1481A 01/19/2011 3:06 PM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2009

						200101110	THE STATE OF THE S
A	For the 2	2009 cale	endar y	ear, or tax year beginning 07/01/09, and ending 06/30/10			
B	Check if app	birementar I	Please	C Nama of organization		D Em	ployer identification number
X	Address cha	SMUS 4	use IRS label or	HOPE FOR HAITI, INC.	Ī		•
\Box	Name chang		print or	Coing Business As		59	-3564329
		. 1	type.	Number and street (or P.O. box if mail is not delivered to street address) Room/suite			phone number
\Box	Initial relum	1 1	See	1021 5TH AVE N	- 1		9-434-7183
	Termination		Specific	City or town, state or country, and ZIP + 4			
\Box	Amandad re		instruc- tions.	NAPLES FL 34102	- 1	G Gross n	eceipts\$ 58,768,474
H		T.	-		┥.		
	Application p	pending		and address of principal officer: ANK PROTO	- 1'		is a group return for
		- 1		17 LANGSTON DR	1		ates? Yes X No
		ţ					rded? Yes No
			45.00.00			# *N	io," attach a list. (see instructions)
****	Tax-exem			501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	— .		
	Website:		-	OPEFORHAITI.COM			up exemption number
	Type of orga				x: TA	99	M State of legal domicite: FL
	arti		mmar				
				ne organization's mission or most significant activities:		,	**************
0	7 .			E THE QUALITY OF LIFE FOR THE HAITIAN PEOPLE,		. .	
& Governance		PARTI	CUL	RLY CHILDREN, THROUGH EDUCATION, NUTRITION AND			**********
E		HEALT	HCA	E.			••••
ò	2 Ch	neck this	box Þ	if the organization discontinued its operations or disposed of more than 25% of its ne	t asset	ts.	
2 ·				members of the governing body (Part VI, line 1a)		3	10
8	4 Nu	ımber af	indepe	endent voting members of the governing body (Part VI, line 1b)		4	10
Activities				mployees (Part V, line 2a)		5	7
Ç				olunteers (estimate if necessary)		6	200
rQ.	7a To	tal gross	s unrela	ated business revenue from Part VIII, column (C), line 12		7a	
	b Ne	t unrelat	led bus	iness taxable income from Form 990-T, line 34		7b	0
					or Year	-1	Current Year
	8 Co	ontributio	ns and	grants (Part VIII, line 1h)	307	888	58,328,182
Revenue	9 Pro	ogram se	ervice r	evenue (Part VIII, line 2g)			
eve	10 Inv	restment	l incom	25,	975	37,632	
DZ	11 Oth	her rever	nue (Pa	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	227,	760	402,660
				dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	561,	623	
	13 Gra	ants and	simila	r amounts paid (Part IX, column (A), lines 1–3)	124,	017	
				r for members (Part IX, column (A), line 4)			
92	45 Sal	larioe of	ther on	magnestion employee barefits (Part IV column (A) lines 5-10)	115,	419	292,220
Expenses	16a Pro	ofessiona	al fundi	raising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25) 101,427			
8	b Tot	tal fundra	aising e	expenses (Part IX, column (D), line 25) > 101, 427			
M	17 Oth	her expe	nses (I	Parl IX, column (A), lines 11a-11d, 11f-24f)	527,	695	1,737,177
				dd lines 13-17 (must equal Part IX, column (A), line 25) 7,	767.	131	53,734,364
	19 Res			enses. Subtract line 18 from line 12	205.	508	5,034,110
Net Assets or Fund Balances			- JF	Beginning o			End of Year
328	20 Tot	tel assets	s (Part	X, line 16) 1, 4	404,	172	6,741,486
20	21 Tot	tal ilabilit	lies (Pa	rt X, line 26)	8,	566	325,946
운동	22 Net	l assets	or fund	belances. Subtract line 21 from line 20 1,	395,	606	6,415,540
P	ert II	Sign	natun	Block			
		Under	penalo	es of perjury, I deci pre that I have examined this return, including accompanying schedules and statemen true, correct, andiographete. Deciliration of preparer (other than officer) is based on all information of wi	nts, and	to the b	est of my knowledge
		and be	olim it u		hich prej	parer has	1 1
Sig	n	N .	<u> </u>	caners I was		01	119/204
Her	æ	S	ignature	of officer		Date	•
			FRA	NCIS PROTO TREASURER			
		Ty	ype or p	rint name and tille			
200		Prepar	en da	Date Ch	neck if		Preparer's Identifying number
Paid		signati		30		▶ □	(see instructions) P00530989
	parer's	1		SMITH & CO., LLP	1	EIN D	
Use	Only		name (employe	OFFEE OFF TO 41		Phone	
		1	88, and 2	·			239-992-4232
May	the IRS	discuss t	this reh	um with the preparer shown above? (see instructions)		INJ. P	X Yes No
				vork Reduction Act Notice, see the separate instructions.			Form 990 (2009)

Form	990	(2009)
-orm	330	(2009)

(Expenses \$

4d Other program services. (Describe in Schedule O.)

4e Total program service expenses ▶

including grants of \$

53,487,806

) (Revenue \$

Form 990 (2009) HOPE FOR HAITI, INC. Part IV Checklist of Required Schedules

A least a consideration decay of the second					No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a pri	vate foundation)? If "Yes,"				
complete Schedule A	• • • • • • • • • • • • • • • • • • • •		1	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?			2	Х	
3 Did the organization engage in direct or indirect political campaign activities on	pehalf of or in opposition to				
candidates for public office? If "Yes," complete Schedule C, Part I			3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activ	ties? If "Yes," complete				
Schedule C, Part II			4		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization s					
notice and reporting requirement and proxy tax? If "Yes," complete Schedule C,			_ 5		
6 Did the organization maintain any donor advised funds or any similar funds or a					
the right to provide advice on the distribution or investment of amounts in such	unds or accounts? If "Yes,"				7,
complete Schedule D, Part I			6		X
7 Did the organization receive or hold a conservation easement, including easem			_		٠,,
the environment, historic land areas, or historic structures? If "Yes," complete S	* * * * * * * * * * * * * * * * * * * *		7		X
8 Did the organization maintain collections of works of art, historical treasures, or	other similar assets? If Yes,				•
complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21: serve as a custodian for	r amounts not listed in Dort		8		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for X; or provide credit counseling, debt management, credit repair, or debt negotia					
complete Schedule D. Part IV			9		х
10 Did the organization, directly or through a related organization, hold assets in te			9		
guasi endowmente? If "Vos " complete Schodule D. Bart V			10		x
11 Is the organization's answer to any of the following questions "Yes"? If so, comp	lete Schedule D. Parts VI		10		
VII VIII IX or X as applicable			11	x	
 Did the organization report an amount for land, buildings, and equipment in Part 	X. line 10? If "Yes." complete				
Schedule D, Part VI.	74, 750, 35p. 650				
• Did the organization report an amount for investments—other securities in Part	K, line 12 that is 5% or more				
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Pa					
 Did the organization report an amount for investments—program related in Part 					
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Pa	t VIII.				
• Did the organization report an amount for other assets related 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.					
 Did the organization report an amount for other liabilities in Part X, line 25? If "Y 	es," complete Schedule D, Part X.				
 Did the organization's separate or consolidated financial statements for the tax 	ear include a footnote that addresses				
the organization's liability for uncertain tax positions under FIN 48? If "Yes," con	plete Schedule D, Part X.				
12 Did the organization obtain separate, independent audited financial statements	or the tax year? If "Yes," complete				
Schedule D, Parts XI, XII, and XIII.	· · · · · · · · · · · · · · · · · · ·		12	X	0000000
12A Was the organization included in consolidated, independent audited financial st	· —	es No			
		X			
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," comp			13		_X_
14a Did the organization maintain an office, employees, or agents outside of the Uni			14a	X	
b Did the organization have aggregate revenues or expenses of more than \$10,00					
business, and program service activities outside the United States? If "Yes," con			14b	Х	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of g	dulo E. Dort II		4.5	x	
organization or entity located outside the United States? If "Yes," complete School Did the organization report on Part IX, column (A), line 3, more than \$5,000 of a			15	A	
to individuals located outside the United States? If "Yes," complete Schedule F,	Dod III		16		х
17 Did the organization report a total of more than \$15,000 of expenses for profess			10		
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	•		17		х
18 Did the organization report more than \$15,000 total of fundraising event gross in	come and contributions on				
Part VIII lines 1s and 9s2 If "Vas " complete Schools C. Dart II			18		х
19 Did the organization report more than \$15,000 of gross income from gaming act					
If "Voc " complete Schodule C. Dort III			19		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule	eH		20		Х

Form 990 (2009) HOPE FOR HAITI, INC. Part IV Checklist of Required Schedules (continued)

888 ed 5	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			7,5
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			77
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			3.5
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
	\$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 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	I		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		_	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
		34		Х
35	III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2			х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	.		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	· 33		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	D. 110	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	·		
	19? Note. All Form 990 filers are required to complete Schedule O.	. 38	x	
				(2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Υ	es	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns. Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	le				
	gaming (gambling) winnings to prize winners?			1c	2000 20000		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		K	***********
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see						
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by					
	this return?			3a	\neg	_	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	+	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	ancial			Ι,	ا ـر	
				4a		Z	
D	If "Yes," enter the name of the foreign country: HAITI Coa the instruction for averaging and filter and instructions and filter and instructions.						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	вапк					
E o	and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a			X
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	tion?		5a	\neg	_	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg.				+	\dashv	
U	Drahihitad Tay Challey Transaction?			50			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					\dashv	
-	organization solicit any contributions that were not tax deductible?			6a			х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution						
	gifts were not tax deductible?			6b	,		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods					
	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?				_	_	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs					
	required to file Form 8282?			7c		333333	000000000000000000000000000000000000000
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al	_			
	benefit contract?			7e	$\overline{}$	\dashv	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7~	\neg	\dashv	
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0					_	
"	required?			7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						
	organization, have excess business holdings at any time during the year?			8		····	*********
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?			9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?						
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	, ,					
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	, 	128	1	S	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					

900 BROAD AVE SOUTH

FL 34112

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management					
				_	Yes	No
1a	Enter the number of voting members of the governing body	1a	11			
b	Enter the number of voting members that are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		Х
6	Does the organization have members or stockholders?			6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	,				
	of the governing body?			7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the In	nterna	al			
Rev	renue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?			. 10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?			11	x	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this is done			12c	x	
13	Does the organization have a written whistleblower policy?			13	х	
14	Does the organization have a written document retention and destruction policy?			14	х	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	********
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a	,,,,,,,,,,,	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			. 16b		h
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s					
	available for public inspection. Indicate how you make these available. Check all that apply.	• •				
	X Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest				
	policy, and financial statements available to the public.					

State the name, physical address, and telephone number of the person who possesses the books and records of the

NAPLES

organization: ▶ VICKY MOLTER

239-434-6001

Page 7

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if the organization	did not compen	sate	any o	curre	nt of	ficer,	dire	ctor, or trustee.	т	Г
(A) Name and Title	(B) Average	Doo	ition ()	hat app	מאם	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	Individual trustee or director		Officer	Key employee		S Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
• • • • • • • • • • • • • • • • • • • •	ESQ.							_	_	_
DIRECTOR	2.00	X						0	0	0
JAMES B. LANCASTE		l								
DIRECTOR	2.00	X						0	0	0
BILL EARLS		l								
DIRECTOR	2.00	X						0	0	0
COLETTE HALL	0.00									
DIRECTOR	2.00	X					_	0	0	0
DR. VLADIMIR J. M		١						_		
DIRECTOR	2.00	Х					\dashv	0	0	0
DR. GILBERT SAINT		٦,								
DIRECTOR	2.00	X					_	0	0	0
JOANNE M. KUEHNER	40.00			v				0	0	_
PRESIDENT TODD L. KENDALL	40.00	1		X			\dashv	0	0	0
•	2 00			х				_	0	_
VICE PRES. LACEY KING	2.00	+		Λ			\dashv	0	0	0
SECRETARY	2.00			x				0	0	o
FRANCIS J. PROTO	2100						\neg	·	· ·	
TREASURER	2.00			X				0	0	0
DAA		-					—	•	•	- 000

DAA

Form 990 (2009)

Form 990 (2009) HOPE FOR HAITI, INC. 59-3564329 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (C) (F) Name and Title Position (check all that apply) Average Reportable Reportable Estimated hours per compensation compensation amount of Officer Individual trustee or director Institutional trustee Key employee Highest compensated employee week from from related other the organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations 1b Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 2 reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated 3 Х 3 employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 X individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A)
Name and business address Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

Pa	rt V	III Statem	<u>ent of Reve</u>	nue	***************************************					
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts	1a	Federated camp	paigns	1a						
grar	b	Membership du	es	1b						
s, ç am	С	Fundraising eve	ents	1c						
gift lar	d	Related organiz	ations	1d						
ns, imi	е	Government grants (co	ontributions)	1e						
rtion er s	f	All other contributions,	gifts, grants,							
ribu		and similar amounts n	ot included above	1f		328,182				
ont	g	Noncash contributions	included in lines 1a-	1f: \$	51,	704,967				
o a	h	Total. Add lines	1a-1f			<u></u>	58,328,182			
Program Service Revenue Contributions, gifts, grants anounts						Busn. Code				
ver	2a									
Re	b									
vice	С									
Ser	d						_			
аш	е									
.ogr	f	All other program	m service reve	nue						
<u>-</u>	g	Total. Add lines	2a-2f							
	3	Investment inco	me (including o	dividend	ds, intere	est, and				
		other similar am	iounts)				37,632			37,632
	4	Income from inv	estment of tax	-exemp	t bond p	roceeds 🕨				
	5	Royalties				>	***************************************			
			(i) Real		(ii) F	Personal				
	6a	Gross Rents								
	b	Less: rental exps.								
	С	Rental inc. or (loss)								
	d	Net rental incom	ne or (loss)							
	7a	Gross amount from sales of assets	(i) Securities	,	(ii)	Other				
		other than inventory								
	b	Less: cost or other								
		basis & sales exps.								
	С	Gain or (loss)								
	d	Net gain or (loss				<u></u>	000000000000000000000000000000000000000	######################################	15644444444444	
Φ	8a	Gross income from	n fundraising ever	nts						
nue		(not including \$								
Şe v		of contributions rep	oorted on line 1c)	,						
Other Reven		See Part IV, line 1		. a						
Ĕ		Less: direct exp		, b_						
		Net income or (events .			***************************************	220700000000000000000000000000000000000	
	9a	Gross income from								
		See Part IV, line 1		I						
	b	Less: direct exp		. b_						
	C	Net income or (I		ing ac <u>ti</u>	vities	<u></u>				
	10a	Gross sales of i	•					}		
		returns and allo								
		Less: cost of go		. b_		<u> </u>				
	С	Net income or (I			entory .	Duan Cada				
ł	44		aneous Revenue			Busn. Code	400 660	400 600		
	11a						402,660	402,660		
	b									
	C									
	d	All other revenu	11- 11-				400 660			
	42	Total Revenue			· · · · · · · · ·		402,660 58,768,474	402,660	0	37,632
	12	Total Revenue.	See instruction	15			JU,/UU,*/*	402,000		31,034

HOPE FOR HAITI, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1					
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	51,704,967	51,704,967		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	238,181	166,727	47,636	23,818
	Pension plan contributions (include section 401(k)	2307101	100/12/	17,030	237010
8					
^	and section 403(b) employer contributions)				
9	Other employee benefits	54,039	37,827	10,808	5,404
10	Payroll taxes	34,039	31,041	10,000	5,404
11	Fees for services (non-employees):				
а	Management				
b	Legal	0.004	7 600	5 604	000
С	Accounting	8,034	1,607	5,624	803
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	25,523	17,866	5,105	2,552
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,139	4,297	1,228	614
21	Payments to affiliates	•			
22	Depreciation, depletion, and amortization				
23	Innurance				
	insurance				
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
_	OTHER PROGRAM EXPENSES	1,529,663	1,529,663		
a b	OFFICE EXPENSE	79,663	15,933	55,764	7,966
	PROMOTIONS	58,032	13,933	33,701	58,032
c		14,810	7,405	5,924	1,481
d	POSTAGE AND MAINTENANCE		1,405	-	±,±01
0	REPAIRS AND MAINTENANCE	7,744	1 [14	7,744	757
f	All other expenses	7,569	1,514	5,298	757
25	Total functional expenses. Add lines 1 through 24f	53,734,364	53,487,806	145,131	101,427
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

Page **10**

	art)	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			932,126	1	4,094,810
	2	Savings and temporary cash investments			86,352		1,506,321
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, t					
		employees, and highest compensated employees. Comp	plete Part II of				
		Schedule L			***************************************	5	***************************************
	6	Receivables from other disqualified persons (as defined					
		4958(f)(1)) and persons described in section 4958(c)(3)(
/ 0		Part II of Schedule L			6		
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	1,798
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	496,534			
	b	Less: accumulated depreciation	10b	32,620	32,383	10c	463,914
	11	Investments—publicly traded securities				11	1,020
	12	Investments—other securities. See Part IV, line 11			353,311	12	673,623
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34			1,404,172		6,741,486
	17	Accounts payable and accrued expenses			8,566		27,149
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>ië</u>	21	Escrow or custodial account liability. Complete Part IV of	•			21	
Liabilities	22	Payables to current and former officers, directors, trustee	-				
ät		employees, highest compensated employees, and disqu	iaimed			~~	
_	22					22	
		Secured mortgages and notes payable to unrelated third				24	
	24 25	Unsecured notes and loans payable to unrelated third particle. Complete Part X of Schedule D				25	298,797
	26	Total liabilities. Add lines 17 through 25			8,566	_	325,946
S	20	Organizations that follow SFAS 117, check here ▶ X	-		0,000		323,313
Fund Balances		complete lines 27 through 29, and lines 33 and 34.	.j unu				
lan	27	Unrestricted net assets			1,337,529	27	5,829,966
Ва	28	Temporarily restricted net assets			58,077	28	585,574
Þ	29	Permanently restricted net assets			-	29	
Ë		Organizations that do not follow SFAS 117, check her	e 🕨				
Ä		and complete lines 30 through 34.					
S	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or equipment				31	
Asi	32	Retained earnings, endowment, accumulated income, or				32	
Net Assets or	33	Total net assets or fund balances			1,395,606		6,415,540
Z	34	Total liabilities and net assets/fund balances			1,404,172	34	6,741,486

Form **990** (2009)

	it XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
_				7//////////////////////////////////////
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

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. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

HOPE FOR HAITI, INC.

Employer identification number

59-3564329 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type II Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization the organization in organization in col. in col. (i) listed in your organization (described on lines 1-9 support col. (i) of your (i) organized in the above or IRC section governing document? support? U.S.? (see instructions)) Yes Yes Yes No No No

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 HOPE FOR HAITI, INC. 59-3564329 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2008 Schedule A, Part II, line 14 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

18

Section A. Public Support

Gifts, grants, contributions, and

Calendar year (or fiscal year beginning in)

membership fees received. (Do not include any "unusual grants.")

exceed the greater of \$5,000 or 1% of the

Gross receipts from admissions, merchandise sold or services performed, or facilities

59-3564329

(e) 2009

58,328,182

(d) 2008

15,103,161

Page 3

(f) Total

88,828,912

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

(a) 2005

5,322,003

5	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	57.3
3	Public support percentage from 2008 Schedule A, Part III, line 15	16	40.1
ect	tion D. Computation of Investment Income Percentage		
7	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	
3	Investment income percentage from 2008 Schedule A, Part III, line 17	18	
Эа	33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line		
	17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization		>
b	33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %,	and	
	line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization		

	furnished in any activity that is related to the organization's tax-exempt purpose					488,688	488,688
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	5,322,003	3,886,139	6,189,427	15,103,161	58,816,870	89,317,600
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		2,427,757	4,371,503	12,807,689	18,424,442	38,031,391
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						

(b) 2006

3,886,139

(c) 2007

6,189,427

	amount on line 13 for the year					
С	Add lines 7a and 7b	2,427,75	7 4,371,503	12,807,689	18,424,442	38,031,391
8	Public support (Subtract line 7c from					
	line 6.)					51,286,209
Sec	tion B. Total Support					

Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 5,322,003 3,886,139 6,189,427 15,103,161 58,816,870 89,317,600 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 29,815 50,661 73,823 sources -17,946 37,632 173,985 Unrelated business taxable income (less section 511 taxes) from businesses

acquired after June 30, 1975 c Add lines 10a and 10b 29,815 50,661 73,823 -17,946 37,632 173,985 Net income from unrelated business activities not included in line 10b,

whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.)

3,936,800

6,263,250

15,085,215

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

5,351,818

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	57.31%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	40.15%
0	otion D. Commutation of Inventure at Income Boursetons		

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

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

X

89,491,585

58,854,502

Schedule A (f	Form 990 or 990-l	EZ) 2009 🗜	IOPE F	OR HA	ITI,	INC.		<u> 59-</u> 3564329	Page 4
Part IV	Supplemen	ıtal Inform	ation. C	omplete	this p	art to pro	vide the explanation	ns required by Part II, line information. See instruct	e 10;
	<u> </u>	174 01 171	<u>0, ana r c</u>	art III, III	10 12.	1 TOVIGE &	my other additional	imomation. See instruct	10115.
	• • • • • • • • • • • • • • • • • • • •								
									• • • • • • • • • • • • • • • • • • • •
					· • · · · · · •				
• • • • • • • • • • • • • • • • • • • •					· · · · · · · ·				
									• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •									
						• • • • • • • • • • • • • • • • • • •			

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization Employer identification number HOPE FOR HAITI, INC. 59-3564329 Organization type (check one): Filers of: Section: X 501(c)(Form 990 or 990-EZ 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number HOPE FOR HAITI, INC. 59-3564329 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ _ _ _ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

ALCOHOLDS AND A	ert III Organizations Maintaining		istorical Treas	sures, or Of	ther Simi	lar As	sets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records, check	any of the following	ng that are a si	gnificant use	e of its	
а	Public exhibition	d 🗌 Loan or	exchange program	ns			
b	Scholarly research	e Other					_
С	Preservation for future generations						
4	Provide a description of the organization's colle Part XIV.	ections and explain how the	ey further the orga	nization's exen	npt purpose	in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to l	be maintained as part of th	e organization's co	llection?			Yes No
Pa	rt IV Escrow and Custodial Arra			ation answe	ered "Yes	" to Fo	orm 990, Part
	IV, line 9, or reported an am						
1a	Is the organization an agent, trustee, custodiar						
							Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following t	able:				Amount
	Desiration belongs					4.	Amount
						1c	
d	Additions during the year					1d	
e	Distributions during the year					1e	
T 0-	Ending balance						
	Did the organization include an amount on For	m 990, Part X, line 21?					Yes No
*****	If "Yes," explain the arrangement in Part XIV. Endowment Funds. Comple	ate if organization and	ewered "Ves" t	o Form 990) Part IV	lina 1	<u> </u>
333.BK:	Endowment i ands. Comple	(a) Current year	(b) Prior year	(c) Two years b			
12	Beginning of year balance	(a) carront your	(2) 1 1101 year	(6) ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	(4) //	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0) (01) (02) 0 2 0 0 1
	Contributions						
	Net investment earnings, gains,						
·	and losses						
ч	Grants or scholarships						
	Other expenditures for facilities						
Ü	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the year	end balance held as:					
	Board designated or quasi-endowment ▶						
	Permanent endowment ▶ %						
	Term endowment ▶ %						
	Are there endowment funds not in the possess	sion of the organization that	are held and adm	inistered for th	e		
	organization by:	· ·					Yes No
	(i) unrelated organizations						3a(i)
	4115 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						3a(ii)
b	If "Yes" to 3a(ii), are the related organizations						
4	Describe in Part XIV the intended uses of the	organization's endowment t	funds <u>.</u>	_	_		
Pa	rt VI Investments—Land, Buildir	ngs, and Equipment.	See Form 990	0, Part X, lir	ne 10.		
	Description of investment	(a) Cost or other basis	(b) Cost or oth		c) Accumulat		(d) Book value
		(investment)	basis (other)		depreciation		
1a	Land						
b	Buildings		435	,764	4	<u>,580</u>	431,184
С	Leasehold improvements						
d	Equipment			,992		,240	12,752
е	Other			<i>,</i> 778	19	,800	19,978
Total	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, colu	mn (B), line 10(c).)			<u></u>	463,914

Part VII Investments—Other Securities. See Form 990,	Part Y line 12	33-3304325 Fage
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)	(b) book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other MUTUAL FUNDS	673,623	MARKET
	075,025	MARKET
		
		
		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	673,623	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments—Program Related. See Form 990		
(a) Description of investment type	(b) Book value	(c) Method of valuation:
(a) Description of investment type	(b) book value	Cost or end-of-year market value
		- The stryout market value
·		
Tatal (Calumn (b) much acual Farm 000 Bart V and (D) line 12)		10.00
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.		
(a) Description		(b) Book value
(a) Description		(2) 2001. 10100
		-
		
	-	
<u> </u>		-
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		•
Part X Other Liabilities. See Form 990, Part X, line 25.	········ <u>·····</u>	
1. (a) Description of liability	(b) Amount	
Federal income taxes	(4)	The second secon
MORTGAGE NOTE PAYABLE	298,797	AMERICAN STREET
MONTONIO NOTE INTERPRETA	220,121	STANDARD SACROS
-		A CONTROL OF THE PROPERTY OF T
		100 CONTROL 100 CO
		Addition the second seco
-	-	THE STATE OF THE S
	-	A MALESTAN
		A STATE OF THE STA
	-	A MARIAN CONTRACTOR OF THE STATE OF THE STAT
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	298,797	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER _____ _BOOK / TAX DEPRECIATION DIFFERENCE _ _ _ _ _ _ _ _ _ _ _ _ \$ _ _ _ 14,176_ _

Schedule D (Form 990) 2009

Schedule D	(Forn	n 990) 200	9	HC	PE	S E	OF	RI	IA.	ΙΤΙ	,	IN	C.								5	9 - 3	356	343	29						Page 5
Schedule D Part XI\	/ 5	Supp	olem	nen	tal I	nfo	rm	atio	on ((cor	ntini	ued)		_																	
				_	_	_	_	_	_	_	_			_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	
			_	_	_	_	_	_	_	_	_				_	_	-		_	_	_	_				_	_	_	_		-	
			_	_	_	_	_	_	_	_					_	_	_	_	_	_	_	_			- –	_	_	_	_		_	
			_	_	_	_	_	_	_	_					_	_	_	_	_	_	_	_				_	_	_	_	_	_	
			_	_	_	_	_	_	_	_					_	_	_	_	_	_	_	_				_	_		_	_		
			_	_	_	_	_	_	_	_			_																			
																						_				_	_	_	_			
			_	_	_	_	_	_	_	_					_	_	_	_	_	_	_	_				_	_	_	_		_	
			_	_	_		_	_		_					_	_	_	_	_	_	_	_			- –		_	_	_			
				_	_	_	_	_	_	_						_	_	_	_	_	_	_			- –	_	_	_	_	<u> </u>		
-			_	_	_	_	_	_	_	_					_	_	_	_	_	_		_			- —	_	_	_	_			
				_	_		_	_	_	_					_	_	_	_								_		_	_		_ ,	
			_	_	_		_		_	_				_	_	_	_	_	_		_					_	_		_			
			_	_	_	_	_	_	_	_				_	_	_	_	_	_	_	_	_				_	_	_	_			
		-	_	_	_	_		_	-	_				_	_	_	_	_		_	_					_	_	_	_			
-		-	_	_	_		_	_	_	_				-	_	_	_	_	_	-	_			- -		_	_	_	_		<u> </u>	
		-	_	_	_	— .	_	_		_					_	_	_	_	_	_	_					_	_	_	_		<u> </u>	
			_	_	_				_	_					_	_	_	_	_	_	_						_		_			_ _
			_	_					_							_	_	_	_	_	_				- –	_	_	_				
_		_		_	_				_	_				_	_	_	_	_	_	_	_					_	_	_	_			
		_	—	_	_		_	_	_	_				-	_	_	_	_	_	_	_				- –	_	_	_	_			
		-	_	_	_				_	_			- -	-	_	_		-	_	_	_					_	_	_	_			
		-	_	_	_				_	_				-	_	_	-	_	_	_	_				_	_	-	_	_			
		-	_	_					_	_				_	_	_	_	_	_	_	_				-	_	_	_	_			
			_	_	_										_	_	_	_	_	_	_				_	_	_	_	_			
		_	_	_					_	_					_	_	_	_	_	_	_			_		_	_	_	_			
			_		_	_	_	_	_	_	_				_		_	_	_	_	_	_					_	_	_	_	_	
		_	_	_					_	_				_	_	_	_	_	_	_	_			_	_	_	_	_	_			
		_	_	_						_				_	_	_	_	_	_	_	_				_	_	_	_	_			

Schedule F (Form 990)

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOPE FOR HAITI, INC.

Employer identification number

59-3564329 General Information on Activities Outside the United States. Complete if the organization answered

	"Yes" to Form 99	00, Part IV, line 14	b.		
1 For gran			ords to substantiate the amount of the	grants or	_
assistano	ce, the grantees' eligibil	lity for the grants or ass	sistance, and the selection criteria use	ed to award	
the grant	s or assistance?				Yes X No
2 For gran	tmakers. Describe in F	Part IV the organization	's procedures for monitoring the use	of grant funds outside the	
United St	tates.				
3 Activities	per Region. (Use Sche	edule F-1 (Form 990) if	additional space is needed.)		
(a) Pasian	(h) Number of	(a) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	/A Tatal
(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e.,	a program service,	(f) Total expenditures for
	region	agents in	fundraising, program services,	describe specific type of	region
		region	grants to recipients located in	service(s) in region	
			the region)		
LES CAYI	3S				
	1	. 2	PROGRAM SERVICES	ASSIST HAITIANS	412,927
PORT AU	PRINCE				
		5	EARTHQUAKE RELIEF	ASSISTANCE / RELIEF	1,116,736
					
iotolo -	1	7	200 Berling 100 Berling 10		1.529.663

Part II

Schedule F (Form 990) 2009 HOPE FOR HAITI, INC.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

59-3564329

Page 2

(i) Method of valuation (book, FMV, appraisal, other)									
(h) Description of non-cash assistance	LY	LY							
(g) Amount of non-cash assistance	17,720,392	33,984,575							
(f) Manner of cash disbursement									
(e) Amount of cash grant									
(d) Purpose of grant	ASSISTANCE & SUPPORT	EMERGENCY RELIEF							
(c) Region									
(b) IRS code section and EIN (if applicable)									
1 (a) Name of organization									

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

Enter total number of other organizations or entities က

Schedule F (Form 990) 2009

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2009 HOPE FOR HAITI, INC. Part III Grants and Other Assistance to Individuals

59-3564329

(h) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2009
(g) Description of non-cash assistance										Schedule
(f) Amount of non-cash assistance										
(e) Manner of cash disbursement										
(d) Amount of cash grant										
(b) Region (c) Number of recipients										
(b) Region										
(a) Type of grant or assistance										

Schedule F (F	orm 990) 2009	HOPE FOR	HAITI,	INC.		59-3564329		Page 4
Part IV	Suppleme	ntal Informat	tion	_				
	Complete	this part to pi	rovide the ir	<u>nformation re</u>	<u>equired in Par</u>	t I, line 2, and	any other addit	ional information.

				• • • • • • • • • • • • • • • • • • • •				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						,		
	,,,,,,,,,,,,							

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOPE FOR HAITI, INC.

Employer identification number 59-3564329

P	art I Types of Property					
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determin revenues	ing
1	Art—Works of art					
2	Art—Historical treasures					
3	Art—Fractional interests					
4	Books and publications					
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities—Publicly traded					
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			00 450 500		
20	Drugs and medical supplies	Х	6	23,452,790		
21	Taxidermy					
22	Historical artifacts			-		
23	Scientific specimens					
24	Archeological artifacts	Х	1	28,252,177		
25 26	Other ►()		т	20,232,111		
26 27	Other ►()				_	
28	Other ►() Other ►()			-		
29	Number of Forms 8283 received by t	he organia	ration during the tay year	r for contributions for		
20	which the organization completed Fo	-	•		29	
	Which the organization completes i	,,,,,	artiv, bondo romiowic	agement		Yes No
30a	During the year, did the organization	receive by	contribution any proper	ty reported in Part I, lines 1	1–28 that	
	it must hold for at least three years fi	•		•		
	used for exempt purposes for the en		. 10			30a X
b	If "Yes," describe the arrangement in					
31	Does the organization have a gift acc		olicy that requires the re	view of any non-standard		
				-		31 X
32a	Does the organization hire or use this	rd parties	or related organizations t	o solicit, process, or sell ne	oncash	
	contributions?					32a X
b	If "Yes," describe in Part II.					
33	If the organization did not report reve	nues in co	olumn (c) for a type of pro	operty for which column (a)) is checked,	
	describe in Part II.					

Schedule M (F	orm 990) 2009	HOPE	FOR HA	ITI, I	NC.			59-3564	329	Page 2
Part II	Supplen	nental Inf	ormation.	Complet	e this part t	to provide	the inform	ation requi	329 red by Part I,	lines 30b,
	32b, and	1 33. Also	complete	this part	for any add	ditional inf	formation.			
,										
			• • • • • • • • • • • • • • • • • • • •							
										• • • • • • • • • • • • • • • • • • • •
	• • • • • • • • • • • • • • • • • • • •									

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

• Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

HOPE FOR HAITI, INC.

Employer identification number 59-3564329

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES HAITI

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

TIFFANY KUEHNER JOANNE KUEHNER

CONSULTANT

PRESIDENT

GRANDDAUGHTER

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE ORGANZIATION'S HIRES A THIRD PARTY TO ASSIST IN THE PREPARATION OF THE
FORM 990. UPON COMPLETION, COPIES ARE PROVIDED TO THE EXECUTIVE DIRECTOR
AND THE TREASURER FOR COMMENTS, REVIEWS AND CHANGES.

BEFORE COMPLETTION, BUT AFTER REVIEW OF THE TREASUSRE AND MANAGEMENT, THE FORM 990 IS APPROVED BY THE BOARD ON A REGULAR HELD MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THROUGH MONTHLY HELD DIRECTORS MEETINGS AND WORKSHOPS, THE ORGANIZATION

REVIEWS THE AMENDS, IF NECESSARY, THEIR CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ORGANIZATION'S DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

Attach to your tax return.

OMB No. 1545-0172

Name(s) shown on return

Identifying number

	HOPE F	<u>OR HAITI, I</u>	INC.				59-	356	4329
	ess or activity to which this form relates						_		
	NDIRECT DEPRECIAT			470					
	•	•	erty Under Section			-nloto D			
_			ty, complete Part V	before you	1 con	ipiete P	ап I.	т.	250 000
1	Maximum amount. See the instru	-						2	250,000
2	Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions)								800,000
3				ions)				3	800,000
4	Reduction in limitation. Subtract li							5	
5	Dollar limitation for tax year. Subtract li (a) Descriptio			ig separately, s it (business use			lected cos		
6	(a) Description	in or property	(b) 003	(003)11633 036	- Citiy)	(0)	lected cos		
7	Listed property. Enter the amount	from line 20			7				7 (10 (10 (10 (10 (10 (10 (10 (10 (10 (10
8	Total elected cost of section 179		a in column (a) lines 6 an					8	
9	Tentative deduction. Enter the sm							9	
9 10	Carryover of disallowed deduction							10	
11	Business income limitation. Enter	the smaller of busine	se income (not less than	zero) or line f		inetruction		11	
12	Section 179 expense deduction.							12	
13	Carryover of disallowed deduction				13			12	
	: Do not use Part II or Part III below				13				V
****		<u> </u>	nd Other Depreciati	ion (Do no	of inc	lude list	ed prop	ertv)	(See instr.)
14	Special depreciation allowance fo					iddo iiot	ou prop	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(000 111011.)
17	during the tax year (see instructio							14	
15	Property subject to section 168(f)							15	
16	Other depreciation (including ACF							16	14,176
			ide listed property.)					1.0	
**********			Section A	<u> </u>		,			
17	MACRS deductions for assets pla	aced in service in tax	vears beginning before 20	09				17	0
18	If you are electing to group any assets								
			vice During 2009 Tax Ye					ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) C	onvention	(f) Met	thod	(g) Depreciation deduction
19a	3-year property	5611100	omy dee mendenene,						
b	5-year property								
c	7-year property								
_	10-year property								
	15-year property								
	20-year property		-						_
	25-year property			25 yrs.			S/L		
	Residential rental			27.5 yrs.		MM	S/L		
	property			27.5 yrs.		MM	S/L		
i	Nonresidential real			39 yrs.		MM	S/L		
	property					MM	S/L	-	
	Section C—A	ssets Placed in Serv	ice During 2009 Tax Yea	r Using the A	Alterna	ative Depr	eciation	Systen	n
20a	Class life	Hardware Andrews					S/L		
b	12-year			12 yrs.			S/L		
	40-year			40 yrs.		ММ	S/l		
NAMES OF PERSONS	art IV Summary (See ins	structions.)							
2	400000000000000000000000000000000000000							21	I
୍ଜ P ଝ 21	Listed property. Enter amount from	m line 28						41	
	TOTAL 201		ines 19 and 20 in column	(g), and line	21. Er	ter here		21	
21	Listed property. Enter amount from	lines 14 through 17, I						22	14,176
21	Listed property. Enter amount from Total. Add amounts from line 12,	lines 14 through 17, l our return. Partnership	s and S corporations—se						14,176

0.0	•	Special Events Schedule								
Form 99	0			07/01/		0.0	/20/10	2009		
Name		For calendar year 2009,	or tax year beginning	07/01/0	J9 , and er	nding U 6	06/30/10 Employer Identification Numb			
vaine							Liliployer ide	nuncation Number		
HOPE FO	R HAI	TI, INC.					59-3564	1329		
		(A)	(B)	(C)	•	Others	•	Total		
Gross receipts		488,688	0 0					488,688 0		
Less contrib		488,688	0		0 _			488,688		
Gross revenue Less direct e		86,028	0		$\frac{0}{0}$ $-$			86,028		
Net income (lo		402,660	0		 0			402,660		
1101 111001110 (10	,,,,									
Description:	(A)	GALA								
	(D)									
	(B)									
	(C)									
	(-)									
	Others									
										
										
				-						
			_							
										