
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,174,061		2,288,806
	17	Accounts payable and accrued expenses	6,210		19,751
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	C
	20	Tax-exempt bond liabilities	0	20	0
ı	21	Escrow or custodial account liability Complete Part IV of Schedule D .	0	21	
ខ្ល	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	o	22	0
֡֞֞֜֞֞֞֞֜֞֞֞֞֜֞֞֡֡֞֞֞֡	23	Secured mortgages and notes payable to unrelated third parties	0	23	
	24	Unsecured notes and loans payable to unrelated third parties	3,060	24	1,359
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		05	
	26	<u> </u>	0	25	0
\dashv	20	Total liabilities. Add lines 17 through 25	9,270	20	21,110
Seol		complete lines 27 through 29, and lines 33 and 34.			
Ē	27	Unrestricted net assets	1,882,910		2,019,785
ן מ	28	Temporarily restricted net assets	167,583		84,354
Net Assets or rund balances	29	Permanently restricted net assets	114,298	29	163,557
ွှ	30	Capital stock or trust principal, or current funds		30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ž	32	Retained earnings, endowment, accumulated income, or other funds .		32	· · ·
<u>e</u>	33	Total net assets or fund balances	2,164,791	33	2,267,696
Z	34	Total liabilities and net assets/fund balances	2,174,061	34	2,287,896

Form 9	99 (2013)			Pa	ige 12
Par	t XI Reconciliation of Net Assets				•
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,13	38,998
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,12	26,284
3	Revenue less expenses. Subtract line 2 from line 1	3		1	12,714
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,16	64,791
5	Net unrealized gains (losses) on investments	5		10	3,297
6	Donated services and use of facilities	6			5,921
7	Investment expenses	7			0
8	Prior period adjustments	8			-599
9	Other changes in net assets or fund balances (explain in Schedule O)	9			18 <u>,4</u> 28
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2,26	67,696
Par	Time Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	xplain in		Yes	No
2a			2a		1
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both	 ed on a	2b		1
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, exception of the control of the organization changed either its oversight process or selection process during the tax year, exception or the control of the organization changed either its oversight process or selection process during the tax year, exception or the control of the organization changed either its oversight process or selection process during the tax year, exception of the organization changed either its oversight process or selection process during the tax year, exception of the organization changed either its oversight process or selection process during the tax year, exception or the organization changed either its oversight process or selection process during the tax year, exception or the organization changed either its oversight process or selection process during the tax year.	untant?	2c		

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization				_		I	Employer i	dentificatio	n number
	laitian Project, Inc.			<u> </u>						700013
Pa			rity Status (All orga						nstruction	ons.
The 6 1 2 3 4	☐ A church, con☐ A school desc☐ A hospital or a☐ A medical rese	vention of churc ribed in section a cooperative ho	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Sched ation desc	s describ ule E.) cribed in	ed in sec section	tion 170(170(b)(1)((b)(1)(A)(i (A)(iii).		i(iii). Enter the
5	☐ An organization		the benefit of a colle	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit described in
6 7	An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	al part of					nit or fror	n the general public
9	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that it to its exempt funct int income and unrel fter June 30, 1975. Se	an 33¹/₃% ions—sul lated bus	of its sibject to disiness ta	upport fro certain ex xable inc	xceptions come (les	s, and (2) ss sectio	no mor	e than 331/3% of its
10 11	An organization purposes of or	on organized arone or more pub ock the box that o	operated exclusively of operated exclusive licly supported organ describes the type of	ely for th	ie benefi describe	t of, to p	perform to non 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). See section
е		indation manage	II c Type II that the organization ers and other than one	is not co	ntrolled c	irectly or	ndirectly	y by one	or more	
f			written determination			that it is	a Type	I, Type	ll, or Typ	oe III supporting
g	Since August following pers		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•	
	(i) A person v	who directly or ii	ndirectly controls, eithody of the supported of							nd Yes No
_	(ii) A famıly m (iii) A 35% cor	ember of a persontrolled entity of	on described in (i) abo a person described in	ove? n (ı) or (ıı) a	 above? .					11g(ii) 11g(iii)
h	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S ?	(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)	:									
(B)										
(C)								-		
(D)										
(E)			-							

Schedule A (Form 990 or 990-EZ) 2013 Page 2 Support Schedule for Organizations Described in Sections 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 in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts. grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . 933,648 1,535,461 1,037,791 1,102,744 1,055,114 5,664,758 levied for the revenues organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 Total. Add lines 1 through 3. . . . 933,648 1,535,461 1,037,791 1,102,744 1,055,114 5,664,758 The portion of total contributions by each than a person (other governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . 676,906 Public support. Subtract line 5 from line 4. 4,987,852 Section B. Total Support (a) 2009 Calendar year (or fiscal year beginning in) ▶ **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 933,648 1,535,461 1,037,791 1,102,744 1,055,114 5,664,758 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources 34,535 21,961 47,754 35,964 46,060 186,274 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 457 11,364 34,039 45,860 **Total support.** Add lines 7 through 10 11 5,896,892 Gross receipts from related activities, etc. (see instructions) 12 66,286 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) . . 14 85 % Public support percentage from 2012 Schedule A, Part II, line 14 85 % 15 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this \square b 331/a% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more, 10%-facts-and-circumstances test - 2013. 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

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

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

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

Secti	on A. Public Support	4.140. 11.0 10	oto noto <u>u bon</u>	511, p.oaoo o	orripioto i art	,	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						
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		: :				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		İ				
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Secti	on B. Total Support	·					
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	•			n, or fifth tax ye		
Secti	on C. Computation of Public Suppor	t Percentag	le				
15	Public support percentage for 2013 (line 8		•			15	%
16	Public support percentage from 2012 Sch			<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2013 (17	<u>%</u>
18	Investment income percentage from 2012					18	% and has
19a	331/a% support tests—2013. If the organ 17 is not more than 331/a%, check this box						
b	331/2% support tests—2012. If the organize line 18 is not more than 331/2%, check this line 18 is not more tha	ation did not d	heck a box on	line 14 or line	19a, and line 16	is more than	331/3%, and
20	Private foundation. If the organization di						

Part IV	Form 990 or 990-EZ) 2013 Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17	Page 4 b: and
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17 Part III, line 12. Also complete this part for any additional information. (See instructions).	D, a
Part II, Line	e10:	
Net income	e from fundraising events.	
		·

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

The Ha	itian Project, Inc.	22-2700013
Par		ar Funds or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, II	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the as funds are the organization's property, subject to the organization's exclusive legal	
6	Did the organization inform all grantees, donors, and donor advisors in writing the only for charitable purposes and not for the benefit of the donor or donor advisors.	
	conferring impermissible private benefit?	
Part		Yes N
1 (11)	Complete if the organization answered "Yes" to Form 990, Part IV, li	line 7
1	Purpose(s) of conservation easements held by the organization (check all that app	
•	☐ Preservation of land for public use (e.g., recreation or education) ☐ Preserva	• ••
	<u> </u>	vation of a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation con	ntribution in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Yes
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)) 2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and	nd not on a
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished,	, or terminated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conser-	ervation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation \$\blacktriangleright*\$	on easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	monte of section 170(h)(4)/P)
0	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its re	
J	balance sheet, and include, if applicable, the text of the footnote to the organization	
	organization's accounting for conservation easements.	
Part		res. or Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, li	· ·
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to repor	
	works of art, historical treasures, or other similar assets held for public exhibiti	
	public service, provide, in Part XIII, the text of the footnote to its financial statement	ents that describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report	t in its revenue statement and balance she
	works of art, historical treasures, or other similar assets held for public exhibiting	tion, education, or research in furtherance
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	 \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other	similar assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to t	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Part									
3	Using the organization's acquisition, collection items (check all that apply):		ner record	ls, chec	k any of the	follow	ing that are a sign	gnificant	use of its
а	☐ Public exhibition		d□	Loan	or exchange	progr	ams		
b	☐ Scholarly research								
С	Preservation for future generation	s							
4	Provide a description of the organiza		ınd explair	n how th	ney further th	e org	anızatıon's exem	pt purpos	se in Part
_	XIII.								
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part									
	Complete if the organization 990, Part X, line 21.	n answered "Yes"	to Form	990, P	art IV, line 9	, or re	eported an amo	ount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?								. □ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the follo	owing ta	able:		T An	nount	
•	Paguaning balance					10	 	- IOUITE	
Ç	Beginning balance					1c	 		
d	Additions during the year					1d	 		
e	Distributions during the year		•			1e	<u> </u>		
f	ŭ .					1f			
2a	Did the organization include an amou								No.
	If "Yes," explain the arrangement in P	art XIII. Check here	of the exp	olanation	n has been pr	ovide	d in Part XIII .		
Par				000 0	. 10.4 10	_			
	Complete if the organization						(n =	1455	
		(a) Current year	(b) Prior		(c) Two years t		(d) Three years back	<u> </u>	ears back
1a	Beginning of year balance	1,224,889	1,0	085,642	1,201		1,034,310	ļ	815,024
b	Contributions	3,357		10,339	13	,906	15,745		<u>189,488</u>
С	Net investment earnings, gains, and								
	losses	166,553		140,619	-62	2,308	160,905	ļ	186,522
d	Grants or scholarships	0		0	-5	,000	. 0		0
е	Other expenditures for facilities and]							
	programs	-50,000		0	-50	,000	0		-150,000
f	Administrative expenses	-12,860		-11,711	-12	,141	-9,775		-6,724
g	End of year balance	1,331,939	1,:	224,889	1,085	,642	1,201,185		1,034,310
2	Provide the estimated percentage of	the current year en	d balance	(line 1g	, column (a)) l	held a	s:		
а	Board designated or quasi-endowme	nt ▶ 9	1%	_					
b	Permanent endowment ▶	9%	-						
С	Temporarily restricted endowment ▶	0%							
	The percentages in lines 2a, 2b, and 2	2c should equal 10	0%.						
3a	Are there endowment funds not in th			ation tha	at are held an	d adr	ninistered for the	•	
	organization by:	•	Ū					_	es No
	(i) unrelated organizations							3a(i)	1
	***			• •		• •		3a(ii)	1
b	If "Yes" to 3a(ii), are the related organ							3b	_
4	Describe in Part XIII the intended uses							[00]	
Part			11 3 0110011	VIIICIII IC					
rail	Complete if the organization		to Form	000 B	art IV lina 1	10 0	00 Form 000 F	ort V lin	o 10
	Description of property	(a) Cost or oth (investme	1 -		r other basis ther)		ccumulated preciation	(d) Book	value
1a	Land		67,242						67,242
b	Buildings		694,458				430,975		263,483
С	Leasehold improvements		0				0		0
d	Equipment		294,091				123,668		170,423
e	Other		104,600				94,840		9,760
Total	Add lines 1a through 1e (Column (d) r	nuct equal Form 90		column	(B) line 10/c	1.1			E10 000

Part VII	Investments – Other Securities Complete if the organization ans		m 990. Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or categor (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other	••••			•	
(A)				-	
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
	h) must equal Form 000. Part V and (P) (no. 12.)				
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) Investments — Program Relate				
r art viii	Complete if the organization and		m 990. Part IV. line	11c. See Form	990 Part X line 13.
	(a) Description of investment	<u> </u>	(b) Book value	(c) Met	hod of valuation -of-year market value
(1)			-	•••	
(2)		<u> </u>			
(3)					
(4)					
_(5)					
_(6)					
_(7)					
(8)					
(9)	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.	·			-
Tartix	Complete if the organization ans	swered "Yes" to For	m 990 Part IV line	11d See Form	990 Part X line 15.
		(a) Description			(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·			
(2)					
(3)					
(4)				- -	
(5)					
(6)					
_(7)					
_(8)		· · · · · · · · · · · · · · · · · · ·			
(9)	mn (b) must equal Form 990, Part X, o	nal (D) line 15 \			
		COI. (B) IIINE 15.)	· · · · · · ·		
Part X	Other Liabilities. Complete if the organization ans	word "Voo" to For	m 000 Part IV lina	110 or 11f Soo	Form 000 Part V
	line 25.	<u> </u>			
(1) Federal ır	(a) Description of liability	(b) Book value			
	icome taxes				
(2)					
(4)					
(5)		-			
(6)	·				
(7)	-				
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)				
	r uncertain tax positions. In Part XIII, prov		ote to the organization	's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par		•	r Return.
	Complete if the organization answered "Yes" to Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	
а	Net unrealized gains on investments	2a	-
b	Donated services and use of facilities		-
C	Recoveries of prior year grants		-
d	Other (Describe in Part XIII.)		- _
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	1	3
4		40	
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	-
C	Add loss de and de	L	- _{4c}
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			1 - 1
T GIT	Complete if the organization answered "Yes" to Form 990,		er return.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u> </u>
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	7
C	Other losses	-	1
d	Other (Describe in Part XIII)		7
е	Add lines 2a through 2d		☐ 2e
3	Subtract line 2e from line 1		3
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 XIII.)	4b	7
С	Add lines 4a and 4b		_4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any additional	information.
Part V	Line 4:		
The Ha	itian Project, Inc. has 2 Endowments - The Board-directed 'General Endowme	ent' was established to suppo	ort the Project's operating
expen	ses. Distributions from this Endowment can only be made if the principal is \$	1 million or more. The separa	ite 'Post-Graduate Support
Fugor	ment' was established to support scholarships for university for alumni of ou	ir school in Haiti. The princip	al of this Endowment
io	nanently restricted. Distributions from this Endowment can only be made if th	o neimainal io avez en actabli	الماموسطة المحامة
is pen	namentry restricted. Distributions from this Endowment can only be made if the	ie principal is over an establ	snea threshold.
Sanar	ite investment policies govern the Endowments. Investments are overseen b	y a Board committee	
Jopan	the investment policies govern the Endownients. Investments are overseen b	y a Board committee.	
	,		
	•••••••••••••••••••••••••••••••••••••••	•••••	
	•••••••••••••••••••••••••••••••••••••••	••••	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

The H	aitian Project, Inc.					22-2700013
Par	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organization	answered "Yes" on
1	For grantmakers. Does the assistance, the grantees' el					d the
	grants or assistance? .					· Yes No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for moni	toring the use of its	grants and other
3	Activities per Region. (The fo	ollowing Part I	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type of service(s) in region	expenditures for
(1)	Haiti	2	60	Program Services	Boarding School	892,309
(2)						
(3)		-				
(4)						
(5)						
	-					
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
					-	
(17) 3a	Sub-total	2	60			892,309
b	Total from continuation sheets to Part I	0	0			0
_	Totals (add lines 3a and 3h)	3	<u> </u>	1		802 309

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name of (b) IRS code (c) Region (d section and EIN (if applicable)	(1)	(2)	(6)	(4)	(9)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	
(d) Purpose of grant																
(e) Amount of cash grant											_					
(f) Manner of cash disbursement																
(g) Amount of non-cash assistance																
(h) Description of non-cash assistance																
(I) Method of valuation (book, FMV, appraisal, other)												!				

Schedule F (Form 990) 2013

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

ო

N

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2013

Part III Grants ar

(1) (3) (4) (6) (6) (9) (10) (11) (12) (13) (14) (16)		appraisai, other)

Schedule F	(Eorm	aan	2012
scneaule r i	(FOITH	99U,	2013

Page	4
race	7

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

ine Ha	<u>iitian Project, Inc.</u>			i	22-27000	13		
Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art-Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household	, and the second						_
	goods							_
6	Cars and other vehicles			-				
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded	✓	3	34,493	Market			
10	Securities—Closely held stock .							_
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other		·. 					
18	Collectibles							
19	Food inventory	/	37	5,924	Cost			
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts				_			
25	Other ► (Materials, Diesel, etc)		41	8,408	i			
26	Other ► (School Supplies)		2		Cost, Estima	tion		
27	Other ► (Office Supplies)	/	1		Estimation			
28	Other (Computer Equip)	√	1		Estimation			
29	Number of Forms 8283 received which the organization completed					_		
	which the organization completed	11 01111 0200	o, Fait IV, Dollee Ackilowie	agement	29	0	Yes	No
00-	D		to a control of the c	disconnected in Death Linear	1 00 46-4		103	110
30a	During the year, did the organizat it must hold for at least three year							
	used for exempt purposes for the			and which is not req	uned to be	200	-	,
	• • •		ing period:			30a		_
	If "Yes," describe the arrangement Does the organization have a		stance policy that require	se the review of any no	n-etandard			
31	<u> </u>			es the review of any no	ii-Stailuaiu	31	1	
20-	Does the organization hire or use			e to collect process or se	Il noncach	31		
32a	•	•			ii iioiicasii	220		,
L						32a	\vdash	1
33	If "Yes," describe in Part II. If the organization did not report all	n amount in	column (c) for a type of pro	nerty for which column (a)	s checked			
	describe in Part II.	i anount II	, column (o) for a type of pic	sporty for willow column (a)	onconeu,			

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

The Haitian Project, Inc.	22-2700013
Part VI, Section B, Line 11b: Reviewing the Form 990	
- Form 990 and accompanying schedules are prepared in consultation with our professional advise	er(s) and reviewed by the organization's
Treasurer before filing.	
Part VI, Section B, Line 15: Determining Compensation	
- Search Committee is formed, professional headhunter is consulted, comparison to other organiza	tions. From the
organization's bylaws: SECTION 10.04. Contract, etc., How Executed. Except for contracts to be	performed in Haiti
which may be executed and delivered by the President on behalf of the Project, or as otherwise de	etermined by the
Board of Directors, any two of the following: the Chair, the Vice Chairs, the President, any Vice President, and Vice Presiden	esident, the
Secretary or the Treasurer, may enter into any contract or execute and deliver any contract or other	er instrument, the
execution of which is not otherwise specifically provided for, in the name and on behalf of the Pro	ject. The Board of
Directors, except as otherwise provided in these by-laws, may authorize any other or additional of	ficer or officers,
agent or agents, of the Project to enter into any contract or execute and deliver any contract or other	ner instrument in
the name and on behalf of the Project, and such authority may be general or confined to specific in	nstances. Unless
authorized to do so by these by-laws or by the Directors, no officer, agent or employee shall have	any power or
authority to bind the Project by any contract or engagement, or to pledge its credit, or to render it	liable pecuniarily
for any purpose or in any amount.	
Part VI, Section C, Line 19: Making documents available to the Public:	
- The Haitian Project provides copies of all governing documents, written policies and financial state	tements to the
Board of Directors and staff regularly. Members of the public receive financial statements contain	ed in the organization's
yearly publication "Annual Report." Members of the public may also receive copies of organization	nal documentation
upon request.	

Name of the organization Employer identification number 22-2700013 The Haitian Project, Inc. Part IX, Line 24e: All Other Expenses (Exceeds 10% of Line 25, Column A) (A) Total | (B) Program Services | (C)Management & General | (D) Fundraising
 Community/School Programs & Outreach
 22,851
 21,745
 736
 370
 Facility Maintenance 21,962 21,962 0 0 Office of External Affairs 15,988 | 15,988 | 0 | 0 Supplies (non-office) 14,522 14,522 0 0 Ragamuffin Sewing Program 13,729 1 13,729 0 0 Long-Term Volunteer Expense 13,083 | 13,083 | 0 | 0 Auto Repair/Purchase 10,389 | 10,389 | 0 | 0 Professional Development 6,006 5,494 512 0 Land 5,851 5,851 0 0 Staff Search 1,626 | 0 | 1,626 | 0 Miscellaneous 1,490 | 1,223 | 267 | 0 Total All Other Expenses 127,497 123,986 3,141 370 Part XI, Line 9: Other changes in net assets or fund balances: In-Kind Expenses - 21,960 Endowment Balance correction + 3,534 Miscellaneous correction - 2 Total change in net assets/fund balances = - 18,428

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number The Haitian Project, Inc. 22-2700013 Amended 2013 Return - Summary of Changes: Heading: Corrected Part F - President's address; corrected Part G - Gross Receipts based on corrected Revenue Statement Part VIII. Part I: Summary: Corrected lines 8,12,15,16b,17,18,19,20,21,22 - based on corrections to Revenue, Expenses, and Balance Sheet. Part III: Corrected Line 4a, 4e Expenses - based on corrections to Expenses Part IX. Part IV: Removed 'No' answers to Lines 24b, 24c, 24d, because answered 'No' to Line 24a. Part VII: Lines 13,22,23,24 - De-selected 'Key Employee' boxes, because earn less than \$150,000 reportable compensation. Part VIII: Line 1f, 1h, 12 - corrected Contributions amount due to preparer error. Part IX: Corrected all lines except 9,10,19,24a,24b,24c - corrected Expenses due to preparer error. Part X: Corrected Lines 1,2,10a,10b,10c,11,16,17,24,26,27,28,29,33,34 - corrected Balance Sheet due to preparer error. Part XI: Selected box indicating information contained in Schedule O for this section. Part XI: Corrected Lines 1,2,3,9,10 - based on corrections to Revenue & Expenses, as well as preparer error. Schedule A: Part II: Column e: Corrected Lines 1,4,5,6,7,11 - based on corrections to Revenue. Schedule A: Part IV: Added note pertaining to Part II, Line 20. Schedule B: Added list of non-cash contributors & donations of non-cash property. Schedule D: Part V: Column a: Corrected Lines 1b,1c,1g,2a,2b - corrected due to preparer error. Schedule D: Part V: Columns a, c, d: Corrected Lines 1b,1d, 1e, Total - corrected due to preparer error. Schedule D: Part XIII - Corrected Endowments description due to preparer error. Schedule F: Part I, Corrected lines 1, 3a, 3c - based on corrections to Expenses. Schedule M: Part I, Corrected Lines 26, 27 in Column b - corrected due to preparer error. Schedule 0: Line 24e All Other Expenses notes - corrected Expenses due to preparer error. Schedule O: Changes in Net Assets/Fund Balances notes - corrected due to preparer error.