

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED JUN 24 2016

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public Inspection

RΙ

1,377,682

Department of the Treasury Internal Revenue Service

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.

. 20 15 2015, and ending For the 2015 calendar year, or tax year beginning January 1st December 31st D Employer identification number C Name of organization The Haitian Project, Inc. Check if applicable Address change Doing business as 22-2700013 E Telephone number Number and street (or P O. box if mail is not delivered to street address) Room/suite Name change 401-351-3624 Initial return City or town, state or province, country, and ZIP or foreign postal code П Final return/terminated G Gross receipts \$ 1,702,880 Providence, RI 02940 Amended return

F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No Patrick Moynihan, President Application pending H(b) Are all subordinates included? Yes No same as above 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) 501(c)(3) Tax-exempt status

H(c) Group exemption number ▶ www.haitianproject.org L Year of formation 1986 M State of legal domicile Form of organization Corporation Trust ☐ Association ☐ Other ►

Summary Part I Briefly describe the organization's mission or most significant activities. The Haitian Project through Louverture Cleary School, its Catholic, co-educational boarding school in Haiti, educates and nurtures academically talented and motivated students Governance

from Haitian families who cannot afford the cost of their children's education. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 19 4

Number of independent voting members of the governing body (Part VI, line 1b) 18 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 10 Total number of volunteers (estimate if necessary) . . . . . . 6 6

50 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year

Program service revenue (Part VIII, line 2g) 9 14,428 13,211 Investment income (Part VIII, column (A), lines 3, 4; and 7d), 12 20:50 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10 55,105 18.502 11 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)-12 1,414,163 1,409,395

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . 14 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 606,319 15 654,623

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 532,677 618,859

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,138,996 1,273,482 Revenue less expenses. Subtract line 18 from line 12 19 275,167 135,913

Beginning of Current Year 20 Total assets (Part X, line 16) 2,548,064 3,254,925

21 Total liabilities (Part X, line 26) . . 37,493 55,733 22 Net assets or fund balances. Subtract line 21 from line 20 2.510.571 3,199,192 Part II Signature Block

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

Sign Here Unrisa Type or print name and title Print/Type preparer's name Preparer's signature Date Check | ıf

Paid self-employed Preparer F<u>ırm</u>'s EIN ▶ Firm's name Use Only Firm's address ► Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

Cat No 11282Y

1,344,630

Form **990** (2015

Contributions and grants (Part VIII, line 1h) .

_	0 (2015)			Page
art	Statement of Program Ser			
		ns a response or note to any line in this	Part III	<u> L</u>
1	Briefly describe the organization's			
		ure Cleary School, its Catholic, co-education		
		I students from Haitian families who cannot le them to work toward building a Haiti wher		on in order
2		y significant program services during the		. (2)
	•			′es ☑ No
3	If "Yes," describe these new service.	ducting, or make significant changes in	how it conducts, any program	
•	•	· · · · · · · · · · · · · · · · · · ·		'es ☑ No
	If "Yes," describe these changes o		۵.	
4		am service accomplishments for each of	its three largest program services, as n	neasured b
	expenses. Section 501(c)(3) and 5	601(c)(4) organizations are required to rep		
	the total expenses, and revenue, if	f any, for each program service reported.		
4a	(Code: \( \( \) \( \) \( \) Fynansas \$	1,022,506 including grants of \$	0) (Revenue \$ 1	3 211)
+a		operates a boarding school in Port au Prince		
	otherwise could not afford secondar		, man, serving 550+ students, ages 11-11	
		y caecanom		
				<b></b>
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
			)/Davesta &	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)

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

) (Revenue \$

4e Total program service expenses ▶

1,022,056

Form 99	0 (2015)			Page <b>3</b>
Part	V Checklist of Required Schedules			
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>✓</b>	<del>                                     </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<b>✓</b>
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		<b>√</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>√</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>✓</b>
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	10	<b>√</b>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 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	<b>√</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 12a		✓ ✓
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	_	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	-
b	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	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>,</u>
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		1
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		1

Part	V · Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b>├</b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		/
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	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), 501(c)(4), and 501(c)(29) 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		<b> </b> ✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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 "Yes," complete Schedule L, Part II	26	<b>√</b>	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	<b>√</b>	✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	•
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		./
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<b>✓</b>
33	complete Schedule N, Part II	32		<b>✓</b>
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		1
	or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	35a 35b		<b>V</b>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		<b>✓</b>
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>✓</b>	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>		
		$\longrightarrow$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			<u> </u>
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	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 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		<b>-</b>
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
	account)?	<sub>4a</sub>	<b>✓</b>	
b	If "Yes," enter the name of the foreign country. ▶ Haiti	- "		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	l		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			!
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	-	ــــ -ا
_	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	_	
С	required to file Form 8282?	7c		/
a	If "Yes," indicate the number of Forms 8282 filed during the year	10		<u> </u>
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from members or shareholders			
b	against amounts due or received from them.)	l i		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>
h	If "Vas," has it filed a Form 720 to report these navments? If "No," provide an explanation in Schedule O	14h		·

Part \					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S				
	Check if Schedule O contains a response or note to any line in this Part VI			. 🔽	
Section	on 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 19				
	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			1	
_	committee, explain in Schedule O.				
ь	Enter the number of voting members included in line 1a, above, who are independent .   18  18				
2	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?			. :	
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		<del>                                     </del>	
3	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		/	
6	Did the organization have members or stockholders?	6		7	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		_	<del>                                     </del>	
	one or more members of the governing body?	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		✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		-		
	the year by the following:		_	_ !	
а	The governing body?	8a	✓_		
b	Each committee with authority to act on behalf of the governing body?	8b	✓		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,	
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104	_	<b>-</b>	
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	12c	✓		
13	Did the organization have a written whistleblower policy?	13	✓		
14	Did the organization have a written document retention and destruction policy?	14	<b>✓</b>	<u></u>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			į	
		45-		-	
a	The organization's CEO, Executive Director, or top management official	15a 15b	<b>√</b>	_	
b	Other officers or key employees of the organization	IOD		<b>✓</b>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			· '	
	with a taxable entity during the year?	16a		1	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	16b	- 1		
Section	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► N/A				
18	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.				
40	Own website  Another's website  Upon request  Other (explain in Schedule O)	05051	n a l:		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year.	JS915	JUIICY	, and	
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	orde	•		
20	Marisa Grondin, Treasurer, The Haitian Project, 650 Ten Rod Road, North Kingstown RI 02852, 401-351-3624	JUI US			
	mense oronam, measurer, me nemen morely out ten nou nous nous nous nement of ocost, 401-301-3024				

Form	990	(201	5)

Form 990 (2015)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization	on nor any related	d org	anız	atıo	n co	ompe	nsa	ited any currer	nt officer, director	r, or trustee.
					<b>)</b>					-
(A)	(B)	/do.n		Pos		than o	nne.	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any		officer and a director					compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Insti	Officer	Key	High emp	Former	the	organizations	compensation
	related organizations	rect	Institutional trustee	ĕ	Key employee	lest o	l e	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	약	nal		oloye	eom		<u> </u>		and related
	line)	ıste	trust		ě	pens				organizations
			ée			Highest compensated employee				
(1) Mark Bamford	As needed									
Director, 1st Vice Chair of the Board	AS HEEGEU	1						0	o	0
(2) Patrick Brun	As needed	-							†	
Director		✓						1 0	o	0
(3) Elizabeth Bowman	As needed							· · · · ·		
Director		1						0	0	0
(4) John Fiorenza	As needed									
Director, Chair of the Board		<b>\</b>						0	О	0
(5) Timothy Flanigan	As needed									
Director		✓						0	0	0
(6) Elizabeth Gilges	As needed									
Director		✓						0	0	0
(7) Steve Holmes	As needed								i	
Director		<b>✓</b>			_		_	0	0	0
(8) James Kavney	As needed						ĺ			
Director		✓	<u> </u>					0	0	0
(9) Scott LeGrand	As needed						}			
Director		<b>✓</b>	<del> </del>			-		0	0	0
(10) Elizabeth Mason	As needed			,					_	
Director, Secretary		✓	├-	<b>✓</b>				0	0	0
(11) Deacon Patrick Moynihan	40	1		/	1	1		75.540		
Director, President			╁	┞ <b>~</b>	•	-		_75,542	0	18,299
(12) Adam Osielski	As needed	1							0	_
Director (12) Company Delivers	0	<u> </u>	├	<del>                                     </del>			┢	0	0	0
(13) Susan Prince	As needed	1					1	0	0	•
Director (14) Doop Pointsing	As needed	<u> </u>	-	$\vdash$	$\vdash$		$\vdash$			0
(14) Dean Reineking	AS needed	1		1		ĺ		0	0	•
Director, 2nd Vice Chair of the Board		<u> </u>		<u> </u>	<u> </u>		1			0

Form 99 Part		tees, Key E	mploy	/ees	, ar	nd H	lighes	st C	ompensated E	mployees (conti	nued)		ge 8
					-	C)		-					
	(A)	(B)	(do n	ot ch		ition more	than c	ne	(D)	(E)		(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable		mated	
		hours per week (list any		er and	_		or/trust		compensation	compensation from related	1	ount of ther	
		hours for	Individual trustee or director	Institutional truste	Officer	Key employee	흵	Former	the	organizations	comp	ensation	
		related organizations	ling V	핥	cer	em	nest	l ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	m the nization	
		below dotted	학학	onal		ρογ	e con		(1. 2) 1000 111100)			related	
		line)	uste	trus		e	per				organ	izations	
			ď	tee			Highest compensated employee						
(15) Ja	mes Reulbach	As needed											
Directo			✓						0	. 0			0
(16) Br	ian Rhodes	As needed											
Directo			<b>✓</b>			_		<u> </u>	0	0			0
	en Shackford	As needed	1						0	0			
Directo (18) Ma	-M Comish	As needed	<u> </u>						-	0			0
Directo		715 1100002	✓						o	o			0
(19) Sr	nith Vioselin	As needed	1 .										
Directo		ļ	<b>✓</b>					<u> </u>	0	. 0			0
32.555	ark Bowker resident, Chief Communications Officer	40	{		1	/			55,974	0		10	,299
	arisa Grondin	40						<del>                                     </del>	30,074				,233
	rer, Director of Finance		<u> </u>		✓	1			48,774	0		18	,299
(22)													
(23)				-		-		H			ļ		
3													
(24)												_	
(05)		ļ			_		-	$\vdash$					
(25)			ł										
1b	Sub-total		<del></del>	•	•			<b></b>	180,290	0		54	,897
С	Total from continuation sheets to Part	VII, Sectio	n A						0	0			0
d		<u> </u>					• •	<u> </u>	180,290	0		54	,897
2	Total number of individuals (including bu reportable compensation from the organ		d to th	nose	lıs'	ted	above	e) w	ho received m	ore than \$100,00	00 of		
	reportable compensation from the organ	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>										Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compensate	ed		
	employee on line 1a? If "Yes," complete							•			3		✓_
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	porta	ble 150	CON	npei	nsatic f "Vo	on a	and other comp	pensation from t	ne		
	individual	greater th	αιι ψ 			<i>.</i> .					4		<b>√</b>
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tıon	fro	m any	y un	related organiz	zation or individu			•
	for services rendered to the organization	ን If "Yes," ር	comp	lete	Scl	hedi	ule J i	for s	such person		5		✓_
	on B. Independent Contractors	<del>-</del>											
1	Complete this table for your five highest compensation from the organization. Re	compensat	ed in	aep on f	ena or ti	lent	contr	act	ors that receive	ed more than \$1	UU,UUU Ot vaanizatio	n'e tav	,
	year.	port compe	iioati	O., .	O, .,		, aioi i c	<b>.</b>	your onding with	01 *********************************	garnzan	711 5 tax	`
	(A)								(B)	ļ	(C)		
	Name and business add	dress						_	Description of s	ervices	Compens	ation	
N/A													
						_		+					
						l	1 A A		الدالدمة مومو	a) (a) (c) a			
2	Total number of independent contractor received more than \$100,000 of compens							o th		ove) who			
	received more than \$100,000 or compens			941	4		-		0	<u> </u>		n 990 (	

Part	VIII					D4 \ //III		_
;		Check If Schedule C	contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	s 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		0				
S, m	С	Fundraising events .		0				
ifts ar A	d	Related organizations		0				•
s, G mik	е	Government grants (con		0				
ion I Si	f	All other contributions, g						
but the		and similar amounts not inc	luded above 1f	1,377,682				
ntri A Q	g	Noncash contributions include	ded in lines 1a-1f. \$	70,311				
Col	h	Total. Add lines 1a-1	f	•	1,377,682			'
				Business Code				
Program Service Revenue	2a	Student Fees		900099	13,211	13,211	0	o
æ	b							
ice	С							
Šer	d							
Ē	е							
gre	f	All other program ser						
F.	g	Total. Add lines 2a-2	f	•	13,211			
	3	Investment income						
		and other similar amo	ounts)		34,744	0	0	34,744
	4	Income from investmen	t of tax-exempt be	ond proceeds ►	0	0	0	
	5	Royalties			0	0	0	. 0
			(i) Real	(ii) Personal				
	6a	Gross rents	0	0				,
	b	Less rental expenses		0				
	С	Rental income or (loss)	0	0				
	d	Net rental income or		▶	0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(II) Other				'
	_	assets other than inventory	277,243	0				1
	b	Less cost or other basis						
		and sales expenses .	293,485	· · · · · · · · · · · · · · · · · · ·				
	C	Gain or (loss)	(16,242)			=		
	d	Net gain or (loss) .		<u> ▶</u>	(16,242)	0	0	(16,242)
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reports See Part IV, line 18	ed on line 1c).	0				
Ě	Ь	Less: direct expenses	s <b>b</b>	0		+		
J		Net income or (loss) f		events . ►	0_		0	0
	9a	Gross income from gase Part IV, line 19 .	amıng actıvıtıes.	O				
	b	Less: direct expenses	s <b>b</b>	0				
	C	Net income or (loss) f		ivities ►	0	0	0	0
	10a	Gross sales of in returns and allowance		0				
	b	Less: cost of goods s						_
	С	Net income or (loss) f	from sales of inv	entory ▶	0	0	0	
		Miscellaneous F	Revenue	Business Code				
	11a	N/A						
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-			0			
	12	Total revenue. See I	nstructions	<u> ▶</u>	1,409,395	13,211	0	
								Form <b>990</b> (2015)

## Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns A	ll other organization	s must complete col	umn (A).
	Check if Schedule O contains a respon-	se or note to any lir		<u> </u>	
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	192,368	92,796	63,637	35,935
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				55,555
7	T .	0 368,082	<u> </u>	24,441	16,014
7 8	Other salaries and wages	366,062	327,027	24,441	10,014
9	Other employee benefits	54,948	29,657	16,503	8,788
10	Payroll taxes	39,225	29,049	6,399	3,777
11 a	Fees for services (non-employees):  Management	0	0	0	0
b	Legal	1,823	1,717	106	0
C	Accounting	0	0	0	
d	Lobbying	0	0	0	
e	Professional fundraising services. See Part IV, line 17	0		40.047	
f	Investment management fees	15,457	3,140	12,317	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,738	8,855	883	
12	Advertising and promotion	0	0	7 000	40.070
13	Office expenses	30,932 5,744	11 <u>,247</u> 3,444	7,606 2,300	12,079
14 15	Information technology	5,744	3,444	2,300	0
15 16	Royalties	23,606	16,598	7,008	0
17	Travel	54,509	36,742	8,153	9,614
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0 1,000	0	0	0,0.1.
19	Conferences, conventions, and meetings .	5,259	0	1,001	4,258
20	Interest	0	0	0	
21	Payments to affiliates	0		0	
22	Depreciation, depletion, and amortization .	30,467	30,467	0	
23	Insurance	4,242	216	4,026	0
24	Other expenses. Itemize expenses not covered 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 O.)				
а	University Scholarship Program	162,180	162,180	0	
b	Food	93,110	93,110	<del></del>	
С	Facility Maintenance	38,248	38,248		
d	Community/School Programs & Outreach	50,059	48,471		
e	All other expenses	93,485	88,942		0
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	1,273,482	1,022,506	160,511	90,465
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   [Following SOP 98-2 (ASC 958-720)]				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . 1 22.441 35,016 2 Savings and temporary cash investments . . . . 2 355.879 86,294 Pledges and grants receivable, net . . . . . . . 3 0 3 738,429 0 4 4 Accounts receivable, net 277 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . 6 O 0 7 Notes and loans receivable, net . . . . . 0 492 8 Inventories for sale or use . . . 0 0 9 9 Prepaid expenses and deferred charges 0 0 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 1.118.159 Less: accumulated depreciation . . . . 10b 485,435 10c (652,690)465,468 11 11 Investments—publicly traded securities . . . . 1,684,309 1,928,850 Investments - other securities. See Part IV, line 11 . 12 0 12 0 0 13 Investments—program-related. See Part IV, line 11. 13 0 14 0 14 0 Other assets, See Part IV, line 11 . . . . . . 0 15 15 0 Total assets. Add lines 1 through 15 (must equal line 34). 16 16 2,548,064 3,254,925 17 Accounts payable and accrued expenses . . . . . . . 37,046 17 55,222 18 0 18 0 19 0 19 0 20 ol 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. ol 21 0 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 Unsecured notes and loans payable to unrelated third parties . . . 447 24 24 511 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 o 26 Total liabilities. Add lines 17 through 25 26 37,493 55,733 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . . 27 2,117,021 2,010,128 Temporarily restricted net assets . . . . 28 28 65,303 347,356 29 328,247 29 841,708 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 Retained earnings, endowment, accumulated income, or other funds . 32 32 33 33 2,510,571 3,199,192

Total liabilities and net assets/fund balances .

34

3,254,925 Form 990 (2015)

34

2,548,064

Part	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			1,40	09,395
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,27	73,482
3	Revenue less expenses. Subtract line 2 from line 1	3			13	35,913
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			2,51	10,571
5	Net unrealized gains (losses) on investments	5			(9	1,123)
6	Donated services and use of facilities	6			1	13,524
7	Investment expenses	7				0
8	Prior period adjustments	8				773
9	Other changes in net assets or fund balances (explain in Schedule O)	9			62	29 <u>,</u> 534
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			3,19	99,192
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>			
			_		Yes	No
1	Accounting method used to prepare the Form 990.   Cash Accrual Other		_			Ì
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın			
	Schedule O.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?				a l		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	pilea	or			
	reviewed on a separate basis, consolidated basis, or both			ĺ		
	Separate basis Consolidated basis Both consolidated and separate basis		-	-		
b	Were the organization's financial statements audited by an independent accountant?		• 🗀	b		<b>-</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ea on	a	- 1		
	•					
_	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	vorcia	ht			7
С	of the audit, review, or compilation of its financial statements and selection of an independent account			c		ĺ
	If the organization changed either its oversight process or selection process during the tax year, ex					_
	Schedule O.	·Piuii				
33	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	<sub>in</sub>			
Sa	the Single Audit Act and OMB Circular A-133?		- 1	a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			-		_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			ь		ĺ
					990	(2015)
						, ,

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name o	f the organization					Employer identification	number
The Ha	nitian Project, Inc.					22-27	00013
Part						<del></del>	ns.
	ganization is not a private founda						
	A church, convention of churc						
	A school described in <b>section</b>						
	A hospital or a cooperative ho						···· – · ··
	A medical research organization hospital's name, city, and state	e:	·				
,	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)			·	, -	al unit described in
	<ul> <li>A federal, state, or local govers</li> <li>An organization that normally described in section 170(b)(1)</li> </ul>	receives a subs	tantial part of its supp				n the general public
8	A community trust described in	n <b>section 170(b)</b>	(1)(A)(vi). (Complete f	Part II.)			
	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt int income and fter June 30, 197	functions—subject to unrelated business t 75. See <b>section 509(</b> a	certain e taxable ir i)(2). (Con	exception ncome (I nplete Pa	ns, and (2) no more ess section 511 ta art III.)	than 331/3% of its
	<ul> <li>An organization organized and</li> <li>An organization organized and one or more publicly supported the box in lines 11a through 11.</li> </ul>	operated exclusi d organizations d	vely for the benefit of, escribed in <b>section 5</b> 0	to perforr <b>09(a)(1)</b> or	n the fun section	ctions of, or to carry 509(a)(2). See sect	i <b>on 509(a)(3).</b> Check
а	☐ Type I. A supporting organize the supported organization(sorganization. You must companize the support of th	) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organic control or management of the organization(s). You must control to the control of the control	e supporting org	janization vested in th			· · ·	
С	Type III functionally integra	ited. A supportir	ng organization operat				y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and	
е	Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported	organizations .					
g	Provide the following information	n about the supp	oorted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) is the or listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)						-	
(C)							
(D)							
(E)							
Total							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti-	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,037,791	1,102,744	1,055,114	2,008,334	1,377,957	6,581,940
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	o	o	o	o	o	0
4	Total. Add lines 1 through 3	1,037,791	1,102,744	1,055,114	2,008,334	1,377,957	6,581,940
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.						663,783
6 Secti	on B. Total Support				<del></del>	<u> </u>	<u>5,91</u> 8,157
	dar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4	1,037,791	1,102,744	1,055,114	2,008,334	1,377,957	6,581,940
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,754	35,964	46,060	45,061	34,744	209,583
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	34,039	0	0	0	0	34,039
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop her	e organization	n's first, secon	d, third, fourth	, or fifth tax ye	12 ear as a sectio	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line 6	6, column (f) di	vided by line 1			14	87 %
15	Public support percentage from 2014 Sch					15	86 %
16a	331/3% support test—2015. If the organiz					•	
b	box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization med Part VI how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta imstances" tes	nces" test, che	eck this box an ation qualifies	nd <b>stop here.</b> E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	ion meets the eets the "facts	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the he organizatio	ns box and ste	op here.
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	-					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the				1		
	organization's tax-exempt purpose		-				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the			1			
	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			1			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	<del></del>				_	
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			1			
Socti	on B. Total Support		<u>i</u>		1	l	
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(a) 2015	(f) Total
	Amounts from line 6	(a) 2011	(D) 2012	(6) 2013	( <b>a)</b> 2014	(e) 2015	(f) Total
9	Gross income from interest, dividends,						
10a	payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses				ļ.		
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	<u></u>					
14	First five years. If the Form 990 is for the	-			=		
	organization, check this box and stop he			<u> </u>		· · · · ·	· · • □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line						%
16	Public support percentage from 2014 Scl			<u></u>	· · · · · ·	16	%
	on D. Computation of Investment In			1 10	(0)	1	
17	Investment income percentage for 2015 (						%
18	Investment income percentage from 2014						% and line
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2015. If the organ 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
			-				_
	001::0/		shook a bay	lung 14 av lung	10a and line 14	ic mara than 1	221,60/
b	331/3% support tests—2014. If the organization 18 is not more than 331/3%, check this						

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.			
b		10a		

Part	W: Supporting Organizations (continued)			
Fart	V Supporting Organizations (continued)			T
4.4	They the agreement an account of an earthwhite or from any of the following payment?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ļ
	below, the governing body of a supported organization?	11a		<del> </del>
	A family member of a person described in (a) above?	11b	<del> </del>	<del> </del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u> </u>
Section	on B. Type I Supporting Organizations		15.	г
_	D. I. J.		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ŀ
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
•	Did the average term and the barrett of any supported arganization other than the supported	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Socti	on C. Type II Supporting Organizations		<u> </u>	
36011	on c. Type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<del></del>	L	<u> </u>
0001	on b. All Type in Supporting Siguinzations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			İ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<del>-</del>	<u> </u>	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	inetru	ction	el·
		nsuu	CHOIL	3)
a	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete <b>line's</b> below.	200 101	.+	1
С	The organization supported a governmental entity. Describe in Fait or now you supported a government entity (s	,ee 1115	uucu	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u></u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	L. J		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		l

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the prop			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	] ]		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly-ın	tegrated Type III support	ing organization (see

Cook		) Supporting Organi	zations (continuea)	0
	on D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		<del></del>	
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets		<del></del>	
5_	Qualified set-aside amounts (prior IRS approval required)	······································		
6_	Other distributions (describe in <b>Part VI</b> ). See instructions.	<u> </u>	<del></del>	
	Total annual distributions. Add lines 1 through 6.	<del></del>		
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	- <del></del>		
9	Distributable amount for 2015 from Section C, line 6	···	<del></del>	
10	Line 8 amount divided by Line 9 amount	·	(2)	/
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			<del>-</del>
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015.			
a				
b				
c				
d	From 2013			
<u> </u>	From 2014			
f_	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years		. ,	
<u>h</u>	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8_	Breakdown of line 7:			
a_				
b				
c	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			
				A (Farm 000 as 000 FT) 0045

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II, Line	10:
Net income	from fundraising events.
••••	
	,
•••••	

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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 Inspection

Employer identification number

The Ha	itian Project, Inc.		22-2700013
Par			ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
3 4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	eld in donor advised
3	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	_	_ · · · · ·
U	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or fo	or any other purpose
Part			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	<del>-</del>	f a historically important land area
	Protection of natural habitat		a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		<u>2</u> a
b	Total acreage restricted by conservation easemen	ts	2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in		I I
	historic structure listed in the National Register .		
3	Number of conservation easements modified, tran	sferred, released, extinguished, or tern	ninated by the organization during the
	tax year >		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	eting, nandling of violations, and enforcing of	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	na handling of violations, and enforcing	consequence consequence during the year
7	►\$	ig, hariding of violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(R)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	·	lucation, or research in furtherance of
	public service, provide the following amounts relat	=	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art		
	following amounts required to be reported under S		
	Revenue included on Form 990, Part VIII, line 1		• \$
h	Assets included in Form 990, Part X		8

Part	III Organizations Maintaining	Collections of	Art Historic	al Treasures	or Ot	her Similar A	seate (c	antinued)
3,	Using the organization's acquisition,							
O,	collection items (check all that apply):	accession, and on	nei records, e	nicok arry or a	ic ioliov	villy that are a	3igi iliicari	t use of its
	_							
а	Public exhibition			oan or exchan				
b	☐ Scholarly research		e ∐ 0	ther				
С	☐ Preservation for future generations							
4	Provide a description of the organizat	tion's collections a	and explain ho	w they further	the org	janization's exe	mpt purp	ose in Part
	XIII.							
5	During the year, did the organization	solicit or receive	donations of	art, historical t	reasure	s, or other simi	lar	
_	assets to be sold to raise funds rather	than to be mainta	ined as part o	f the organizat	ion's co	llection?		es 🗌 No
Part			-				<u> </u>	00
T all c	Complete if the organization		' on Form 90	n Part IV lin	_ 0 or	renorted an ai	mount o	. Form
	990, Part X, line 21.	answered res	Off Commod	o, raitiv, iii	C 0, 0.	roportou arrai	nount of	TT OITH
		to-diam as ath		a. for contribu	t.ono. or	other seeds n		
1a	Is the organization an agent, trustee,						_	_
	included on Form 990, Part X?						⊔ Y	es 📙 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the followi	ng table:				
						, A	Amount	
C	Beginning balance				10	;		
d	Additions during the year				1d	]		
е	Distributions during the year				1e	,		
f	Ending balance				1f	<del>_</del>		
2a	Did the organization include an amour			or escrow or c			v2 <b>T</b>	es 🗆 No
b	If "Yes," explain the arrangement in Pa							
Par		art Alli. Check here	e ii tile explait	ation has been	provide	su on Fart Am .	<del></del>	<u> </u>
rai		annuared "Ves"	" an Farm 00	O Dort IV lin	- 10			
	Complete if the organization					/d\ Thunn	J. (a) Face	
		(a) Current year	(b) Prior year			(d) Three years bad	K (e) Fou	r years back
1a	Beginning of year balance	1,684,309	1,331,	939 1,	224,889	1,085,64	12	1,201,185
b	Contributions	401,959	384,	861	3,357	10,3	39	13,906
С	Net investment earnings, gains, and							
	losses	(72,601)	41,	184	166,553	140,6	19	(62,308)
d	Grants or scholarships	(10,000)	(10,0	000)	0		0	(5,000)
е	Other expenditures for facilities and	1	,					, , , , , , , , , , , , , , , , , , ,
	programs	(60,000)	(50,6	200)	(50,000)		0	(50,000)
f	Administrative expenses	(14,817)	(13,0		(12,860)	(11,71		(12,141)
	End of year balance	1,928,850			331,939	1,224,81		
g	Provide the estimated percentage of t							1,085,642
2				e ig, coluiiii (a	ajj Helu i	a5.		
a	Board designated or quasi-endowmen		9%					
b	Permanent endowment ▶							
С	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of th	ne organizatioi	n that are held	and ad	ministered for t	he	
	organization by.							Yes No
	(i) unrelated organizations						3a(i)	✓
	(ii) related organizations						3a(ii)	<b> </b>
ь	If "Yes" on line 3a(ii), are the related o	rganizations listed	as required o	n Schedule R?	٠		3b	
4	Describe in Part XIII the intended uses	s of the organization	on's endowme	ent funds.				<u> </u>
Part						<del></del>		
	Complete if the organization		" on Form 99	0 Part IV lin	e 11a	See Form 990	Part X	line 10
	Description of property	(a) Cost or ot	1	ost or other basis		Accumulated	_	ok value
	Description of property	(investm	, ,	(other)		epreciation	(4) 500	ok value
	Land				1			
1a	Land	•	67,242					67,242
b	Buildings		694,459	0	<del>                                     </del>	463,929		230,530
C	Leasehold improvements		0	. 0	1	0		0
d	Equipment		282,658	0	<u> </u>	114,962		167,696
е	Other	.	73,800	0		73,800		0
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X, col	umn (B), line 1	0c.) .	•		465,468

				#1.6 · ·	1		
	(a) Description of security or ca (including name of securit			(b) Book value	Cos		od of valuation of-year market value
I) Financial	I derivatives						
2) Closely-l	held equity interests					_	
N Other	· ·						
(A)			••••	-			
(B)							
(C)					<del> </del>		
					<del> </del>		
(D)							
(E)		·			-		
(F)					<del> </del>		
(G)							
(H)							
	(b) must equal Form 990, Part X, col (B) line 1.						
Part VIII	Investments—Program Re						
	Complete if the organization	answered '	'Yes" on Fo	m 990, Part IV, lir	<u>ie 11c. See</u>	Form 9	990, Part X, line 13.
	(a) Description of investment	ent		(b) Book value	Cos		od of valuation of-year market value
(1)							
(2)							
(3)							
(4)		_					
(5)			-				
(6)							
(7)			•				
	· · · · · · · · · · · · · · · · · · ·				-		
(9)	(h) must equal Form 990, Part X, col. (R) line 1	31 ▶				_	
(9) otal. (Column	(b) must equal Form 990, Part X, col (B) line 1	3.) ▶					
(9) otal. (Column	Other Assets.		"Ves" on Fo	m 990 Part IV lin	ne 11d. See	Form	990 Part Y line 15
(9) otal. (Column		answered '		m 990, Part IV, lır	ne 11d. See	Form	
(9) lotal. (Column Part IX	Other Assets.			m 990, Part IV, lır	ne 11d. See	Form	990, Part X, line 15. (b) Book value
(9) otal. (Column   Part IX	Other Assets.	answered '		rm 990, Part IV, lır	ne 11d. See	Form	
(9) Total. (Column ) Part IX (1) (2)	Other Assets.	answered '		rm 990, Part IV, lır	ne 11d. See	Form	
(8) (9) fotal. (Column   Part IX (1) (2) (3)	Other Assets.	answered '		rm 990, Part IV, lır	ne 11d. See	Form	
(9) otal. (Column Part IX (1) (2) (3)	Other Assets.	answered '		rm 990, Part IV, lir	ne 11d. See	Form	
(9)  Total. (Column   Part IX  (1) (2) (3) (4)	Other Assets.	answered '		rm 990, Part IV, lir	ne 11d. See	Form	
(9) Total. (Column (1) (1) (2) (3) (4) (5)	Other Assets.	answered '		rm 990, Part IV, lir	ne 11d. See	Form	
(9) fotal. (Column Part IX  (1) (2) (3) (4) (5)	Other Assets.	answered '		rm 990, Part IV, lir	ne 11d. See	Form	
(9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7)	Other Assets.	answered '		rm 990, Part IV, lir	ne 11d. See	Form	
(9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	answered '		rm 990, Part IV, lir	ne 11d. See	Form	
(9) fotal. (Column   Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization	answered (a) Descript	tion	m 990, Part IV, lir		Form	
(9) fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization	answered (a) Descript	tion				
(9) fotal. (Column   Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization  Imm (b) must equal Form 990, Par  Other Liabilities.	(a) Descript	ne 15.)			. •	(b) Book value
(9) fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization  umn (b) must equal Form 990, Par  Other Liabilities. Complete if the organization	(a) Descript	ne 15.)			. •	(b) Book value
(9) fotal. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (2) Part X	Other Assets. Complete if the organization  Imm (b) must equal Form 990, Par  Other Liabilities. Complete if the organization line 25.	answered (a) Descript	ne 15.) "Yes" on Fo			. •	(b) Book value
(9) fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization  Imm (b) must equal Form 990, Pare Other Liabilities. Complete if the organization line 25.  (a) Description of liability	answered (a) Descript	ne 15.)			. •	(b) Book value
(9) otal. (Column   Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column   Part X	Other Assets. Complete if the organization  Imm (b) must equal Form 990, Par  Other Liabilities. Complete if the organization line 25.	answered (a) Descript	ne 15.) "Yes" on Fo			. •	(b) Book value
(9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X  . (1) Federal II (2)	Other Assets. Complete if the organization  Imm (b) must equal Form 990, Pare Other Liabilities. Complete if the organization line 25.  (a) Description of liability	answered (a) Descript	ne 15.) "Yes" on Fo			. •	(b) Book value
(9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X  (1) Federal II (2) (3)	Other Assets. Complete if the organization  Imm (b) must equal Form 990, Pare Other Liabilities. Complete if the organization line 25.  (a) Description of liability	answered (a) Descript	ne 15.) "Yes" on Fo			. •	(b) Book value
(9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X  . (1) Federal II (2) (3) (4)	Other Assets. Complete if the organization  Imm (b) must equal Form 990, Pare Other Liabilities. Complete if the organization line 25.  (a) Description of liability	answered (a) Descript	ne 15.) "Yes" on Fo			. •	(b) Book value
(9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  . (1) Federal II (2) (3) (4) (5)	Other Assets. Complete if the organization  Imm (b) must equal Form 990, Pare Other Liabilities. Complete if the organization line 25.  (a) Description of liability	answered (a) Descript	ne 15.) "Yes" on Fo			. •	(b) Book value
(9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  . (1) Federal II (2) (3) (4) (5) (6)	Other Assets. Complete if the organization  Imm (b) must equal Form 990, Pare Other Liabilities. Complete if the organization line 25.  (a) Description of liability	answered (a) Descript	ne 15.) "Yes" on Fo			. •	(b) Book value
(9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal II (2) (3) (4) (5) (6)	Other Assets. Complete if the organization  Imm (b) must equal Form 990, Pare Other Liabilities. Complete if the organization line 25.  (a) Description of liability	answered (a) Descript	ne 15.) "Yes" on Fo			. •	(b) Book value
(9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal II (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization  Imm (b) must equal Form 990, Pare Other Liabilities. Complete if the organization line 25.  (a) Description of liability	answered (a) Descript	ne 15.) "Yes" on Fo			. •	(b) Book value
(9) otal. (Column   Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column   Part X  (1) Federal   (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization  Imm (b) must equal Form 990, Pare Other Liabilities. Complete if the organization line 25.  (a) Description of liability	answered (a) Descript	ne 15.) "Yes" on Fo			. •	(b) Book value
(9) fotal. (Column   Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column   Part X  (1) Federal   (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization  Imm (b) must equal Form 990, Pare Other Liabilities. Complete if the organization line 25.  (a) Description of liability	t X, col. (B) lin	ne 15.) "Yes" on Fo			. •	(b) Book value

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return.				
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	<u> </u>				
b	Donated services and use of facilities	2b	]				
C	Recoveries of prior year grants	2c	]				
d	Other (Describe in Part XIII.)	2d	L <sub>-</sub> 1				
е	Add lines 2a through 2d		2e				
3	Subtract line <b>2e</b> from line <b>1</b>		3				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b		]				
b	Other (Describe in Part XIII.)	4b					
С	Add lines <b>4a</b> and <b>4b</b>		4c				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5				
Part			er Return.				
	Complete if the organization answered "Yes" on Form 990,						
1	Total expenses and losses per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	]				
b	Prior year adjustments	2b	]				
С	Other losses	2c	]				
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b						
ь	Other (Describe in Part XIII.)						
c	Add lines 4a and 4b		4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	le 16)	5				
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV Junes 1b and 2b	Port V June 4: Dort V June				
	e the descriptions required for Part II, lines 3, 3, and 9, Part III, lines 1a at XII, lines 2d and 4b. Also complete this part						
			normation:				
Part V	Line 4:	·					
The H	itian Project, Inc. has three invested accounts: The Board-directed 'General E	'ndowmant' was astablished t	a support the Projectic				
THE H	intali Project, inc. has three invested accounts. The board-directed General L	ildowillerit was established t	o support the Project's				
onerat	ng expenses. Distributions from this endowment can only be made if the prin	cupal is \$1 million or more. Th	ne senarate 'Post-Graduate				
operar	ing expenses, bisarbations from this endownient can only be made if the prin	espairis of more. In	ie separate Post-Graduate				
Suppo	rt Endowment' was established to support scholarships for university for alur	nni of our school in Haiti. The	principal of this endowment				
HEER			- Principal of this chicomment				
is perr	nanently restricted. Distributions from this endowment can only be made if the	e principal is over an establisl	hed threshold. The third				
2224222	13 permanenty restricted, distributions from this encomment our only be made it the principal is over an established the should. The till to						
invest	ed account is an operating reserve established in 2014. Separate investment p	olicy statements govern the t	hree invested accounts.				
End a second decounts.							
Investments are overseen by a Board committee.							

### **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

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

Employer identification number

The Ha	aitian Project, Inc.	_				22-270	
Par	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organiz	ation answere	ed "Yes" on
1	For grantmakers. Does the assistance, the grantees' el grants or assistance?	igibility for the	e grants or as	ssistance, and the selection	n criteria used to a	award the	]Yes □No
	grants or assistance						1162 □ MO
2	For grantmakers. Describ assistance outside the United		the organizati	ion's procedures for mon	toring the use of	its grants ar	nd other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table	can be duplicated if additio	nal space is neede	ed.)	
	(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 a program ser describe specific service(s) in re	vice, ex type of ar	(f) Total expenditures for and investments in region
(1)	Haiti	2	60	Program Services	Boarding School		1,022,506
(2)							
(3)							_
(4)							
(5)							
(6)			=-				
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Sub-total	2	60				1,022,506
b	Total from continuation sheets to Part I	0	o				. 0
С	Totals (add lines 3a and 3b)	2	60				1,022,506

	ule F (Form 990) 201			ani-ations or Entit	tion Outoido the	United States Co	molete if the orga	nization answered "Ve	Page 2
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)
<b>30</b> 0)									
<b>(2</b> )			-						
<b>(</b> 3)									
<u>(3)</u>				<del> </del>					
<u>5)</u>									
<b>(</b> (0)			-						
<b>W</b> )		ļ		ļ				-	
<u>(3)</u>						!			
<u>9</u> )									
(00)	- 1-4								-
(00)									
<u>1021)</u>									
(00)				-					· -
(040)									
(05)									
(103)									
2	Enter total nu by the IRS. o	imber of recipie	ent organizations lis	ted above that are re has provided a sectio	cognized as charition 501(c)(3) equivale	es by the foreign cou	intry, recognized as	tax-exempt	
3			organizations or ent				·	<b>.</b>	

Part III Can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed.

Part III can be duplica	··-			T	1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							,
(5)							
(6)							
(7)					ļ		
(8)							
(9)							
(10)							
(11)	····						
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part	V ` Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; do not file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	☑ 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	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐ Yes	☑ No

Provide the information required by Part I, line 2 (monitoring of funds): Part I, line 1 (accounting method); and monitoring method; and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).  Part I, Line 3, column (f) All expenditures. Accrual accounting method.	Part V	Supplemental Information
	•	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	<del></del>	
	Part I, Line	3, column (f)
All expenditures. Accruel accounting method.		
	All expend	itures. Accrual accounting method.
		······································
		······································
`		
`		

### **SCHEDULE L** (Form 990 or 990-EZ)

## **Transactions With Interested Persons**

OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number																
The H	aitian Project, Inc.										22-2	27000	13			
Par			ns (section 501) answered "Yes										V, lıne	40b.		
1	(a) Name of disqualified	person	(b) Relationship bet			person and		(c) De	scription	of train	nsactio	n		(d) Corrected		
	(a) Name of disqualified	person	· · · · · · · · · · · · · · · · · · ·	organizat	ion			(0, 50		101114	- Suction			Yes	No	
(1)																
(2)																
(3)																
(4)	•															
(5)																
(6)																
2	Enter the amount	of tax incurred	by the organ	ization	manag	gers or dis	qualıf	ied perso	ns du	ring t	he ye	ar				
	under section 4958										!	▶ \$	S			
3	Enter the amount or	f tax, if any, on	line 2, above,	reımbu	ırsed by	the organi	ızatıoı	n			!	• \$	\$			
Part			ested Persons													
			answered "Yes					38a or F	orm 99	90, Pa	ırt IV,	line 2	:6; or i	f the		
	organization re	eported an am	ount on Form 9	90, Pa	ırt X, line	e 5, 6, or 2	2.									
(a) N	lame of interested person	(b) Relationship	(c) Purpose of	(d) Lo:	an to or	(e) Origin	nal	(f) Balanc	e due	(a) In (	tefault?	(h) An	proved	(ı) Wr	ritten	
(α) ι	arrie of interested person	with organization	loan	fron	n the	principal an		(1) Dallario	,	(3) asiaa	acidali.	by board or	oard or	agreer		
				organı	zation?							comr	nittee?	ĺ		
				То	From					Yes	No	Yes	No	Yes	No	
(1)	Marisa Grondin	Treasurer	Expens Reimb		✓		99		99	-	✓		✓		<b>✓</b>	
(2)																
(3)																
(4)																
(5)	· -															
(6)																
(7)																
(8)									_							
(9)	· <del>-</del>															
(10)																
Total	<u> </u>						. ▶	\$	99		外视		id.		4 6	
Part			fiting Intereste													
	Complete if th	e organization	answered "Yes	s" on F	orm 99	0, Part IV, I	ine 27	7.								
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance					ssistand	ce										
(1)				t				100								
(2)																
(3)			•					. =								
(4)	_					,		. ,								
(5)						<u>-</u>										
(6)						<u>–</u>		<u>=</u>					_			
(7)																
(8)																
(9)													_			
(10)	<del></del>															

(1) Mikhaila Moynihan  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)		(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		zation' nues?
(2) organization Jan - Apr 2015. These (3) were employee wages. (4) (5) (6) (7) (8) (9) 10) Part V Supplemental Information						Yes	No
(3) were employee wages. (4) (5) (6) (7) (8) (9) 10) Part V Supplemental Information		aila Moynihan	Daughter of President	12,138			✓
(4) (5) (6) (7) (8) (9) 10) Part V Supplemental Information	(2)			_	organization Jan - Apr 2015. These		
(5) (6) (7) (8) (9) 10) Part V Supplemental Information	(3)				were employee wages.		
(5) (6) (7) (8) (9) 10) Part V Supplemental Information	(4)						
(6) (7) (8) (9) 10) Part V Supplemental Information	(5)						
(7) (8) (9) 10) Part V Supplemental Information	(6)						
(8) (9) 10) Part V Supplemental Information	(7)						
(9) 10) Part V Supplemental Information	(8)						
10) Part V Supplemental Information	(9)			_			
Part V Supplemental Information	10)						
		Provide additional information	on for responses to questions	on Schedule L (see	instructions).		
						·	
						•••••	
							<b></b>

### **SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Noncash Contributions** 

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

► Attach to Form 990.

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

OMB No 1545-0047

Open To Public Inspection

Employer identification number

22-2700013 The Haitian Project, Inc. Part I Types of Property (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on items contributed applicable noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . . . 1 2 Art—Historical treasures . . 3 Art-Fractional interests . . . Books and publications . . 4 5 Clothing and household goods . . . . . . . . . 6 Cars and other vehicles . 7 Boats and planes . . . . . R Intellectual property . . . . 9 Securities-Publicly traded . . 6 50,155 Market 10 Securities-Closely held stock . Securities-Partnership, LLC, 11 or trust interests . . . . . Securities-Miscellaneous . . 12 13 Qualified conservation contribution—Historic structures . . . . . . . . Qualified conservation 14 contribution - Other 15 Real estate - Residential . . 16 Real estate-Commercial . . 17 Real estate—Other . . . . 18 Collectibles . . . . 19 Food inventory . . . . . . 48 7,511 Cost 20 Drugs and medical supplies . . 21 Taxidermy . . . . 22 Historical artifacts . . . . 23 Scientific specimens . . 24 Archeological artifacts . Other ► ( Diesel ) 25 3,147 Cost 21 Other ► ( Janitorial Supplies ) 26 11 3,352 Cost Other ▶ ( School Supplies ) 27 1 5,796 Cost, Estimation 6 28 Other ▶ ( Office Furntiture 1 350 Estimation Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Column (b)	: Number of contributions.
	, 
•••••	
	<del></del>
	······································

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

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

The Haitian Project, Inc.	22-2700013
Part VI, Section A, Line 4: Significant changes to governing documents	
The Haitian Project, Inc. added a conflict of interest policy to its bylaws 3/14/15.	
Part VI, Section B, Line 11b: Reviewing the Form 990	
The Form 990 is reviewed by the organization's Finance Committee Chair. Then it is circulated to the en	ntire Board of Directors for input. Once
finalized following this review by the Board, it is signed by the Treasurer and filed.	·
Part VI, Section B, Line 12c: Monitoring & enforcing the Conflict of Interest Policy	
The Haitian Project's Conflict of Interest Policy provides for the signing of annual statements by Direct	ors, Officers and Committee Members
with governing powers stating that each such person "(a) has received a copy of the conflicts of intere	st policy, (b) has read and understands
the policy, (c) has agreed to comply with the policy, and (d) understands the Project is charitable and in	n order to maintain its federal tax
exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purpo	ses." In addition, the Policy provides
for periodic reviews "To ensure the Project operates in a manner consistent with charitable purposes a	and does not engage in activities that
could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall	, at a minimum, include the following
subjects: (a) Whether compensation arrangements and benefits are reasonable, based on competent s	urvey information, and the result of
arm's length bargaining, and (b) whether partnerships, joint ventures, and arrangements with managen	nent organizations conform to the
Project's written policies, are properly recorded, reflect reasonable investment or payments for goods	and services, further charitable
purposes and do not result in inurement, impermissible private benefit or in an excess benefit transact	ion." The Policy allows for use of
outside experts, however "their use shall not relieve the governing board of its responsibility for ensur	ing periodic reviews are conducted."
······	
Part VI, Section B, Line 15a: Determining Compensation	
Search Committee is formed, professional headhunter is consulted, comparison to other organizations	. From the organization's bylaws:

Name of the organization		Employer identification number
The Haitian Project, Inc.		22-2700013
President on behalf of the Project, or as ot	herwise determined by the Board of Directors, any two of the	ne following: the Chair, the Vice
Vice Chairs, the President, any Vice President	dent, the Secretary or the Treasurer, may enter into any con	ntract or execute and deliver any
contract or other instrument, the execution	of which is not otherwise specifically provided for, in the i	name and on behalf of the Project.
The Board of Directors, except as otherwise	se provided in these by-laws, may authorize any other or ad	ditional officer or officers, agent or
agents, of the Project to enter into any cor	stract or execute and deliver any contract or other instrume	nt in the name and on behalf of the
Project, and such authority may be genera	l or confined to specific instances. Unless authorized to do	o so by these by-laws or by the
Directors, no officer, agent or employee sh	nall have any power or authority to bind the Project by any o	contract or engagement, or to pledge
its credit, or to render it liable pecuniarily	for any purpose or in any amount.	
Part VI, Section C, Line 19: Making documents	available to the public	·····
The Haitian Project provides copies of all gove	erning documents, written policies and financial statements	to the Board of Directors and staff
regularly. Members of the public receive finance	cial statements contained in the organization's yearly public	cation "Annual Report". Members of
the public may also receive copies of organiza	tional documentation upon request. Annual financial report	ts, Donor Privacy Statement,
Conflict of Interest Policy, Record Retention &	Document Destruction Policy, and Whistleblower Policy ar	e posted on our website.
		•••••
Part XII, Line 9: Other changes in net assets or	fund balances	
In-Kind Expenses	( 33,680)	
Endowment Balance Correction	( 488)	
Pledges Receivable Balance as of 12/31/14	663,704	
Miscellaneous Correction	( 2)	
Total change in net assets/fund balances	= 629,534	·
Part XII, Line 1: Change in method of accounti	ng	
The Haitian Project changed to the accrual me	ethod of accounting in 2015. Pledges receivable balance was	s recorded as of 12/31/14 (see
reconcilation of Net Assets Line 9 details above	ve). The Project uses specific write-off method for bad debts	s. Under this method, an allowance
for doubtful accounts is not maintained, but p	ledges receivable are written off when they become uncolle	ctible. A Review of the Project's
2014 financials by an outside CPA determined	that the effect of using the specific write-off method instea	d of the reserve method was not
material to the Project's financial statements.		