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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 foundations)

2013

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A I	or the 2	2013 calenda	ar year, or tax year beginning January 1 , 2013, and ending	Decemb	per 31 , 20 13
B Check if applicable:		plicable:	C Name of organization D	Employer	identification number
	Address ch	hange	Haıtıan Educatıonal Initiatives, Inc		27-4250639
			Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	Telephone	number
===	Initial retur Terminated		203-512-1774		
_	Amended i			Group E	xemption
=	Application		Fairfield, CT 06824	Number ►	
G	Accounti	ing Method:	✓ Cash Accrual Other (specify) ► H Che	eck ▶ [if the organization is not
1 1	Vebsite:	:► www			attach Schedule B
JI	ax-exem	apt status (che	eck only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527 (Fo	rm 990, 9	990-EZ, or 990-PF).
K	orm of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other		
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets	
(Pa	rt II, colu		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	\$
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	structio	ns for Part I)
			the organization used Schedule O to respond to any question in this Part I .	<u></u>	
	1		ons, gifts, grants, and similar amounts received	·	70,080
	2	_	ervice revenue including government fees and contracts	. 2	
	3		ip dues and assessments	. 3	
	4	Investment		. 4	
	5a		ount from sale of assets other than inventory 5a		
	b		or other basis and sales expenses		
	6 6	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	· 5c	;
e	a	Gross inc \$15,000)	ome from gaming (attach Schedule G if greater than		
Revenue	b	from fundr	me from fundraising events (not including \$ of contributions aising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) 6b 9	,173	
	c		· 1	,597	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act	
	_	line 6c)		- 6 d	7,576
	7a		s of inventory, less returns and allowances		
	b	Less: cost	- -		
	C	•	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
	8		▶ 9		
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 10	47.000
	11		aid to or for members	11	<u> </u>
g		-	ther compensation, and employee benefits	12	
Se	13	•	al fees and other payments to independent contractors	13	
Expenses	14		y, rent, utilities, and maintenance	14	
页	15	•	ublications, postage, and shipping	. 15	+
	16		ublications, postage, and shipping	16	
	17	Total expe	enses. Add lines 10 through 16	▶ 17	47,698
ŠÚ.	18		(deficit) for the year (Subtract line 17 from line 9)	18	29,958
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w	rith	
Net Assets		-	ar figure reported on prior year's return)	· 19	12,739
	20		nges in net assets or fund balances (explain in Schedule O)	. 20	
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	42,697

Pa	Balance Sheets (see the instructions	for Part II)		·		· · · · · · · · · · · · · · · · · · ·
	Check if the organization used Schedule		ny question in this	Part II		🗹
	<u> </u>	<u> </u>	., 9	(A) Beginning of year	r i	(B) End of year
22	Cash, savings, and investments			12,639	22	42,297
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			2,510		400
25	Total assets			15,149	25	42,697
26	Total liabilities (describe in Schedule O)					0
27	Net assets or fund balances (line 27 of column	(R) must agree with	h line 21\	15,109		42,697
Par					2.	
	Check if the organization used Schedule	-		•		Expenses
Wha	t is the organization's primary exempt purpose?	provides tuition schol	arships, weekly meal	s. after school tutorii		juired for section c)(3) and 501(c)(4)
	- , , , , ,	 				inizations and section
as n	ribe the organization's program service accompli- neasured by expenses. In a clear and concise nons benefited, and other relevant information for ex- CASED W funded tuition scholarships, uniforms, books	nanner, describe the ach program title.	e services provide	d, the number of		7(a)(1) trusts; optional others.)
	95 children in Jacmel, Haiti in partnership with the Haitia Difficile. 99% of these children completed their 2012-20					
	(Grants \$ 21,215) If this amount	includes foreign gra	ants, check here .	>	28a	21,290
29	FJBJ We have funded tuition scholarships, uniforms, be	ooks and school suppli	es, a weekly feeding	and job training for 4		
	chidren in partnership with Haitian community group Fo	ndationa Jean Belland	e Joseph in Cayes-Ja	icmel, Haiti 100% c		
	these children completed their school year and 87% we	re promoted to the nex	t grade		1	
	(Grants \$ 26,277) If this amount	includes foreign gra	ants, check here .	▶ 🕢	 29a	25,802
30		3.3				
-						İ
	(Grants \$) If this amount	includes foreign gra	ants, check here	▶ □	30a	
31	Other program services (describe in Schedule O)				000	
٠.		includes foreign gra			 31a	
32	Total program service expenses (add lines 28a				32	47,092
	List of Officers, Directors, Trustees, and Ke					
ı en	Check if the organization used Schedule			•	เอเเนเ	
	Check if the organization used Schedule	1	(c) Reportable	(d) Health benefits,	ii	<u>· · · · ⊔</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-	contributions to employ benefit plans, and		Estimated amount of other compensation
Susa	in Whitcomb, President	20			Ţ	
		1		0	이	0
Mary	Woods, Secretary	2				
		1		0	이	0
Cra	Schiavone, Treasurer	2		1	十	
		1	į	o	이	0
Reb	ecca Kohl, Director	1			\top	
	***************************************	·	1	o	ol	0
Gera	rd Azor, Jr , Director	1"		†	+-	
		-		ol	ol	0
Abiq	ail Franklin Plumer, Director	†4	-		╁	
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Caro	line Calder, Director	1	-		+	
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			i			

Part.				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	<u> </u>	Yes	No
	detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		1
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)?			
.	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		√
b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
•	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			_
b	Did the organization file Form 1120-POL for this year?	37b		✓
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		•
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		_
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4915 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
_	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
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	1		
_	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	L	✓
41 42a	List the states with which a copy of this return is filed ► CA, CT, NY, FL The organization's books are in care of ► Karen Betts, Preferred Bookkeeping Telephone no. ►	203-72	0-932	6
42a	Located at 99 Ridge Road Unit 2, Naugatuck, CT ZIP + 4		-1820	
b			Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	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.			
С		42c		1
·	If "Yes," enter the name of the foreign country:	120	نـــــن	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		,	
44-	Did the association maintain any dense advised funds during the year? If "Vee 7 Farm 000 must be		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		-
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
_	completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	\vdash	V
u	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	L i	

d Total	I number of other independer	nt contractors each receiving	over \$100,000 ▶	None		
		hedule A? Note . All section 5 attach a completed Schedul			☑ Yes ☐ No	
	nd complete. Declaration of preparer	nined this return, including accompant (other than officer) is based on all info			edge and belief, it is	
	Mount.	Whitcomb		5/11/14		
Sign	Signature of officer		Date			
Here	Susan P Whitcomb, President					
	Type or print name and title					
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN	
Use Only	Firm's name ▶			Firm's EIN ▶		
OGC OIIIy	Firm's address ▶	Phone no.				
May the IRS	discuss this return with the	preparer shown above? See i	nstructions	▶ [] Yes ☐ No	
					orm 990-EZ (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.

2013

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

Employer identification number

Haitian Educational Initiatives 27-4250639 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a 🗌 Type I **b** Type II **d** Type III–Non-functionally integrated e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No J 11g(ī) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support governing document? col. (i) of your above or IRC section (i) organized in the support? U.S.? (see instructions)) Yes Yes No No Yes No CASED N/A 21,290 **FJBJ** (B) N/A 9 25,802 (C) (D) (E)

Total

Schedu	le A (Form 990 or 990-EZ) 2013						Page 2
Part		e box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	i)
Secti	on A. Public Support						
Calen	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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		L				
12	Gross receipts from related activities, etc.					12	- F01/-\/0\
13	First five years. If the Form 990 is for the organization, check this box and stop he	_			•	ear as a section	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line 6	3, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2012 Sch					15	%
16a	331/3% support test—2013. If the organiz						
b	box and stop here . The organization qua 33 ¹ / ₃ % support test—2012. If the organ check this box and stop here . The organ	nization did no	ot check a box	c on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me- Part IV how the organization meets the "f	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	line 14 ıs Explain in

10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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.)

Anadam A Dublic Cumpart							
	on A. Public Support	(a) 2000	(b) 2010	(a) 2011	(d) 2012	(a) 2012	(f) Total
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(e) 2013	(f) Total
1	received. (Do not include any "unusual grants.")			34,282	54,697	79,253	168,232
2	Gross receipts from admissions, merchandise			34,202		73,233	100,202
-	sold or services performed, or facilities						
	furnished in any activity that is related to the	1	<u>[</u>				
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		1	ŀ			
	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		1	34,282	54,697	79,253	168,232
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ļ				
b	Amounts included on lines 2 and 3						_
	received from other than disqualified					ŀ	
	persons that exceed the greater of \$5,000]		ļ	
	or 1% of the amount on line 13 for the year	<u> </u>		<u> </u>			
С	Add lines 7a and 7b					T	
8	Public support (Subtract line 7c from						
	line 6.)						168,232
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			34,282	54,697	79,253	168,232
10a	Gross income from interest, dividends,			-Τ			
	payments received on securities loans, rents,		1				
	royalties and income from similar sources .						
b	Unrelated business taxable income (less]				
	section 511 taxes) from businesses		1				
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business		1			1	
	activities not included in line 10b, whether		1				
	or not the business is regularly carried on						
12	Other income. Do not include gain or						_
	loss from the sale of capital assets		1	1			
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		-	1		Т	_
	and 12.)		<u> </u>	34,282	54,697	79,253	168,232
14	First five years. If the Form 990 is for the	•	n's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	1 501(c)(3)
	organization, check this box and stop he				<u></u>	· · · · ·	🕨 🗷
	on C. Computation of Public Support			 		 	
15	Public support percentage for 2013 (line to		•			15	<u>%</u>
16	Public support percentage from 2012 Sch			· · · · ·	<u> </u>	16	<u>%</u>
	on D. Computation of Investment In				(0)	14=1	
17	Investment income percentage for 2013 (17	<u>%</u>
18	Investment income percentage from 2013					18	<u>%</u>
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box						_
b	331/3% support tests—2012. If the organiz						
	line 18 is not more than 331/3%, check this	_	-	·	•	· ·	
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, c	neck this box a	and see instruc	tions 🕨 🔲

	rage -
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).
••••	

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.

20**13**

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 27-4250639 Hartian Educational Initiatives Part 1 Grants and Similar Amounts Paid CASED: Jacmel, Haiti 21,290 Program Description Tuition, uniforms, books and school supplies for 38 children; after school tutoring for 95 children in four sessions Monday-Friday; computer lessons Friday-Saturday; library program Friday, supervised play Saturdays FJBJ Cayes-Jacmel, Harti 25,802 Program Description: Tuition, uniforms, books and school supplies for 46 children; weekly meals and job training program (needlework, crafts and computer literacy). Part 1 16 Other Expenses **Bank Charges** 136 83 Telephone, Communications Business Registration/Filing Fees 105 43 Supplies Part II Other Assets 400 8 Donated used computers