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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2013

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
PHYSICIANS FOR HAITI INC

**D** Employer identification number  
27-3645742

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
PO BOX 1575

**E** Telephone number  
(805) 453-4212

City or town, state or province, country, and ZIP or foreign postal code  
BROOKLINE, MA 02446

**F** Group Exemption Number

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_

**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: [WWW.PHYSICIANSFORHAITI.ORG](http://WWW.PHYSICIANSFORHAITI.ORG)

**J** Tax-exempt status (check only one) ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 109,328**

**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

|            |           |                                                                                                                                                                                                                  |           |         |
|------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| Revenue    | <b>1</b>  | Contributions, gifts, grants, and similar amounts received                                                                                                                                                       | <b>1</b>  | 92,318  |
|            | <b>2</b>  | Program service revenue including government fees and contracts                                                                                                                                                  | <b>2</b>  | 10,678  |
|            | <b>3</b>  | Membership dues and assessments                                                                                                                                                                                  | <b>3</b>  | 0       |
|            | <b>4</b>  | Investment income                                                                                                                                                                                                | <b>4</b>  | 0       |
|            | <b>5a</b> | Gross amount from sale of assets other than inventory                                                                                                                                                            | <b>5a</b> | 0       |
|            | <b>b</b>  | Less cost or other basis and sales expenses                                                                                                                                                                      | <b>5b</b> | 0       |
|            | <b>c</b>  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                          | <b>5c</b> | 0       |
|            | <b>6</b>  | Gaming and fundraising events                                                                                                                                                                                    | <b>6d</b> | 6,313   |
|            | <b>a</b>  | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                            | <b>6a</b> |         |
|            | <b>b</b>  | Gross income from fundraising events (not including \$ 3,229 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> |         |
|            | <b>c</b>  | Less direct expenses from gaming and fundraising events                                                                                                                                                          | <b>6c</b> |         |
| Expenses   | <b>d</b>  | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                               | <b>6d</b> | 6,313   |
|            | <b>7a</b> | Gross sales of inventory, less returns and allowances                                                                                                                                                            | <b>7a</b> | 0       |
|            | <b>b</b>  | Less cost of goods sold                                                                                                                                                                                          | <b>7b</b> | 0       |
|            | <b>c</b>  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                                   | <b>7c</b> | 0       |
|            | <b>8</b>  | Other revenue (describe in Schedule O)                                                                                                                                                                           | <b>8</b>  | 0       |
|            | <b>9</b>  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                    | <b>9</b>  | 109,309 |
|            | <b>10</b> | Grants and similar amounts paid (list in Schedule O)                                                                                                                                                             | <b>10</b> | 30,011  |
|            | <b>11</b> | Benefits paid to or for members                                                                                                                                                                                  | <b>11</b> | 0       |
|            | <b>12</b> | Salaries, other compensation, and employee benefits                                                                                                                                                              | <b>12</b> | 48,742  |
|            | <b>13</b> | Professional fees and other payments to independent contractors                                                                                                                                                  | <b>13</b> | 8,440   |
| Net Assets | <b>14</b> | Occupancy, rent, utilities, and maintenance                                                                                                                                                                      | <b>14</b> | 2,041   |
|            | <b>15</b> | Printing, publications, postage, and shipping                                                                                                                                                                    | <b>15</b> | 932     |
|            | <b>16</b> | Other expenses (describe in Schedule O)                                                                                                                                                                          | <b>16</b> | 38,647  |
|            | <b>17</b> | <b>Total expenses.</b> Add lines 10 through 16                                                                                                                                                                   | <b>17</b> | 128,813 |
|            | <b>18</b> | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                                  | <b>18</b> | -19,504 |
|            | <b>19</b> | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)                                                                 | <b>19</b> | 26,002  |
|            | <b>20</b> | Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                             | <b>20</b> | 0       |
|            | <b>21</b> | Net assets or fund balances at end of year Combine lines 18 through 20                                                                                                                                           | <b>21</b> | 6,498   |

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|                                                                                | (A) Beginning of year |    | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|----|-----------------|
| 22 Cash, savings, and investments                                              | 26,002                | 22 | 6,498           |
| 23 Land and buildings                                                          | 0                     | 23 | 0               |
| 24 Other assets (describe in Schedule O)                                       | 0                     | 24 | 0               |
| 25 Total assets                                                                | 26,002                | 25 | 6,498           |
| 26 Total liabilities (describe in Schedule O)                                  | 0                     | 26 | 0               |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 26,002                | 27 | 6,498           |

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

The primary exempt purpose of Physicians for Haiti, a 501(c)(3) charitable organization, is to support the educational and professional development of Haitian physicians and nurses through the development of leadership and management programs, the organization of educational and leadership conferences and training programs in Haiti, and the development of computer-based learning materials for Haitian health professionals

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here

28a

(Grants \$ )

If this amount includes foreign grants, check here

29a

(Grants \$ )

If this amount includes foreign grants, check here

30a

31

Other program services (describe in Schedule O)

(Grants \$ )

If this amount includes foreign grants, check here

31a

32

Total program service expenses (add lines 28a through 31a)

32

110,960

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title        | (b) Average hours per week devoted to position | (c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------|------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| See Additional Data Table |                                                |                                                                           |                                                                                         |                                            |
|                           |                                                |                                                                           |                                                                                         |                                            |
|                           |                                                |                                                                           |                                                                                         |                                            |
|                           |                                                |                                                                           |                                                                                         |                                            |

Form 990-EZ (2013)

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

|     |                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                            | 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  | No |
| 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  | No |
| 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 | No |
| b   | 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 | No |
| 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  | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions                                                                                                                                                                                                                                                                                                                               | 37a | 0  |
| b   | Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                     | 37b | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                                                                                                                               | 38a | No |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                                                                                                                                 | 38b |    |
| 39  | Section 501(c)(7) organizations Enter                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| a   | Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                                                                                                                               | 39a |    |
| b   | Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                      | 39b |    |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955                                                                                                                                                                                                                                                                             |     |    |
| 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 | No |
| c   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958                                                                                                                                                                                                                                             |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization                                                                                                                                                                                                                                                                                                               |     |    |
| e   | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T                                                                                                                                                                                                                                                                    | 40e | No |
| 41  | List the states with which a copy of this return is filed MA                                                                                                                                                                                                                                                                                                                                                               |     |    |
| 42a | The organization's books are in care of Zadok Sacks Telephone no (805) 453-4212 Located at PO BOX 1575 BROOKLINE, MA ZIP + 4 02446                                                                                                                                                                                                                                                                                         |     |    |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 42b | No |
| c   | At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country                                                                                                                                                                                                                                                                            | 42c | No |
| 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                                                                                                                                                                                                                                     | 43  |    |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                            | 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 | No |
| 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 | No |
| c   | Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                     | 44c | No |
| d   | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                       | 44d |    |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                    | 45a | No |
| 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)                                                                                                                                                                         | 45b | No |

|    |                                                                                                                                                                                                      |     |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                                      | Yes | No |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . |     | No |

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

|     |                                                                                                                                                                      |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                      | Yes | No |
| 47  | 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 . . . . . |     | No |
| 48  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                       |     | No |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? . . . . .                                                                  |     | No |
| 49b | If "Yes," was the related organization a section 527 organization? . . . . .                                                                                         |     |    |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| NONE                                |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |

f Total number of other employees paid over \$100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
| NONE                                                         |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

d Total number of other independent contractors each receiving over \$100,000. . . . . ▶

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                        |                            |  |          |                                  |      |
|------------------------|----------------------------|--|----------|----------------------------------|------|
| Sign Here              | <div><div></div></div>     |  |          | 2014-05-07                       |      |
|                        | Signature of officer       |  |          | Date                             |      |
| Paid Preparer Use Only | <div><div></div></div>     |  |          | Zadok Sacks Founding Co-Director |      |
|                        | Print/Type preparer's name |  |          | Preparer's signature             | Date |
|                        | Firm's name ▶              |  |          | Firm's EIN ▶                     |      |
| Firm's address ▶       |                            |  | Phone no |                                  |      |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

Additional Data

Software ID: 13000241  
Software Version: v1.00  
EIN: 27-3645742  
Name: PHYSICIANS FOR HAITI INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Expenses<br>(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--------|
| <b>28</b> In July 2013, we held our first annual Social Medicine Course in Haiti, titled "Beyond the Biological Basis of Disease The Social and Economic Causation of Illness " Run in collaboration with SocMed, Inc and the University of the Aristide Foundation, the course brought together 10 Haitian and 10 international medical students for three weeks of immersion learning The course gave the participating students the tools and network to address pressing global health needs in their future practice, working to build a generation of healthcare providers in Haiti and abroad with the skills necessary to impact the complex social factors that affect health on a large scale The course had 20 direct beneficiaries, the number of indirect beneficiaries in this course is impossible to quantify, but we anticipate that a large number of patients will benefit in the future from the lessons learned by these future physicians during this course (Grants \$ 13,250) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>                                                                                                                                                              |  | <b>28a</b>                                                                                                   | 46,407 |
| <b>29</b> Our pilot Pataje Sante program, an innovative leadership development program that combines leadership training for Haitian hospital staff with training in the development of Quality Improvement programs, was completed in August 2013 The program included 20 participants (direct beneficiaries) at St Boniface Hospital in Fond-des-Blancs, Haiti, with indirect benefit accruing to approximately 75 other staff members there (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>29a</b>                                                                                                   | 27,441 |
| <b>30</b> The organization of Haiti-based continuing medical education and leadership conferences for Haitian health professionals Over 170 Haitian providers and students attended our annual conference, which is the largest and longest-running continuing medical education conference in Haiti, and over 225 individuals benefited from this service in all in 2013 (Grants \$ 1,232) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>30a</b>                                                                                                   | 14,360 |
| Other program services and accomplishments in 2013 included 1) Piloting an innovative Teach the Teacher program to help Haitian medical educators develop strong teaching skills (\$1461, \$0 of which was grants), 2) Expanding our Visiting Professor Program, which matches international experts with Haitian institutions (\$6257, \$496 of which was grants), 3) Supporting attendance at in-country training courses for Haitian physicians and nurses (\$1750, \$1750 of which was grants), 4) Procurement and donation of brand-new textbooks and other teaching supplies (either donated or purchased by us) to our partner hospitals and medical schools in Haiti (\$12521, \$12521 of which was grants), 5) Supplying need-based grants to assist our members in creating poster and panel presentations related to our work (\$763, \$763 of which was grants), 6) Developing a set of web-based learning resources that includes interactive learning modules and evidence-based Powerpoint lectures for use by health professionals in Haiti (\$0 - this program area is implemented entirely through the efforts of volunteers) (Grants \$ 15,530) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/> |  |                                                                                                              | 22,752 |

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

| (A) Name and address                                        | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|-------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| Zadok Sacks<br>Treasurer, Clerk, and Director               | 20                                                       | 0                                          | 0                                                                   | 0                                        |
| Michelle Morse<br>President and Director                    | 8                                                        | 0                                          | 0                                                                   | 0                                        |
| Marisa Nadas<br>Director and Implementation Chair           | 6                                                        | 0                                          | 0                                                                   | 0                                        |
| James Hudspeth<br>Director and Curriculum Chair             | 5                                                        | 0                                          | 0                                                                   | 0                                        |
| Chris Curry<br>Director and Monitoring and Evaluation Chair | 5                                                        | 0                                          | 0                                                                   | 0                                        |
| Babette Witkind Davis<br>Director and Outreach Chair        | 5                                                        | 0                                          | 0                                                                   | 0                                        |
| Rishi Rattan<br>Director and Advocacy Chair                 | 5                                                        | 0                                          | 0                                                                   | 0                                        |
| Jill Caporiccio<br>Director                                 | 5                                                        | 0                                          | 0                                                                   | 0                                        |
| Thea James<br>Director                                      | 3 00                                                     | 0                                          | 0                                                                   | 0                                        |
| Leon David<br>Director                                      | 2                                                        | 0                                          | 0                                                                   | 0                                        |
| Sanjiv Chopra<br>Trustee                                    | 0                                                        | 0                                          | 0                                                                   | 0                                        |
| Paul Farmer<br>Trustee                                      | 0                                                        | 0                                          | 0                                                                   | 0                                        |
| Loune Viaud<br>Trustee                                      | 0                                                        | 0                                          | 0                                                                   | 0                                        |
| Carlo Louis-Charles<br>Program Administrator                | 35                                                       | 20,600                                     | 0                                                                   | 0                                        |
| Cassandra Fox<br>Executive Officer                          | 35                                                       | 28,142                                     | 0                                                                   | 0                                        |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

|                                                      |                                              |
|------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>PHYSICIANS FOR HAITI INC | Employer identification number<br>27-3645742 |
|------------------------------------------------------|----------------------------------------------|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

|    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | <input type="checkbox"/>            | A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2  | <input type="checkbox"/>            | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3  | <input type="checkbox"/>            | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4  | <input type="checkbox"/>            | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 5  | <input type="checkbox"/>            | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6  | <input type="checkbox"/>            | A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 7  | <input checked="" type="checkbox"/> | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                             |
| 8  | <input type="checkbox"/>            | A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 9  | <input type="checkbox"/>            | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )                                                                                                                               |
| 10 | <input type="checkbox"/>            | An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 11 | <input type="checkbox"/>            | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h<br><b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated |
| e  | <input type="checkbox"/>            | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)                                                                                                                                                                                                                                                                                                                          |
| f  | <input type="checkbox"/>            | If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| g  | <input type="checkbox"/>            | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?<br><b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in <b>(ii)</b> and <b>(iii)</b> below, the governing body of the supported organization?<br><b>(ii)</b> A family member of a person described in <b>(i)</b> above?<br><b>(iii)</b> A 35% controlled entity of a person described in <b>(i)</b> or <b>(ii)</b> above?                                                                                                          |
| h  | <input type="checkbox"/>            | Provide the following information about the supported organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

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



Part II

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 |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   |          | 556      | 19,678   | 65,216   | 92,318   | 177,768   |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          | 0        | 0        | 0        |          | 0         |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          | 0        | 0        | 0        |          | 0         |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        | 0        | 556      | 19,678   | 65,216   | 92,318   | 177,768   |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          | 30,650    |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          | 147,118   |

| Section B. Total Support                                                                                                                                                           |          |          |          |          |                                     |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-------------------------------------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                      | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013                            | (f) Total |
| 7 Amounts from line 4                                                                                                                                                              | 0        | 556      | 19,678   | 65,216   | 92,318                              | 177,768   |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                   |          | 0        | 0        | 0        |                                     | 0         |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                               |          | 0        | 0        | 0        |                                     | 0         |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                                  |          | 0        | 0        | 0        |                                     | 0         |
| 11 Total support (Add lines 7 through 10)                                                                                                                                          |          |          |          |          |                                     | 177,768   |
| 12 Gross receipts from related activities, etc (see instructions)                                                                                                                  |          |          |          |          | 12                                  | 19,124    |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . |          |          |          |          | <input checked="" type="checkbox"/> |           |

| Section C. Computation of Public Support Percentage |                                                                                                                                                                                                                                                                                                                                                                                                         |                          |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 14                                                  | Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                  | 14                       |
| 15                                                  | Public support percentage for 2012 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                         | 15                       |
| 16a                                                 | <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                            | <input type="checkbox"/> |
| b                                                   | <b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                       | <input type="checkbox"/> |
| 17a                                                 | <b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization      | <input type="checkbox"/> |
| b                                                   | <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/> |
| 18                                                  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                               | <input type="checkbox"/> |

Part IIISupport 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.)

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar 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 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6.)                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                   |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar 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's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶        |    |  |
| b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ |    |  |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶                                                                                                                                        |    |  |

**Part IV** **Supplemental Information.** 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).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

| Return Reference | Explanation |  |
|------------------|-------------|--|
|------------------|-------------|--|

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

Name of the organization  
PHYSICIANS FOR HAITI INC

**Employer identification number**

27-3645742

**990 Schedule O, Supplemental Information**

| Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990-EZ, Part I, Line 10   | This total includes the following Grants to help Haitian health professionals organize their own educational conferences (\$1232), a need-based grant made to a Visiting Professor for teaching supplies (\$496), grants given to Haitian health professionals to allow attendance at educational conferences in Haiti (\$1750), need-based support to Physicians for Haiti members to support poster and platform presentations of our work (\$763), a grant given to the University of the Aristide Foundation, our partner medical school in Haiti, to allow the housing used in our Social Medicine Course to be made suitable for habitation (\$13,250) This figure also includes \$12,521 in books and educational materials donated to our partner hospitals and medical schools in Haiti (This latter value was calculated using the total retail price of all textbooks and educational materials, all of which were new at the time of donation )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Form 990-EZ, Part I, Line 16   | Description,Amount^Costs related to organizing a large medical education conference in Haiti,9834 Kidnap and Ransom and Directors and Officers insurance,2526 Board and staff meeting expenses,379 Office supplies and filing fees and and finance charges,408 Costs related to Pataje Sante leadership development program,2717 Costs related to Social Medicine Course in Haiti,20152 Costs related to payroll and wire transfer fees,2119 Costs related to fundraising,52 Communications,460^Total,38647^                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Form 990-EZ, Part III, Line 32 | In 2013, over 50 volunteers, many of them medical professionals, devoted an estimated 5,760 total hours to our work and, in most cases, personally funded their trips to Haiti to support our efforts The work done during nearly 1,500 of these volunteered hours required medical training, and thus may be considered donations of "medically skilled time " Given that our organization relies heavily on the service and expertise of our dedicated volunteers, many of whom provided us with services (including the development of educational materials, translation, web development, etc) that would otherwise have needed to be purchased, and because the value of donated services is not taken into account in Form 990, the figure on line 32 is far lower than it would be if the value of donated time was taken into account We therefore also include here the estimated total value of the donated time and unreimbursed expenses incurred by our volunteers in 2013, in order to provide a more accurate picture of the small percentage of our true "assets" that we devote to non-programmatic expenses \$239,425 (This figure is a conservative estimate based on the Independent Sector's 2012 estimated value of volunteer time of \$22 14 per hour for all volunteer hours not requiring specialized skills, the Bureau of Labor Statistics 2012 mean hourly wage data for volunteer hours requiring specialized skills, and out-of-pocket, unreimbursed travel costs incurred by volunteers traveling to Haiti on P4H business ) |