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SCANNED NOV 1 3 2014'

Department of the Treasury Internal Revenue Service

SHORT YEAR RETURN (01/01/14 - 06/30/14)

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

Open to Public Inspection

	01 1110		chang U	DE 1 11 11					
B C	heck if pplicable	C Name of organization		D Employer identifi	cation number				
г	Addres	MISSION HAITI		}					
F	Name			20-3	184240				
F	_change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe					
F	_lreturn ☐Termin		NOOHI/Suite		360-1758				
干	_ated Amend		G Gross receipts \$	500,608.					
F	⊒return ∏Applica								
ш	⊥tión pendin		H(a) Is this a group re						
				for subordinates					
		SAME AS C ABOVE Sampt status:	or	H(b) Are all subordinates in					
			or 527	}	list (see instructions)				
		e: WWW.MISSION-HAITI.ORG organization: X Corporation Trust Association Other	1. 7/	H(c) Group exemptio					
	orm or ort 1	organization: X Corporation Trust Association Other ► Summary	L Year	of formation: ZUUS N	A State of legal domicile: SD				
1 6			TOM DE	AMC COHOOT	DDOCDANC				
Ö		Briefly describe the organization's mission or most significant activities MISS	TON IE	AMS, SCHOOL	PROGRAMS,				
Activities & Governance	•	ORPHAN CARE. Check this box If the organization discontinued its operations or dispo	and of more	than OEO/ of to not no					
Veri	_		sea or more	1 1					
Ĝ		Number of voting members of the governing body (Part VI, line 1a)		3	5				
•ಶ	i .	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	<u>5</u>				
ţie	i	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5					
ξį	1	Total number of volunteers (estimate if necessary)	7	6	100				
Ac	í	Total unrelated business revenue from Part VIII, column (C), line 12 IVFD	ł	7a	0.				
	b	Net unrelated business taxable income from Form 990-THip 34) EIV LU	 2 	7b	0.				
		South transport (Part VIII transfer) Q	§ ⊢	Prior Year	Current Year				
Revenue		Contributions and grants (Part VIII, line 1h) Program convey revenue (Part VIII, line 3a)	18/ F	812,533.	500,343.				
Ven	9	riogiani service revenue (rait viii, line 2g) (At)	⊣ اﷺ ل	0.	0.				
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		506.	265.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 100 and 16		0.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		813,039.	500,608.				
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		534,067.	250,837.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Expenses	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	50,355.				
ē	l	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u>	U •	0.				
Ä	l '	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	20 626	1.0 47.0				
	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	20,626.	160,476.				
	l	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	·	554,693.	461,668.				
- X		Revenue less expenses Subtract line 18 from line 12		258,346.	38,940.				
ance		Total accepts (Dart V lane 40)	Be	ginning of Current Year	End of Year				
Sage	20	Total assets (Part X, line 16)	-	430,978.	471,541.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	-	430,978.	1,623.				
	ırt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		430,970.	469,918.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	a and atatam	anta and to the best of m					
		t, and comple <u>t</u> e. Declaration of preparer (other than officer) is based on all information of wi			y knowledge and bellet, it is				
uue,	correc		licii preparei	10/31/					
		Signature of officer Signature of officer			<u> </u>				
Sigi	- 1	-		Date					
Her	e	NELSON VANDENHOEK, PRESIDENT Type or print name and title							
			11	Date Check	PTIN				
n		Print/Type, preparer's name Preparer's signature	1	j	 '∖				
Paid	1	LAURIE HANSON LAURIE HANSON]1	0/22/14 self-employe					
	arer	Firm's name EIDE BAILLY LLP	Firm's EIN	45-0250958					
use	e Only Firm's address 200 EAST 10TH ST, PO BOX 5125								
SIOUX FALLS, SD 57117-5125 Phone no. 605-339-1999									
		3S discuss this return with the preparer shown above? (see instructions)			X Yes No				
3320	01 10-29	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2013)				

Form	rm 990 (2013) MISSION HAITI 20-3	184240	Page 2
Pa	Part III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1			
	OUR VISION IS TO ALWAYS BE A MINISTRY THAT GLORIFIES JESUS C	HRIST I	N
	ALL WE DO. WE ALSO WANT TO PROVIDE PEOPLE WITH THE OPPORTUNI		
	FULFILL THE COMMAND GOD HAS GIVEN US IN MATTHEW 10:7.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.	. Lites	LAJ NO
_		,	X No
3	3. 3	∟ Yes	LA No
	If "Yes," describe these changes on Schedule O.		
4	, , , , , , , , , , , , , , , , , , ,	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	tal expenses, a	and
	revenue, if any, for each program service reported.	-	
4a	a (Code) (Expenses \$50,533. including grants of \$50,533.) (Revenue \$)
	SCHOOL PROGRAM: WE PAY FOR CHILDREN TO GO TO SCHOOL IF THEY	ARE NEE	DY.
	WE HELPED 1,900 CHILDREN IN 2013. WE ALSO FED THE CHILDREN A	HOT ME	AL
	EVERY DAY AT SCHOOL.		
		•	
		·	
	,		
			
	204 520 100 524		
4b	/ · · · · · · · · · · · · · · · · · · ·)
	OTHER PROJECTS: WE PROVIDE ITEMS FOR HAITIAN CHURCHES TO HEL		
	PEOPLE; WE BUILD HOMES FOR POOR PEOPLE, WE DISTRIBUTE BIBLES		
	PROVIDE ANIMALS TO FAMILIES IN NEED. WE STARTED AN AQUAPONIC		AM
	IN 2012. THIS PROGRAM HAS EXPANDED TO INCLUDE GROUND GARDENS	•	
4c	C (Code) (Expenses \$11,770. including grants of \$11,770.) (Revenue \$		
		ALSO	
	PROVIDE A PLACE FOR CHILDREN TO COME TO IF THEY DON'T HAVE A		OME
	LIFE SITUATION.	GOOD II	OME_
	DIFE SITUATION.		
			
			
		· · · · ·	
4d	d Other program services (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$) (Revenue \$	١	
	AFC 041		
-rc	200/044·	Form 9	90 (2013)

Form 990 (2013) MISSION HAITI
Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	-	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			İ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			•
40	If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V	40		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		<u> </u>
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
•	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	<u> </u>	<u> </u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	Λ	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

Form 990 (2013) MISSION HAITI
Part IV Checklist of Required Schedules (continued)

	D. 4 h	Γ	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			•
	government on Part IX, column (A), line 1? if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	00		
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			₹.
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	İ		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	}		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b	-	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ŀ		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	<u> </u>
		Form	990	(2013)

Pai		<u> 4 U</u>	P	age ɔ
- 41	Check if Schedule O contains a response or note to any line in this Part V			_
	The strict of th			
۵.	Enter the number and a Bay 2 of Ferrance France of the standard and the first		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			i
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
ο-	(gambling) winnings to prize winners?	1c		ļ
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return [2a] [5] [6] [6] [6] [7] [8] [8] [9] [9] [9] [9] [9] [9	_		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			3,5
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		35
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).	_		37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		77
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_ [4.5
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			ì
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		ì
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			ı
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders Cross income from ethan courses (De not not provide due or not to a standard and the course of the			-
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them) [11b] [2] [3] [4] [4] [5] [6] [6] [6] [6] [6] [7] [8]			
	1 1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 504(a)(00) qualified account to be a section of the se			_
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	F	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	·	14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

MISSION HAITI Form 990 (2013) 20-3184240 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. $\overline{\mathbf{x}}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website ■ Upon request ☐ Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

PAM PLASIER - 605-360-1758

PO BOX 2175, SIOUX FALLS,

57101

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)						iisai	(D)		(E)
Name and Title	Average	(C) Position						Reportable	(E) Reportable	(F) Estimated
	hours per	box	(do not check more than one box, unless person is both an				h an	compensation	compensation	amount of
	week	_	officer and a director/trustee)			or/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations	compensation
	related	D to a	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al tru:) ee	ышы		(** 25 1005 111100)		and related
	below	vidual	Institutional trustee	je j	em p	Highest compensated employee	Former			organizations
	line)	Ind	lust	Officer	Ke	High	臺			
(1) NELSON VANDENHOEK	20.00									
PRESIDENT	15 00	X		X		-	-	0.	0.	0.
(2) JAY WOUDSTRA	15.00	.		3,5						•
VICE PRESIDENT	10 00	X		X	\vdash	-		0.	0.	0.
(3) JERI VANDENHOEK	10.00	x		х						0
SECRETARY	15.00			Λ				0.	0.	0.
(4) CHAD HATCH TREASURER	13.00	X		X				0.	0.	0.
(5) KIRK FLAA	10.00	<u> </u>		4					0.	<u> </u>
DIRECTOR	10.00	x					İ	0.	0.	0.
(6) PAMELA PLASIER	40.00					\vdash				<u></u>
EXECUTIVE DIRECTOR				x			[0.	0.	0.
										
-		_								
										
				-						
							L			

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any	Position (do not check more than on pox, unless person is both officer and a director/truster				than	one h an	(D) Reportable	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation		
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		from the organization and related organizations		
														
													-	
														_
1b	Sub-total	••						>	0.		0.			0.
C	Total from continuation sheets to Part VI	I, Section A			•			>	0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but no	ot limited to th	ose	liste	d at	oove	e) wh	io re	eceived more than \$100	,000 of reportable	1			_
	compensation from the organization											-	Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		stee	e, ke	y en	nplo	yee,	or I	highest compensated e	mployee on		•	100	
4	For any individual listed on line 1a, is the su	m of reportabl		-					•	the organization	-	3		<u>X</u>
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue comper	ısatı	on f	rom	any	unre			dual for services	ŀ	4		<u>X</u>
Sec	rendered to the organization? If "Yes," complian B. Independent Contractors	plete Schedule) J f	or su	ich į	oers	on					5		X
1	Complete this table for your five highest coil	mpensated inc	lepe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comr	ens	ation f	rom	
	the organization Report compensation for t									•				
	(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices	С	ompe	c) nsatior	1
									··					
								\downarrow						
								\perp						
_					_									_
2	Total number of independent contractors (ii \$100,000 of compensation from the organization -	ot lir	nited	to	thos (_	ted	above) who received m	nore than			000 (

		Check if Schedule O con	tains a response	or note to any line	e in this Part VIII			
	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
ra n	ь	Membership dues	. 1b					
G,E			1c					
ar it	d	51.1	1d	•				
S,E	e							
Ü	f							
he		similar amounts not included abo		500,343.				
Ξō	g		سلندا	<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		•	500,343.			
			_	Business Code				
<u>ن</u>	2 a							
ار کج	b							
Program Service Revenue	C							
& 3	d							
ğ	e						_	
P.	f							
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)	ŕ	▶	265.			265.
	4	Income from investment of ta	x-exempt bond p	· -				
	5	Royalties		▶ [
		•	(ı) Real	(ii) Personal				
1	6 a	Gross rents				ľ		
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Secunties	(ıi) Other				
		assets other than inventory				İ		
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<u> </u>				
او	8 a	Gross income from fundraisin	g events (not					
E		ıncludıng \$	of		-			
Other Reven		contributions reported on line	•					
P		Part IV, line 18	. а					
된	b	Less: direct expenses	b		į			
_		Net income or (loss) from fund	-	▶				
	9 a	Gross income from gaming ac	ctivities See		ļ			
		Part IV, line 19		ļ				
		Less: direct expenses .	b					
		Net income or (loss) from gan	•	. •				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less: cost of goods sold	b					
}	С	Net income or (loss) from sale		<u> </u>				
}		Miscellaneous Revenu		Business Code				
	11 a							
	b		 '	-		-		
	C	All II as a second						
	d	All other revenue						
		Total. Add lines 11a-11d Total revenue. See instructions.		?	500,608.	0.	0.	265
33200 10-29-	<u>12</u>	TOTAL TEVENUE. See INSTRUCTIONS.			200,000	<u> </u>	<u>U.</u>	265. Form 990 (2013)
10-29-	-13							10HH 23U (2013)

Form 990 (2013) MISSION HAITI
Part IX Statement of Functional Expenses

Ject	Check if Schedule O contains a respons			тресе соштт (А)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			ľ	
	United States. See Part IV, lines 15 and 16	250,837.	250,837.		
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,	04 000	0.4.000		
	trustees, and key employees	24,000.	24,000.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B) Other salaries and wages	26,355.	26,355.		
7	Pension plan accruals and contributions (include	20,333.	20,333.		
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				· .
10	Payroll taxes				
11	Fees for services (non-employees)				
	Legal				
С	Accounting	2,003.		2,003.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	2,824.		2,824.	
14	Information technology				
15	Royalties				
16	Occupancy	127 224	127 224		
17	Travel	137,334.	137,334.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
20 21	Payments to affiliates	-, -			
22	Depreciation, depletion, and amortization				
23	Insurance	1,719.	1,719.		*
24	Other expenses. Itemize expenses not covered	=1:=2:			
-	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MTGGTONIADIK GYIDDODM	7,845.	7,845.		
b	AUDIO BIBLES	6,335.	6,335.		
С	MEDICAL EXPENSE	2,349.	2,349.		
d					
е	All other expenses	67.	67.		
25	Total functional expenses. Add lines 1 through 24e	461,668.	456,841.	4,827.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fiffollowing SOP 98-2 (ASC 958-720)		1		

Part		Check if Schedule O contains a response or note to any line in this Part X			
			(A)	Ţ <u></u>	(B)
		Cach, pan interest hearing	Beginning of year		End of year
	1 2	Cash - non-interest-bearing Savings and temporary cash investments	430,978.	2	A71 EA1
	3	Pledges and grants receivable, net	430,970.	3	471,541
			· · · · · · · · · · · · · · · · · · ·		
- 1	4	Accounts receivable, net		4	· · · · · · · · · · · · · · · · · · ·
'	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		_ ا	
	6	Loans and other receivables from other disqualified persons (as defined under		5	*
'	O	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,,		employees' beneficiary organizations (see instr). Complete Part II of Sch L			
Assets	7	Notes and loans receivable, net		6	
Y As		Inventories for sale or use		7	
	8 9	Prepaid expenses and deferred charges		<u>8</u> 9	
- 1	_	Land, buildings, and equipment cost or other		9	
"	Va	basis. Complete Part VI of Schedule D 10a			
- 1	h	Less: accumulated depreciation 10b	-	100	
1		Investments - publicly traded securities		10c	
1:		Investments other securities. See Part IV, line 11		12	· · · · · · · · · · · · · · · · · · ·
13		Investments - program-related. See Part IV, line 11	· <u>-</u>	13	
14		Intangible assets	1-1-1-1-1	14	
19		Other assets. See Part IV, line 11		15	
10		Total assets. Add lines 1 through 15 (must equal line 34)	430,978.	16	471,541
17		Accounts payable and accrued expenses	230,3701	17	<u> </u>
18		Grants payable		18	
19		Deferred revenue		19	
20		Tax-exempt bond liabilities		20	
2		Escrow or custodial account liability Complete Part IV of Schedule D		21	
		Loans and other payables to current and former officers, directors, trustees,			
를 _	_	key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
ے ا	3	Secured mortgages and notes payable to unrelated third parties		23	
24		Unsecured notes and loans payable to unrelated third parties		24	
2		Other liabilities (including federal income tax, payables to related third			· · · · · · · · · · · · · · · · · · ·
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	0.	25	1,623
2	6	Total liabilities. Add lines 17 through 25	0.	26	1,623
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
တ္		complete lines 27 through 29, and lines 33 and 34.			
ဋ	7	Unrestricted net assets	260,066.	27	45,715
Fund Balances		Temporanly restricted net assets	170,912.	28	424,203
n 29		Permanently restricted net assets		29	
두		Organizations that do not follow SFAS 117 (ASC 958), check here			
<u> </u>		and complete lines 30 through 34.			
န္တို 34	0	Capital stock or trust principal, or current funds		30	
883		Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or		Retained earnings, endowment, accumulated income, or other funds		32	
ž 3		Total net assets or fund balances	430,978.	33	469,918.
1 3,		Total liabilities and net assets/fund balances	430,978.	34	471,541

Om	1990 (2013) MISSION HAITI	_ ZU-3I0	4240	Page 12
Pa	rt XI Reconciliation of Net Assets	-		
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	500	,608.
2	Total expenses (must equal Part IX, column (A), line 25)	2	461	,668.
3	Revenue less expenses Subtract line 2 from line 1	3	38	,940.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	430	,978.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
_	column (B))	10	469	,918.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			\	es No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule O		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

➤ 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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization **Employer identification number** 20-3184240 MISSION HAITI 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 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 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.) 8 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 section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 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 **b** ____ Type Ⅱ c ____ Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (v) Did you notify the (vi) Is the (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. in col. (i) listed in vour organization in col. (described on lines 1-9 organization (i) organized in the support above or IRC section governing document? (i) of your support? (see instructions)) Yes No Yes No Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

(Form 990 or 990-EZ) 2013 MISSION HAITI 20-3184240 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization ' fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar 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.")	412,813.	405,498.	408,263.	812,533.	500,343.	2539450.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						<u> </u>
4	Total. Add lines 1 through 3	412,813.	405,498.	408,263.	812,533.	500,343.	<u>2539450.</u>
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						2539450.
Sec	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	412,813.	405,498.	408,263.	812,533.	500,343.	2539450.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	453.	340.	377.	506.	265.	1,941.
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						2541391.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	10,000.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
_	organization, check this box and stop				· · ·		▶
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2013 (I	ıne 6, column (f) dı	vided by line 11, c	olumn (f))		14	99.92 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14	••	Į.	15	99.93 %
16a	33 1/3% support test - 2013. If the o	=			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies			•			▶ [X]
b	33 1/3% support test - 2012. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ns box
	and stop here. The organization qual	•	· · · · · · · · · · · · · · · · · · ·				▶□
17a	10% -facts-and-circumstances test	t - 2013. If the org	anızatıon dıd not c	heck a box on line	13, 16a, or 16b, a	ind line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explaın ın Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	-	· · · · · · · · · · · · · · · · · · ·		•		
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explain	ın Part IV how the	
	organization meets the "facts-and-circ		~	•			▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	<u>a, 16b, 17a, or 17b</u>	, check this box a	nd see instructions	s 🕨

Part

Schedule A (Form 990 or 990-EZ) 2013					·	Page 3
Part III Support Schedule for O	_					
(Complete only if you checked t			rganization failed	to qualify under Pa	ort II If the organiz	ation fails to
qualify under the tests listed be	low, please com	plete 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
Gifts, grants, contributions, and						
membership fees received. (Do not						1
ınclude 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-	-					
ization'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		- <u>-</u> -				

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

ection 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 pe	rcentage for 2013	(line 10c, column	(f) divided by line	13, column (f)

ı	investme	ent income p	perc	entage	HOIN	2012	Schear	ле А, Ра	art III, IIne	17					18			
l9a	33 1/3%	support te	sts	- 2013	. If the	orgai	nizatıon	did not	t check the	e box o	n line 14	4, and line	15 is m	ore than	n 33 1/3	%, and lir	ne 17 is not	
		00 4 (00)	1.					_			_							

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 10 is not mare than 22 1/20/, shook this box and stan have. The organization qualifies as a publish connected assessment

20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b	, check this box and see instructions
_		

% %

assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12)

Schedule A (Form 990 or 990-EZ) 2013 MISSION HAITI	20-	3184240 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 1	7a or 17b, an	d Part III, line 12.
Also complete this part for any additional information. (See instructions)		
EVDIANATION FOR CHORT VEAD		
EXPLANATION FOR SHORT YEAR		
EXPLANATION: MISSION HAITI CHANGED ITS YEAR-END TO JUNE 3	зотн то	BETTER
ALIGN WITH THE MISSION'S YEARLY CYCLE.		
	· <u> </u>	
	***	· · · · · · · · · · · · · · · · · · ·
		=
		··

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Nam	e of the organization MISSION HAITI		Employer identification number
Pa		od Funds or Other Similar Funds	20-3184240
· ·	organization answered "Yes" to Form 990, Part IV, lin		of Accounts. Complete if the
	organization answered Tes to Form 990, Part IV, IIII	(a) Donor advised funds	(b) Funds and other accounts
	Total accept as at and of con-	(a) bonor advised funds	(b) I dilds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's		Yes L_ No
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Pa	impermissible private benefit? t II Conservation Easements. Complete if the ori	rangation answered "Yes" to Form 000. D	Yes No
			art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	` —'''	Anna allia anna and and la and anna
	Preservation of land for public use (e.g., recreation or e	· —	toncally important land area
	Protection of natural habitat Preservation of open space	Preservation of a cert	med historic structure
•	·	fied appropriate contribution in the forms	-f
2	Complete lines 2a through 2d if the organization held a qualiday of the tax year.	ned conservation contribution in the form	or a conservation easement on the last
	day of the tax year.		Hold at the Fad of the Tay Year
_	Total number of conservation easements		Held at the End of the Tax Year
a b	Total acreage restricted by conservation easements	·	2a 2b
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	` ' '	
u	listed in the National Register	and for on a mistoric structure	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	
•	year >	is a second of the second of t	organization dailing the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	·	
7	Amount of expenses incurred in monitoring, inspecting, and	•	
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X		> \$

	dule D (Form 990) 2013 MISSION							<u> 20-31</u>	L84240) Рас	ge 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures, or O	ther	Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the	following that are	a signi	ficant	use of its	collection	ıtems	
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange programs						
b	Scholarly research	е		Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organization's e	exemp	t purpo	ose in Pai	rt XIII		
5	During the year, did the organization solicit or					ular as	sets		_		
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrang		te if the	organizatio	n answered "Yes"	to For	m 990	, Part IV,	lıne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	ıs or other assets ı	not inc	luded	_	_	,	
	on Form 990, Part X?				•				Yes	Ш	No.
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	table:							
									Amount		
С	Beginning balance				•		1c				
d	Additions during the year			•			1d				
е	Distributions during the year						1e				
f	Ending balance				•	Į	1f			 -	
2a	Did the organization include an amount on Fo								」Yes		No
	If "Yes," explain the arrangement in Part XIII										
Pai	Tt V Endowment Funds. Complete if	ľ					- .		T		
4-	Danimana of vani balance	(a) Current year	(b) P	rior year	(c) Two years back	(a)	inree y	ears back	(e) Four	years ba	1CK
1a	Beginning of year balance					_			 		
D	Contributions			-		-			 		
C C	Net investment earnings, gains, and losses Grants or scholarships										
a	Other expenditures for facilities										—
-	and programs					+					
	Administrative expenses				· · · · · · · · · · · · · · · · · · ·	+			-		—
'	End of year balance					+			 		—
9 2	Provide the estimated percentage of the curr	ent year and halance	a /line 1/	a column (a	// bold as:						—
a	Board designated or quasi-endowment	chi year end balance	%	g, column (a	y) neiu as.						
b	Permanent endowment	%									
G	Temporarily restricted endowment	^% %									
_	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses	•	ition tha	it are held a	nd administered fo	r the c	rganiz	ation			
	by.	J							Γ,	Yes N	No.
	(i) unrelated organizations								3a(i)	-	<u></u>
	(ii) related organizations	•							3a(ii)	\neg	_
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Sched	lule R?					3b		_
4	Describe in Part XIII the intended uses of the	organization's endov	wment f	funds.							_
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	1 "Yes" to Form 990,	Part IV,	, line 11a. S	ee Form 990, Part	X, lıne	10				
	Description of property	(a) Cost or ot	her	(b) Cost	or other (c)	Accui	mulate	d T	(d) Book	value	_
		basis (investm	ent)	basis ((other)	depred	ation				
1a	Land										
b	Buildings .										
С	Leasehold improvements						_,				
d	Equipment										
	Other										
Total	Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part)	X colum	on (R) line 1	0(c))						n

Schedule D (Form 990) 2013

(a) Description of security or category (including name of security)	(b) Book value	e 11b See Form 990, Part X, line 1 (c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	* · · · · · · · · · · · · · · · · · · ·		
(A)			
(B)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		<u> </u>	
	to Form 000 Dod IV (so.	11a Cas Farm 000 Bart V lima	0
Complete if the organization answered "Yes" t (a) Description of investment	(b) Book value		st or end-of-year market value
· · · · · · · · · · · · · · · · · · ·	(b) Book Value	(c) Method of Valuation: Go	St of cha of year market value
(1)		······································	
(2)			
(3)			
(4)			
(5)			· · · · · · · · · · · · · · · · · · ·
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	· · · · · · · · · · · · · · · · · · ·		
Part IX Other Assets.		44.0 5 000 5	_
Complete if the organization answered "Yes" t		e 11d. See Form 990, Part X, line 1	
	Description		
			(b) Book value
(1)			(B) BOOK Value
(2)			(b) Book value
			(b) BOOK Value
(2) (3) (4)			(b) BOOK Value
(2) (3) (4) (5)			(b) Book value
(2) (3) (4) (5) (6)			(b) Book value
(2) (3) (4) (5) (6) (7)			(b) Book value
(2) (3) (4) (5) (6) (7) (8)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)			(b) BOOK Value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	÷ 15)		(b) BOOK Value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to			>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to the part to the liability of the liabili		e 11e or 11f See Form 990, Part X (b) Book value	>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to the complete if the organization of liability (1) Federal income taxes		(b) Book value	>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to the complete of the organization of liability.			>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to the complete if the organization of liability (1) Federal income taxes		(b) Book value	>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to the distribution of liability (1) Federal income taxes (2) PAYROLL TAX LIABILITIES		(b) Book value	>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to the complete of the organization of liability (1) Federal income taxes (2) PAYROLL TAX LIABILITIES (3)		(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to a property of the complete of the organization of the complete of the organization of the complete of the complete of the organization of the complete of the organization of the complete of the com		(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to a provide the second of liability (1) Federal income taxes (2) PAYROLL TAX LIABILITIES (3) (4) (5)		(b) Book value	>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX LIABILITIES (3) (4) (5) (6)		(b) Book value	>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to a complete in the organization of liability (1) Federal income taxes (2) PAYROLL TAX LIABILITIES (3) (4) (5) (6) (7)		(b) Book value	>

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

Pai	t XI	Reconciliation of Revenue per Audited Financial Staten	nents With Revenue	per Return.	
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12		,	
1		evenue, gains, and other support per audited financial statements		1	
2		ts included on line 1 but not on Form 990, Part VIII, line 12:			
а		realized gains on investments	2a		
b	Donate	d services and use of facilities	2b		
С	Recove	enes of prior year grants	2c		
d	Other (I	Describe in Part XIII)	2d		
е	Add line	es 2a through 2d		2e	
3	Subtrac	ct line 2e from line 1		3	
4	Amount	ts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investm	nent expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (I	Describe in Part XIII)	4b		
С	Add line	es 4a and 4b		4c	
5		evenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa		Reconciliation of Expenses per Audited Financial State		s per Return.	
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a		
1	Total ex	xpenses and losses per audited financial statements		. 1	
2	Amount	ts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donate	d services and use of facilities .	2a		
b	Prior ye	ear adjustments	2b		
С	Other lo	osses	2c		
d	Other ([Describe in Part XIII.)	2d		
е	Add line	es 2a through 2d		2e	
3	Subtrac	ct line 2e from line 1		3	
4		ts included on Form 990, Part IX, line 25, but not on line 1.	1 1		
а	Investm	nent expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (E	Describe in Part XIII)	4b		
C	Add line	es 4a and 4b	•	4c	
5		Repenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· · · · · · · · · · · · · · · · · · ·	5	
Paı	t XIII S	Supplemental Information.			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information.			,
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			,
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			1
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			,
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			,
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			,
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
Pai Provi	t XIII s	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

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

2013
Open to Public Inspection

Name of the organization

Employer identification number

MI	SSION HAITI				20-318424	
Pa	rt I General Info	rmation on A	ctivities Out	tside the United States. Comple	ete if the organization answered "	Yes" on
	Form 990, Part IV	V, line 14b.	<u> </u>			
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gr		
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2	For grantmakers. Desc United States	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
3	Activities per Region (T	he following Part	t I, line 3 table ca	an be duplicated if additional space is	needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) Is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CEN'	FRAL AMERICA AND				RELIGIOUS TEACHING; HOUSING, FOOD, TUITION TO NEEDY CHILDREN;	
CHE	CARIBBEAN	0	11	PROGRAM SERVICES	ANIMALS FOR NEEDY	250,837.
	. 7544					
						
_					4,77	
3 a	Sub-total	0	1			250,837.
b	Total from continuation sheets to Part I		0			
С	Totals (add lines 3a		V			0.
	and 3b)	0	1			250 837.

MISSION HAITI

Schedule F (Form 990) 2013

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				•				
2 Enter total number of the IRS, or for which 3 Enter total number of	Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has propriet ortal number of other organizations or entitles.	is listed above that are rily has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	foreign country,	recognized as tax-ex	empt by		

Enter total number of other organizations or entitie

Schedule F (Form 990) 2013

Page 3

Schedule F (Form 990) 2013 MISSION HALTI

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

Constitution of the consti	(L) Doctor	၂	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description of	(h) Method of
(a) type of graff of assistance	ioiseu (a)	recipients	cash grant	cash disbursement	non-cash assistance	non-cash assistance	valuation (book, FMV, appiaisal, other)
TUITION ASSISTANCE, BOOKS,	CENTRAL AMERICA			CASH GIVEN DIRECTLY TO SCHOOLS/VENDOR FOR			
SCHOOL LUNCH	AND THE CARIBBEAN	1,900	50,533.	STUDENT'S BENEFIT	0		
	CENTRAL AMERICA			ORGANIZATION'S CONTACT			
STS - ORPHANAGES	AND THE CARIBBEAN	с С	163 700	RECEIVES AND DISTRIBUTES	c		
AND ROUSING		007		CASH AS DINECIED BI BOARD			
	CENTRAL AMERICA			CASH GIVEN DIRECTLY TO			
	AND THE CARIBBEAN	•	i I	ORPHANAGE/VENDOR FOR	•		
ORPHANAGE		12	11,770	CHILDREN S BENEFIT	0		
	CENTRAL AMERICA		!	CASH GIFTS TO NEEDY			
DISCRETIONARY	AND THE CARIBBEAN	1,000	24,745.	INDIVIDUALS	0		
					!		
						Schedul	Schedule F (Form 990) 2013

	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
1	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the	
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	
	Corporation (see Instructions for Form 926)	Yes X No
	Corporation (See instructions for Form S20)	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization	
	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and	
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With	
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To	
		Yes X No
	Certain Foreign Corporations (see Instructions for Form 5471)	Tes _A NO
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a	
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,	
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.	
	(see Instructions for Form 8621)	Yes X No
	isee instructions for Form 6621)	L Tes LALINO
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"	
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain	
	Foreign Partnerships. (see Instructions for Form 8865)	Yes X No
		-
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If	
	"Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions	
	for Form 5713)	└── Yes └X No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 MISSION HAITI	20-3184240	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting		
' investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method),)
(estimated number of recipients), as applicable. Also complete this part to provide any additional informat	lion	
PART I, LINE 2:	<u>-</u>	
EXPLANATION: THE ORGANIZATION HAS A CONTACT IN HAITI WHO IS	RESPONSIBL	E
FOR RECEIVING AND DISTRIBUTING FUNDS AS DIRECTED BY THE BOA	RD OF	
DIRECTORS. PAM PLASIER REVIEWS THE CONTACT'S BANK STATEMENT	REGULARLY	TO
ENSURE THE FUNDS ARE BEING DISTRIBUTED AS DIRECTED.		
		
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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.

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MICCION UNITHI

Employer identification number

MISSION HAITI 2U-3184240
FORM 990, PART VI, SECTION A, LINE 2:
EXPLANATION: NELSON AND JERI VANDENHOEK HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 8B:
EXPLANATION: THE ORGANIZATION HAS NO COMMITTEES WITH AUTHORITY TO ACT ON
BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE 990 WILL BE REVIEWED BY AN OFFICER AND PROVIDED TO THE
BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: THE CONFLICT OF INTEREST POLICY COVERS THE BOARD OF DIRECTORS
WHO MEET ONCE PER MONTH. IF ANY BOARD MEMBER HAS A CONFLICT OF INTEREST OR
POTENTIAL CONFLICT OF INTEREST, THAT BOARD MEMBER REFRAINS FROM VOTING OR
IS ASKED TO STEP DOWN FROM THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: AVAILABLE UPON REQUEST.