Return of Organization Exempt From Income Tax

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

2017

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

Inte	mal <u>Re</u> ver	nue Service	Go to www.irs.gov/Fom	1990 for instruct	ions and t	ie latest ii	normation.		Inspection
Α	For the	2017 cale	ndar year, or tax year beginning	anuary 1st	, 2017, a	and ending	Decemb	er 31st	, 20 17
В	Check if	f applicable	C Name of organization The Haitian Project	. Inc.	-			D Employe	r identification number
		change	Doing business as						22-2700013
$\overline{\Box}$	Name ch	•	Number and street (or P.O box if mail is not o	lelivered to street a	ddress)	Room/suit	e I	Telephon	
\Box	Initial ret	•	PO Box 6891		•			•	401-351-3624
H			City or town, state or province, country, and 2	IP or foreign posta	l code	<u> </u>			401-351-3024
		ırn/terminated		ir or loreign posta	10006		l.	• • •	
		ed return	Providence, RI 02940					Gross re	
Ш	Applicat	tion pending	F Name and address of principal officer			~ 2		-	ubordinates? ☐ Yes ☑ No
			Patrick Moynihan, President (same as a	bove)					ıncluded? 🗌 Yes 🗌 No
<u></u>	Tax-exe	mpt status	✓ 501(c)(3)	(insert no) 🔲 49	947(a)(1) or	<u></u> 527	If "No	," attach a	list (see instructions)
J	Website	e: b www	v.haitianproject.org		ľ.		H(c) Group e	exemption i	number ►
K	Form of	organization	Corporation Trust Association C	ther >	L Ye	ar of formation	on 1986	M State	of legal domicile. RI
Р	art I	Summ	arv						
	1		scribe the organization's mission or n	nost significant	activities:	The Hai	tian Project t	hrough it	s support of
Φ	'	-	e Cleary School, a tuition-free, Catholic,	-					
Ĕ									
Ë			ically talented & motivated students fro						
Activities & Governance	2		s box ▶☐ If the organization disconti	•		-		1 . 1	
Ğ	3		of voting members of the governing bo	• .	•			3	15
ග්	4		of independent voting members of the	-				4	14
Ę	5	Total nur	nber of individuals employed in calend	lar year 2017 (F	Part V, line	2a) .		_5	11
.≅	6	Total nur	ber of volunteers (estimate if necessa	ary)				6	50
Ac	7a	Total unr	elated business revenue from Part VIII	, column (C), lii	ne 12 .			7a	0
	ь	Net unre	ated business taxable income from Fo	orm 990-T. line	34			7b	0
Revenue 70g						T	Prior Yea		Current Year
5	8	Contribu	ions and grants (Part VIII, line 1h)			-		220 704	1 900 450
			- · · · · · · · · · · · · · · · · · · ·					220,794	1,890,459
20	9	_	` · · · · · · · · · · · · · · · · · · ·			_		5,750	13,541
_	10		nt income (Part VIII, column (A), lines			_		75,306	65,413
_	11		enue (Part VIII, column (A), lines 5, 6d			_		0	0
	12	Total revo	nue-add lines 8 through 11 (must equ	ıal Part VIII, col	umn (A), lıı	ne 12)	1,	301,850	1,969,413
3	13	Grants a	id similar amounts paid (Part IX, <mark>colur</mark>	in (A) times 1	3)	· · L		0	75,000
€	14	Benefits	oald to or for members (Part IX, colum	MAJUME 4V		L		0	0
.⊜ _o	15	Salaries,	other compensation, employee benefits	(Part IX, column	ı (A), lines	5–10)		595,121	669,046
expenses €	16a		nal fundraising fees (Part IX, column (18 KÖL			0	0
≨હે	b		draising expenses (Part IX, column (D)		. K	43,442			
T	17		penses (Part IX, column (A), lines 11a		1			547,168	652,419
	18	Total ove	enses. Add lines 13–17 (must equal P	JODEN	1 L	", ,			
						_		142,289	1,396,465
	19	Hevenue	less expenses. Subtract line 18 from	ine 12			eginning of Cur	159,561	572,948
Net Assets or Fund Balances		.	1. (5. 1.)(1. 1.5)			<u> </u>			End of Year
sset	20		ets (Part X, line 16)			· ·	3,	489,347	4,310,734
Ž P	21		lities (Part X, line 26)			· · <u> </u> _		<u>55,875</u>	57,975
Ž	22		s or fund balances. Subtract line 21 fi	rom line 20 .	<u></u>	<u> </u>	3,	433,472	4,252,759
P	art II	Signa	ure Block				_		
Ur	der pena	alties of perju	y, I declare that have examined this return, inc	luding accompanyi	ng schedule	s and staten	nents, and to the	best of m	ly knowledge and belief, it is
tru	е, сотес	t, and comp	ete Declaration of preparer (other than officer) is	based on all inform	nation of whi	ch preparer	has any knowle	dge.	1
			May well					05/11	12018
Sig	n	Sign	itue of officer				Date	/	/
He			Marisa Grondin	Treasure	21				
		Type	or print name and title						
				's signature		Dat	· · · · · · · · · · · · · · · · · · ·	Τ	PTIN
Pa		1	repaire Triebaier	3 Signature				Check [J #
Pr	epare	er						self-emp	loyed
	e On		ame ►				Firm'	s EIN 🕨	
		Firm's a	ddress ▶				Phon	e no	
Ma	y the IF	RS discus	this return with the preparer shown a	above? (see ins	tructions)				· · Yes No

Form **990** (2017)

Other program services (Describe in Schedule O.)) (Revenue \$ (Expenses \$ including grants of \$ Total program service expenses ▶ 1,074,768 Form **990** (2017)



Part	V Checklist of Required Schedules		₩	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </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? <i>If "Yes," complete Schedule C, Part II</i>	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		\
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		√
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		✓
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	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	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		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	/	<u> </u>
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	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	-	√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		▼
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
		, . .		÷

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		✓
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
	\$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		✓
	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	24b		
·	to defease any tax-exempt bonds?	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			
ь	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		/ _
U	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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		/
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	28a		✓
J	Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	✓	
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		_	<u> </u>
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		/
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	338		\vdash
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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? Note. All Form 990 filers are required to complete Schedule O.	38	n 990	1 (004=
		ron	コップラし	# (ZU17)

Form **990** (2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		ĺ	
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 reportable gaming (gambling) winnings to prize winners?	ا ۔ ا	-	ł
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	├─	├
Za		1		
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	ł
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	\vdash	├ Ŭ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ļ	ļ
	account)?	4a	✓	
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	1	İ	
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	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	<u> </u>	✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ا ۵۰		
-	gifts were not tax deductible?	6b	⊢—	
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ ,		1
а	and services provided to the payor?	7a	 	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 -	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	\ <u>'</u>		\vdash
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		†
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	
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_	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	↓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12	1	i	1
11	Section 501(c)(12) organizations. Enter	ļ	ł	l
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	ł	1
	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	Ī
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.	<u> </u>		
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	ĺ		1
	the organization is licensed to issue qualified health plans	1		1
C	Enter the amount of reserves on hand	<u> </u>	—	+_
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	├─	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	I	1

Part		•						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change							
Casti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u>····</u>	• •	<u> </u>			
Secu	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 15			-			
	If there are material differences in voting rights among members of the governing body, or				,			
	If the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent .	<u>1b 14</u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business in any other officer, director, trustee, or key employee?			-	, .			
3	Did the organization delegate control over management duties customarily performed by or		_2_		<u> </u>			
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		1			
4	Did the organization make any significant changes to its governing documents since the prior Form 99	•	4	7	'			
5	Did the organization become aware during the year of a significant diversion of the organization		5		✓			
6								
7a	Did the organization have members, stockholders, or other persons who had the power to	• •		-				
	one or more members of the governing body?		7a		✓			
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b	ļ	1			
8	Did the organization contemporaneously document the meetings held or written actions un		76		-			
-	the year by the following:	g						
а	The governing body?		8a	~				
b								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be a section of the section A and a section of the section A.			ĺ				
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9								
<u>Secu</u>	on B. Policies (This Section B requests information about policies not required by the	e iriterriai neveri	ue Co	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		1			
	If "Yes," did the organization have written policies and procedures governing the activities or	such chapters,			<u> </u>			
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	_	11a	✓	<u> </u>			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				!			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	e rise to conflicts?	12a 12b	✓	<u> </u>			
C	Did the organization regularly and consistently monitor and enforce compliance with the		120	_	_			
•	describe in Schedule O how this was done	· · · · ·	12c	1				
13	Did the organization have a written whistleblower policy?		13	✓				
14	The time of Gamman and a minimum and a minim		14	✓				
15	Did the process for determining compensation of the following persons include a review a	and approval by						
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation.		450	_	J			
a b	The organization's CEO, Executive Director, or top management official		15a 15b	V				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				<u> </u>			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	lar arrangement						
	with a taxable entity during the year?		16a		✓			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization							
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?				J			
Secti	on C. Disclosure	· · · · · ·	16b		L			
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, a	nd 990-T (Section	501(c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.							
4-	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Sci	•						
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	nts, conflict of int	erest	policy	, and			
20	State the name, address, and telephone number of the person who possesses the organization	on's hooks and so	-Orda					
	Marisa Grondin, Treasurer, The Haitian Project, Inc., PO Box 6891, Providence RI 02940	on a books and re	Juius					

Form 990 (2017)

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

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

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

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

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

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

Check this box if neither the organization	nor any related	d org	anız	atio	n c	<u>o</u> mpe	ns <u>a</u>	ited any curren	t officer, director	, or trustee.
	(C) Position									
(A) Name and Title	(B) Average hours per	er officer and a director/trustee)					n an		(E) Reportable compensation from	(F) Estimated amount of
,	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Marco Barbesta	As needed									
Director	- 	✓	-	-	_	<u> </u>	┢╌	o	0	0
(2) Alan Bosworth	As needed	1								
Director	0	-	┝╌	<u> </u>	-				0	0
(3) Elizabeth Bowman Director	As needed	1				ļ		1	0	•
(4) Gerald Brauneis	As needed	Ť	╁		_	-	╁╌╴	-		
Director	AS liceucu	1							٥	0
(5) Patrick Brun	As needed	<u> </u>	\vdash	-			┢	† š		
Director, 1st Vice Chair of the Board	ASTICCOCO	1		'	ĺ	[ĺ	ا	0
(6) Rebecca Fernandes	As needed	_	-					1		
Director		1		1			Ì		o	0
(7) Scott LeGrand	As needed	<u> </u>					<u> </u>			
Director, Chair of the Board		✓						1 0	o	0
(8) M. Aimee Maier	As needed									
Director		✓					l) c	0	0
(9) Deacon Patrick Moynihan	40					_				
Director, President		✓_		✓	✓	1		80,319	0	18,611
(10) Patricia Newell	As needed									
Director		✓		<u> </u>		<u> </u>			0	0
(11) Adam Osielski	As needed									
Director, Secretary		✓_		✓						0
(12) Dean B. Reineking, Sr.	As needed									
Director		1		<u> </u>	L	L	<u> </u>		0	0
(13) James E. Reulbach	As needed									
Director		✓			$ldsymbol{ld}}}}}}$	ļ		c	0	0
(14) Brian Rhodes	As needed									
Director		✓				L		<u> </u>	0	0

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (con	tinued)			
	(A) Name and title	(B) Average	box,	unles	Pos neck ss pe	erson	than o	n an	(D) Reportable	(E)		Estu	(F) mated	
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	_	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation froi related organizations (W-2/1099-MISC)	of compe fror organ and	ount of ther ensation in the nization related iization	on n i
(15)	Scott Thompson	As needed			_	-		l –						
Direct		 	-		_	 _	<u> </u>	<u> </u>	ļ <u>0</u>	 	0			0
	Smith Vioselin or, 2nd Vice Chair of the Board	As needed	1		1	1		١	١ .					o
	Mark C. Bowker	40	- •		-	 		 	ļ <u>'</u>		4-			
	resident				1	1			59,905		0			18,611
(18)	Marısa Grondin	40												
	resident, Treasurer	ļ	<u> </u>		1	1	<u> </u>	<u> </u>	56,406		0			18,611
(19)		 			1		1		}					
(20)		1		_	-						-			
(21)					-		_	-			 			
(22)		<u> </u>			-			i	 		 			
(23)				_	-						-			
(24)			 		-		_				1-			
(25)				-	-	Ī								
1b c	Sub-total	VII, Sectio	n A					>	196,630		0			55 ,83 3
<u>d</u>	Total (add lines 1b and 1c)	t not limited						e) w	ho received m		00 000 of			55, 8 33
_													Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	iest compensa	I—	3		
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ble (con	npei	nsatio				the	_		
5	Individual										lual	5	-	1
Section	on B. Independent Contractors										<u>·</u> L			
1	Complete this table for your five highest compensation from the organization. Reyear.													ax
	(A) Name and business add	dress							(B) Description of s	ervices	Com	(C) opens	ation	
n/a														
								\vdash						
				_				\vdash						
2	Total number of independent contractor received more than \$100,000 of compens							o th	ose listed abo	ove) who				

Pari	VIII	Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to	(A) Total revenue	Part VIII (B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
ıts I	1a	Federated campaigns 1a	0		function revenue	revenue	under sections 512-514
Grants	b	Membership dues 1b	0		1		
S, G	С	Fundraising events 1c	0				
Gifts,	d	Related organizations 1d	0		ì		
ini ini	е	Government grants (contributions) 1e	0				1
tior S. S.	f	All other contributions, gifts, grants,]		1
혈축		and similar amounts not included above 1f	1,890,459		į		, L
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$	126,388				
	h	Total. Add lines 1a-1f	▶	1,890,459			į
Ę			Business Code				
e e	2a	Student Fees	900099	13,541	13,541	0	0
ě.	b						<u></u>
Ş.	С		<u> </u>				
လို	d						
ram	e	All 11					
Program Service Revenue	f	All other program service revenue .					
	<u>g</u> _	Total. Add lines 2a–2f		13,541			
,				E2 F05	ام		F2 F0F
i	4	Income from investment of tax-exempt b	L	<u>53,585</u> 0	0	0	53,585 0
	5	Royalties	· .	0	0		
1		(i) Real	(ii) Personal				
	6a	Gross rents	0				
,	ь	Less: rental expenses	0		Ì		1
	С	Rental income or (loss)	0		į		
	d	Net rental income or (loss)	•	o	o	o	0
	7a	Gross amount from sales of (i) Secunties	(II) Other				
		assets other than inventory 30,831	0				
	b	Less cost or other basis	1				
		and sales expenses . 19,003					
	С	Gain or (loss)11,828	. 0		ļ	- ~	
	d	Net gain or (loss)		11,828	0	0	11,828
ē	Яэ	Gross income from fundraising					!
ē		events (not including \$	1			1	
e e		of contributions reported on line 1c).	į l		į		ļ
7		See Part IV, line 18 a	ام				
Other Revenue	b	Less: direct expenses b			}		ř I
U		Net income or (loss) from fundraising	events . >	0		o	
,		Gross income from gaming activities.					, , , , , , , , , , , , , , , , , , , ,
i		See Part IV, line 19 a			Į		,
		Less: direct expenses b					,
i		Net income or (loss) from gaming act	ivities ►	0	0	0	0
	10a	Gross sales of inventory, less			İ		,
		returns and allowances a			}	ı	
		Less: cost of goods sold b					
	<u>C</u>	Net income or (loss) from sales of inv Miscellaneous Revenue	Business Code	0	0	0	0
	11a		Duaniess Code		ļ	+	- '
	ila b	n/a					
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	· · · · •	0			
	12	Total revenue. See instructions	F	1,969,413	13.541		65,413
					1919 11		Form 990 (2017)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must com

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	s must complete col	umn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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	o	0		ļ
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	75,000	75,000		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees				
6	trustees, and key employees	208,913	81,248	81,982	45,683
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		م		^
7	Other salaries and wages	366,620	296,115	17,995	52,510
8	Pension plan accruals and contributions (include	000,020	200,110	17,555	02,010
	section 401(k) and 403(b) employer contributions)	o	o	o	0
9	Other employee benefits	48,958	21,376	18,146	9,436
10	Payroll taxes	44,555	30,032	7,257	7,266
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	9,810	6,585	3,225	0
C	Accounting	0	0	0	0
d	Lobbying	0	0	<u>_</u>	0
e f	Investment management fees	0 12,020	2 024	9,086	0
g	Other. (If line 11g amount exceeds 10% of line 25, column	12,020	2,934	9,060	
J	(A) amount, list line 11g expenses on Schedule O.)	963	o	963	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	31,539	10,448	7,499	13,592
14	Information technology	9,575	6,389	2,295	891
15	Royalties	0	0	0	0
16	Occupancy	19,599	12,417	5,862	1,320
17	Travel	53,735	30,083	12,921	10,731
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				_
19	Conferences, conventions, and meetings .	0	0	1 220	0
20	Interest	3,924	581	1,330	2,013
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	33,856	33,856	0	0
23	Insurance	7,100	2,657	4,443	0
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	ŀ			
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)				
a h	University Scholarship Program	164,474	164,474	0	0
b	Food Facility Maintenance, Renovation & Upgrades	88,478	88,478	0	0
ď	Community/School Programs & Outreach	90,894 41,389	90,894 40,135	1,254	0
e	All other expenses	85,063	81,066	3,997	0
25	Total functional expenses. Add lines 1 through 24e	1,396,465	1,074,768	178,255	143,442
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and]			
	fundraising solicitation. Check here > 1 if				
	following ŠOP 98-2 (ASC 958-720)				
					Form 990 (2017)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	22,537	1	113,030
	2	Savings and temporary cash investments	171,307	2	315,740
	3	Pledges and grants receivable, net	544,470	3	541,091
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	69	5	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	o	6	0
Assets	7	Notes and loans receivable, net	2,970	7	2,883
AS	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 1,074,965	İ		
	b	Less. accumulated depreciation 10b 647,806	430,916	10c	427,159
	11	Investments—publicly traded securities	2,317,078	11	2,910,831
	12	Investments – other securities. See Part IV, line 11	0	12	0
	13	Investments – program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15_	0
	<u> 16</u>	Total assets. Add lines 1 through 15 (must equal line 34)	3,489,347		4,310,734
	17	Accounts payable and accrued expenses	55,658	17	57,965
	18	Grants payable	0	18	0
	19	Deferred revenue	0	<u> </u>	0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
ies	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and	-		
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	217	24	10
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0 55,875		57.075
_	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		20	57,975
es		complete lines 27 through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets	2,281,563	27	2,927,660
ale	28	Temporarily restricted net assets	303,001		474,846
	29	Permanently restricted net assets	848,908		850,253
٦		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	0.0000		303/200
Jr.F		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	1	30	,
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances	3,433,472	33	4,252,759
	34	Total liabilities and net assets/fund balances	3,489,347		4,310,734

Page	1	2

					9
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		. <u>.</u> .		V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,96	9 <u>,4</u> 13
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,39	6,465
3	Revenue less expenses. Subtract line 2 from line 1	3		57	2,948
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,43	3,472
5	Net unrealized gains (losses) on investments	5		26	5,829
6	Donated services and use of facilities	6			5,422
7	Investment expenses	7			0
8	Prior period adjustments	8		3	0,283
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(5	5,195)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		4,25	2,759
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_ '	·	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ır	ו		1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	r		
	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?		2b		<u>√</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a	. '	!
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		.		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of an independent accounts to the selection of a		_=-		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ir	ן ו	,	·
_	Schedule O.	£			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	ionth ir			,
			3a		<u>√</u> _
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		1 1		
	required addit of addits, explain why in Schedule O and describe any steps taken to undergo such a	uuits.	3b		12 2 4 E
			Forn	n 99 0	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

			ject, Inc.	·					00013		
	rt I		eason for Public Cha						ons.		
he	e organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)										
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3			pital or a cooperative ho								
4	~~										
=	hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in the college of university owned or operated by a governmental unit described in the college of university owned or operated by a governmental unit described in the college of university owned or operated by a governmental unit described in the college of university owned or operated by a governmental unit described in the college of university owned or operated by a governmental unit described in the college of university owned or operated by a governmental unit described in the college of university owned or operated by a governmental unit described in the college of university owned or operated by a governmental unit described in the college of university owned or operated by a governmental unit described in the college of university owned or operated by a governmental unit described in the college of university owned or operated by a governmental unit described in the college of university owned or operated by a governmental unit described in the college of university owned or operated by a governmental unit described in the college of university owned or operated by a governmental unit described in the college of university of the college of university of the college of university of the college of university of the college of university of the college of the colle										
5	L-		on 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	ai unit described in		
6	Γ-	_	eral, state, or local gover		montal unit docombos	t in coeti	on 170/h)	/4\/A\/s			
7			-	•					the general public		
•	<u> </u>		organization that normally receives a substantial part of its support from a governmental unit or from the general public scribed in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	Г		nmunity trust described i			Part II \					
9		-	ricultural research organ				erated in	conjunction with a l	and-grant college		
		or uni unive	versity or a non-land-gra	int college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or		
10		An or	ganization that normally	receives: (1) mor	e than 331/3% of its s	upport fro	m contri	butions, membershi	p fees, and gross		
		receip	ots from activities related ort from gross investmen	to its exempt full	nctions—subject to c	ertain exc	ceptions,	and (2) no more tha	n 33¹/₃% of its		
		acqui	red by the organization a	fter June 30, 197	75. See section 509 (a	a)(2). (Co	nplete Pa	ert III.)	Dusinesses		
11			ganization organized and								
12			ganization organized and								
			e or more publicly suppo								
			k the box in lines 12a thro	•	• • • • • • • • • • • • • • • • • • • •	. •	•	•			
	3		pe I. A supporting organ								
			e supported organizatior ipporting organization. Y					ne directors or trust	ees of the		
,)		pe II. A supporting orga	•	· ·			unnorted erganizati	on(a) but bourne		
	,		ontrol or management of								
			ganization(s). You must				, por sor is	That control of man	ago the Sapported		
(•		pe III functionally integ	-	· ·		onnectio	n with, and functions	ally integrated with.		
			supported organization(,		
(Ė	□ Ty	pe III non-functionally i	i ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)		
		th	at is not functionally integ	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an			
		re	quirement (see instructio	ns). You must c	omplete Part IV, Sec	ctions A a	and D, ar	nd Part V.			
(•		heck this box if the organ						e II, Type III		
			nctionally integrated, or	• •	tionally integrated su	pporting	organizat	ion.			
1			ne number of supported o	J					· · · <u> </u>		
			the following information					<u> </u>			
	(1)	Name o	supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Armount of other support (see		
					above (see instructions))	docu	ment?	instructions)	instructions)		
						Yes	No				
A١							ļ				
A) —											
B)											
C)											
— D)											
 E)											
-,				ι	l	l .	(l .			

Schedu	le A (Form 990 or 990-EZ) 2017						Page 2
Part	• • • • • • • • • • • • • • • • • • • •						
	(Complete only if you checked the Part III. If the organization fails to						under
Secti	on A. Public Support	quality diluci	the tests list	led below, pie	case comple	te rait iii.j	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	(4) 20 10	(3) 2511	(9/ 20 10	(4) 2010	(0) 20 11	(1) 1001
	include any "unusual grants.")	1,055,114	1,983,334	1,377,682	1,220,794	1,890,459	7,527,383
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	o	o	0	0	o	0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	0	0	0	0	o	0
4	Total. Add lines 1 through 3	1,055,114	1,983,334	1,377,682	1,220,794	1,890,459	7,527,383
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						868,737
	on B. Total Support						6,658,646
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,055,114	1,983,334	1,377,682	1,220,794	1,890,459	7,527,383
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	7,555,7.0.	1,000,000	1,011,002	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,000,100	
	sımilar sources	46,060	45,061	34,744	41,391	53,585	220,841
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	o	o	o	o	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	o	0	0	0	
11	Total support. Add lines 7 through 10				'		7,748,224
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	68,571
13	First five years. If the Form 990 is for the organization, check this box and stop her						501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage					
14	Public support percentage for 2017 (line 6						86 %
15 16a	Public support percentage from 2016 Sch 33 ¹ / ₃ % support test—2017. If the organi	zation did not d	heck the box	on line 13, and	d line 14 เร 33	1/3% or more, (
	box and stop here. The organization qual						
b	331/3% support test—2016. If the organization						
	this box and stop here. The organization			_			-
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts- facts-and-circu	and-circumsta mstances" tes	nces" test, che st. The organiz	eck this box a ation qualifies	nd stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test - 20	16. If the orga	nization did no	ot check a box	on line 13, 1	6a, 16b, or 17a	a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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

(6	Complete only if yo	ou checked the box	on line 10 of Part I or i	f the organization	failed to qu	alify under Pa	art II.
İ	f the organization f	ails 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf				-		
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_	•		-				
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3			<u> </u>			
, a	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		<u> </u>				
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	idar year (or fiscal year beginning in)	(a) 2013_	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						<u>.</u>
10a	Gross income from interest, dividends,	ļ					
	payments received on securities loans, rents, royalties, and income from similar sources.						
	·	· · · · · · · · · · · · · · · · · · ·					
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business						
••	activities not included in line 10b, whether			ĺ			
	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.)		<u> </u>				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>	<u> </u>			L
14	First five years. If the Form 990 is for the	-					
0	organization, check this box and stop he	· —				· · · ·	
	ion C. Computation of Public Suppo Public support percentage for 2017 (line			12 column (fl)		15	%
15 16	Public support percentage for 2017 (fine Public support percentage from 2016 Sc						
	ion D. Computation of Investment In				<u> </u>		
17	Investment income percentage for 2017			ov line 13. colu	mn (f))	17	%
18	Investment income percentage from 201	•		•			%
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2016. If the organi						
	line 18 is not more than 331/3%, check this		_				_
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	uctions ▶ □

Yes No

Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D. and complete Part V.)

Section	on A. All Supporting Organizations	
	Are all of the organization's supported organizations listed by name in the organization's governing	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	

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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

class or purpose, describe the designation. If historic and continuing relationship, explain.

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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.
- 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 Part VI, including (i) the names and Ell' 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- 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 o benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (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).
- 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).
- 9a 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 Part VI.
- 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 Part VI.
- 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 Part VI.
- 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 integrate supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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rm	990 or	990-E	Z) 2017

Part	Supporting Organizations (continued)			
			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) below, the governing body of a supported organization?	1 1a		<u>. </u>
b	A family member of a person described in (a) above?	1 1b		
	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.	1 1c		
Secti	on B. Type I Supporting Organizations	-		
			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			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		L
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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sacti	on D. All Type III Supporting Organizations	1		
Jecu	on B. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	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 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI 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			
0 1	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	etaiet	ione)
		JUG 11 k		
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		-
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			1
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			} -
3	•	2b		
ა a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	3a	1	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	l	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	ıızat	ions must complete Sect	ions A through E.
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 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		egrated Type III supports	ng organization (see
instructions).	y IIIL	egrated Type III Supporti	ng organization (See

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity	<u> </u>		
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount		(2)	(:::)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
<u>a</u> _	5 0010			
<u>b</u>	From 2013			
	From 2014			
d				
e f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>g</u>	Applied to Underdistributions of prior years Applied to 2017 distributable amount			
_ <u>;;</u>	Carryover from 2012 not applied (see instructions)			
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
•	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С				
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b				
С	Excess from 2015			
d	Excess from 2016		-	1.1. A.1.
е	Excess from 2017			

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.)
······································
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SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

iame o	r the organization	İ	Employer identification number
he Ha	itian Project, Inc.		22-2700013
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
		-	
4	Aggregate value at end of year	advisors in continue that the appets b	led in depart advised
5			
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	nt funds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · ·
Pari	Conservation Easements.		
	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		f a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		a doranica motorio di dotaro
•	Complete lines 2a through 2d if the organization h	old a qualified conservation contribution	on in the form of a conservation
2	•	eld a qualified conservation contribution	
	easement on the last day of the tax year.		3.774 (9.42)
а	Total number of conservation easements		
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified	• •	
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	historic structure listed in the National Register .		· · 2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or teri	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy re		spection, handling of
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec		
U	Clari and volunteer flours devoted to monitoring, aispec	iting, flatiding of violations, and officioling	ochoorvation odoornama daring the year
7	Amount of expenses incurred in monitoring, inspectii	as bendling of violations, and enforcing	consequence assembles during the year
7	•	ig, nandling of violations, and emorcing	Conservation easements during the year
_	> \$	O(d) above actual the requirements of	f anation 170/b/(4)/P)(i)
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text	-	nancial statements that describes the
	organization's accounting for conservation easem		
Part	III Organizations Maintaining Collection	is of Art, Historical Treasures, or	r 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	s revenue statement and balance sheet
	works of art, historical treasures, or other simila	r assets held for public exhibition, ed	ducation, or research in furtheraince of
	public service, provide, in Part XIII, the text of the		
ь	If the organization elected, as permitted under S		
D	works of art, historical treasures, or other similar		
			datation, or research in futurerance of
	public service, provide the following amounts relative	<u> </u>	
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · ▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of an	t, historical treasures, or other simila	r assets for financial gain, provide the
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these i	items:
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

Part	III Organizations Maintaining	Collections of A	Art, Histo	orical T	reasures,	or Oth	ner Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth						unificant use of its
а	☐ Public exhibition				or exchange	_		
b	☐ Scholarly research		e [Other				
C	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.							
5	During the year, did the organization assets to be sold to raise funds rather							
Part	V Escrow and Custodial Arra							
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Forn	n 990, F	Part IV, line	9, or r	reported an am	ount on Form
1a	Is the organization an agent, trustee,	custodian or other	er interme	ediary fo	r contribution	ons or	other assets no	t
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa							
D	in res, explain the arrangement in re	art Am and comple		iownig to	abic.	Γ-	An	nount
С	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1e	†	
f	Ending balance					1f		
2a	Did the organization include an amour						account liability	? Yes No
	If "Yes," explain the arrangement in Pa							
Pari		art Am. Orlook Hore	<i>y</i> 11 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	piariatio.				<u>· · · · · · · · · · · · · · · · · · · </u>
	Complete if the organization	answered "Yes"	on Forn	n 990. F	Part IV. line	10.		
	Complete ii tilo organization	(a) Current year	(b) Pno		(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance	2,309,716		,928,850	1.6	B4,309	1,331,939	1,224,889
b	Contributions	359,539	_	311,595		01,959	384,861	1
C	Net investment earnings, gains, and	309,039		311,333		01,333	304,00	3,337
·	losses	210 100		142,510	/-	2,601)	41,184	166,553
٨	Grants or scholarships	318,108		142,310		0,000)	(10,000)	
d e	Other expenditures for facilities and	(20,000)				0,000)	_\10,000	'
C	programs	(05.000)		(60,000)	,,	(000,00	(50,000)	(50,000)
4	, ,	(65,000) (12,007)		(60,000) (13,239)		4,817)	(13,675	
f	Administrative expenses End of year balance	2,890,356		<u>(13,239)</u> 2,309,716		28,850	1,684,309	
g 2	Provide the estimated percentage of t							1,331,339
_	Board designated or quasi-endowmer		7%	s (iii le 19	, column (a)	, noid c		
a	Permanent endowment ►	23%	/0					
	Temporarily restricted endowment	0%						
·	The percentages on lines 2a, 2b, and		00%					
3a	Are there endowment funds not in the			ation tha	at are held a	and adi	ministered for the	e
ou	organization by:	b poodoolon on an						Yes No
	(i) unrelated organizations							3a(i) ✓
	(ii) related organizations							3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related o							3b
4	Describe in Part XIII the intended uses	~						
Pari								
	Complete if the organization		" on Forr	n 990. f	Part IV. line	11a. S	See Form 990.	Part X. line 10.
	Description of property	(a) Cost or ot	her basis	(b) Cost of	or other basis	(c) /	Accumulated epreciation	(d) Book value
	Land		67.240	<u> </u>				67 242
1a	Land	•	67,242		0		406 400	67,242
b	Buildings	•	694,458		0		496,480	197,978
C	Leasehold improvements	•	0 251 264		0		112 179	120 105
d	Equipment	•	251,364		0		113,179	138,185
E Total	Other	nust squal Form 0	61,900	Cookie	0 /R) /roo 10	<u>. 1</u>	38,146	23,754
ı otal.	. Aud lines Ta Infoudh Te. (C <i>olumn (a) f</i>	nust edual Foiin 9	JU. Parl A	. coluini	ROBBINE TO	U.)		427,159

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" of	on Forr	n 990. Part IV. lin	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives				
• •	neld equity interests	[
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)				-	
(F)			 .		
(G) (H)					
	o) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related.				
Fait VIII	Complete if the organization answered "Yes" of	on Forr	m 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment	1	(b) Book value	(c) Me	thod of valuation
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)			_		
(8)					
(9)	a) must equal Form 000 Part V and /Pl line 12 l	-			
Part IX	b) must equal Form 990, Part X, col (B) line 13.) ► Other Assets.				
Partix	Complete if the organization answered "Yes" of	on For	m 990 Part IV lin	e 11d See Form	990 Part X line 15
	(a) Description	011 1 011	11 000, 1 41 11, 111	10 114. 000 1 0111	(b) Book value
(1)					
(2)					
(3)					
(4)		_			
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · · ·	<u> ▶</u>	
Part X	Other Liabilities. Complete if the organization answered "Yes" of	on Fori	m 990, Part IV, Iir	ne 11e or 11f. Se	e Form 990, Part X,
	line 25.				
(1) Federal ır	(a) Description of liability (b) Book	value			
	icome taxes				
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.) ▶				
	r uncertain tax positions. In Part XIII, provide the text of th	ne footno	ote to the organization	n's financial statem	ents that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 74				

Part			r Return.
	Complete if the organization answered "Yes" on Form 990, F		
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	⊣
b	Donated services and use of facilities	2b	_
C	Recoveries of prior year grants		⊣
d	Other (Describe in Part XIII.)		<u>_</u>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		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.)		→
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			per Ketu r n.
	Complete if the organization answered "Yes" on Form 990, I		
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:	1 - 1	
а	Donated services and use of facilities	2a	⊣
b	Prior year adjustments	2b	<u> </u>
C		2c	
d		2d	
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	4.0	
а	Investment expenses not included on Form 990, Part VIII, line 7b		-
b	Other (Describe in Part XIII.)		
С 5	Add lines 4a and 4b		
	XIII Supplemental Information.	6 10.7	
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV lines 1b and	2b: Part V. line 4: Part X. line
2. Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.
Pail V	, Line 4:		
The H	aitian Project, Inc. has three invested accounts: The Board-directed 'General E	ndowment' was establishe	d to support the Project's
THE H	and Froject inc. has three invested accounts. The board-directed General Li	individual in the state of the	
onerat	ing expenses. Distributions from this endowment can only be made once the p	orincipal reached \$1 million	n. The separate 'Post-Graduate
obein.	ing caperious. Disabbations from this chapter for dark only be indeed alone the		
Sunna	rt Endowment' was established to support scholarships for university for alum	nni of the school in Haiti. T	he principal of this endowment
Sabba	The Control of the Co		
is peri	nanently restricted. Distributions from this endowment can only be made if the	principal is over an estab	lished threshold. The third
19. P. Y. 1		, <u></u>	
invest	ed account is an Operating Reserve established in 2014. Separate investment j	oolicy statements govern t	he three invested accounts.
		<u> </u>	
	ments are overseen by a Board committee and managed by a professional ass		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number Name of the organization The Haitian Project, Inc. 22-2700013 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ✓ Yes □ No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total region (by type) (such as, fundraising, program services, investments, grants to recipients employees, agents, and a program service, describe specific type of expenditures for and investments offices in the region independent service(s) in the region in the region located in the region) contractors in the region (1) Haiti 75 Program Services **Boarding School** 999,768 (2) Haiti 0 0 Grant to recipient in region 75,000 (3)(4)(5) (6)(7) (8) (9) (10) (11) (12)(13)(14)(15)(16)(17)Sub-total За 1 75 1,074,768 Total from continuation sheets to Part I n 0 0 Totals (add lines 3a and 3b) 75 1,074,768 Page 2

Schedule F (Form 990) 2017

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of noncash assistance (f) Manner of cash disbursement 75,000 wire transfer (e) Amount of cash grant (d) Purpose of grant Schools support (c) Region Haiti (b) IRS code section and EIN (if applicable) (a) Name of organization Part II E (12) (13) 14 (15) (16) £ 00 ල 3 <u>O</u> <u>©</u> E <u>@</u> <u>6</u>

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

3 Enter total number of other organizations or entities

N

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

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

Part III can be duplicated if additional space is needed.

National Space 15 Technol (d) Amount of cash grant cash grant disbursement assistance (g) Description (h) Method of valuation of noncash assistance (book, FANY, disbursement assistance cash grant disbursement assistance cash grant cash grant cash grant disbursement assistance cash grant cash gran	appraisat, otrer)																	
(b) Region																		
(a) Type of grant or assistance	£	(2)	(6)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	100

Page	4
1 age	_

Part	Foreign Forms	<u>-</u>	
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; don't 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; don't file with Form 990)	☐ Yes	☑ No

Part V	Supplemental	Informatio

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 information. See instructions.

Part I, Line 2
Grant requirements:
1. Periodic reports on the use of the grant funds (minimum of annually).
2. Field visits to the school sites to verify the supported activity (minimum of annually).
Part I, Line 3, column (f)
All expenditures. Accrual accounting method.
An expenditures. Accidal accounting method.
······
<u></u>
······································

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

The Ha	nitian Project, Inc.					22-270	0013		
Part	Types of Property			-					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	Methodononcash c	(d) d of dete ontribution		
1	Art-Works of art			-					
2	Art—Historical treasures								
3	Art-Fractional interests								
4	Books and publications	_							
5	Clothing and household								
	goods		<u></u>						
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities-Publicly traded	✓	8		113,443	Market			
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC,								
	or trust interests								
12	Securities-Miscellaneous							_	
13	Qualified conservation								
	contribution—Historic								
	structures								
14	Qualified conservation contribution—Other								
15	Real estate - Residential								
16	Real estate - Commercial				,				
17	Real estate—Other			_					
18	Collectibles								
19	Food inventory	1	36		3,933	Cost			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (Diesel fuel)	/	24		3.829	Cost			
26	Other (Janitorial Supplies)	1	12		2,651				
27	Other ► (School supplies)	/	3			Cost, Esti	mation		
28	Other ► (
29	Number of Forms 8283 received								
	which the organization completed	Form 8283	3, Part IV, Donee Acknowle	dgement		29	0		
								Yes	No
30a	During the year, did the organization	tion receive	by contribution any prope	erty reported in	Part I, lines	1 through	າ [
	28, that it must hold for at least t					n't required	d [l :	
	to be used for exempt purposes	for the entir	re holding period?				30a		✓ .
b	If "Yes," describe the arrangement	t in Part II.							
31	Does the organization have a	gift accep	otance policy that require	es the review	of any no	onstandard	d		
	contributions?						31	✓ '	
32a	Does the organization hire or use	e third part	ties or related organization	s to solicit, pro	cess, or se	ell noncasi	<u> </u>		
		•					32a		1
b	If "Yes," describe in Part II.								
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which	column (a) i	is checked	ı,		
	describe in Part II.		••	-			- }		

Part II	the organization of both. Also complete this part for any additional information.
Column (b)	: Number of contributions.
	·
•••	
·	
••••••	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

The Haitian Project, Inc.	22-2700013				
Part VI, Section A, Line 4: Significant changes to governing documents					
a. Amended the 'Directors' section of the bylaws to reduce terms of service to three years from the previous four years.					
b. Amended the 'Regular Meetings' section of the bylaws to require in-person attendance at three Board meetings per calendar year; and to					
eliminate telephonic and electronic participation in regular meetings of the Board of Directors.					
c. Added a new section, 'Parliamentary Authority' to establish Roberts Rules of Order Newly Revised as the governing rules of the					
organization in all cases applicable and in which they are not inconsistent with the bylaws.					
Part VI, Section B, Line 11b: Reviewing the Form 990					
The Form 990 is reviewed by the organization's Finance Committee Chair (who is also a member of the	Board of Directors) and is provided in				
complete form to all members of the Board of Directors for their review before filing.					
Part VI, Section B, Line 12c: Monitoring & enforcing the Conflict of Interest Policy					
Periodic reviews of the policy include, at a minimum, the following subjects: (a) Whether compensation	n arrangements and benefits are				
reasonable, based on competent survey information, and the result of arm's length bargaining, and (b)	whether partnerships, joint ventures,				
and arrangements with management organizations conform to the Project's written policies, are prope	rly recorded, reflect reasonable				
investment or payments for goods and services, further charitable purposes and do not result in inure	ment, impermissible private benefit or				
in an excess benefit transaction." The Policy allows for use of outside experts, however "their use sha	Il not relieve the governing board of its				
responsibility for ensuring periodic reviews are conducted."					
Part VI, Section B, Line 15a: Determining Compensation					
Search Committee is formed, professional headhunter is consulted, comparison to other organizations	s. From the organization's bylaws:				
SECTION 11.04. Contract, etc., How Executed. Except for contracts to be performed in Haiti which	may be executed and delivered by the				
President on behalf of the Project, or as otherwise determined by the Board of Directors, any two c	of the following: the Chair, the Vice				
Vice Chairs, the President, any Vice President, the Secretary or the Treasurer, may enter into any c	ontract or execute and deliver any				
contract or other instrument, the execution of which is not otherwise specifically provided for, in the	ne name and on behalf of the Project.				

Schedule O (Form 990 or 990-EZ) (2017)				Page 2
Name of the organization				Employer identification number
The Haitian Project, Inc.				22-2700013
agents, of the Project to enter into an				
Project, and such authority may be g	eneral of confined to	specific instances.	Jilless authorized to di	o so by these by-laws of by the
Directors, no officer, agent or employ	ee shall have any por	wer or authority to b	nd the Project by any	contract or engagement, or to pledge
its credit, or to render it liable pecun	iarily for any purpose	or in any amount.		
Part VI, Section C, Line 19: Making docum	nents available to the	public		
The Haitian Project provides copies of all	governing document	ts, written policies ar	nd financial statements	to the Board of Directors and staff
regularly. Members of the public receive f	inancial statements o	contained in the orga	nization's yearly publi	cation "Annual Report". Members of
the public may also receive copies of org				
Conflict of Interest Policy, Record Retent	on & Document Dest	ruction Policy, and V	Vhistleblower Policy at	e posted on the org's website.
Part XI, Line 9: Other changes in net asse	ts or fund balances			
In-Kind Expenses	(18,367)	<i></i>		
Endowment Balance Correction	(11,828)			
Uncollectible Pledges	(25,000)			
Total change in net assets/fund balances	= (55,195)			
	·			
