Form 990

Return of Organization Exempt From Income Tax

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

2018

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inte	mal Reve	nue Service	► Go to www.irs	.gov/Form990 for i	nstructions and the	he latest inf	ormation.		Inspect	ion
Α	For the	e 2018 cale	ndar year, or tax year beginning	ng January 1	st , 2018, a	and ending	Decemb	er 31st	, 20 18	
В	Check i	f applicable:	C Name of organization The Haiti	an Project, Inc.					identification nu	ımber
	Address	s change	Doing business as		170000000000000000000000000000000000000	2-27-2300			22-2700013	
	Name c	hange	Number and street (or P.O. box if	mail is not delivered to	street address)	Room/suite		E Telephone		
	Initial re	turn	PO Box 6891			0.0000000000000000000000000000000000000			101-351-3624	
	Final retu	urn/terminated	City or town, state or province, co	ountry, and ZIP or foreig	n postal code				101-331-3024	
			Providence, RI 02940				- 1,	G Gross rec	ainte \$ -	220 700
$\overline{\Box}$			F Name and address of principal off	icer			_		bordinates? Yes	3,336,709
_	фриса		Deacon Patrick Moynihan, Pre		ove)				ncluded? Yes	
1	Tay-exe	mpt status:	501(c)(3) 501(c		.) 4947(a)(1) or	Π εοτ			ncluded? L. Yes st. (see instruction	
<u>:</u>	Website		v.haitianproject.org	y () unsert no	-) L 4947(a)(1) or	□ 527				15)
K	-		✓ Corporation ☐ Trust ☐ Associ	ciation ☐ Other ►	I I Ver	ov of formation	H(c) Group e			
-	art I	Summ		dation other >	Lites	ar of formation	1986	M State of	f legal domicile:	RI
	1			ssion or most sion	ificant anti-itian	The Head				
Ф		ture Clear	scribe the organization's mis	ssion or most sign	incant activities:	The Haitia	an Project t	hrough its	support of Lo	uver-
Activities & Governance		ture Clear	y Schools, a national network	of tuition-free, Cat	holic, co-ed seco	ndary board	ling school	s in Haiti,	provides for th	e educ-
Ë		Observation of ac	cademically talented and moti	vated students from	n Haitian families	who canno	t afford the	ir children	's education c	ost.
ove	2	Check thi	is box ▶☐ if the organization	n discontinued its	operations or di	sposed of r	more than :	1 1	s net assets.	
Ğ	3		of voting members of the gov					3		15
90	4		of independent voting memb					4		14
ŧ	5		ber of individuals employed					5	100000	14
숋	6		ber of volunteers (estimate i					6		50
ď	7a		elated business revenue fron					7a		0
	b	Net unrela	ated business taxable incom	e from Form 990-	T, line 38			7b		0
							Prior Yea	r	Current Ye	
Revenue	8	Contribut	ions and grants (Part VIII, line	e 1h)			1,	890,459	3	,163,399
	9	Program :	service revenue (Part VIII, lin-	e 2g)				13,541		13,742
ě	10	Investmen	nt income (Part VIII, column	(A), lines 3, 4, and	7d)			65,413		115,430
ш	11		enue (Part VIII, column (A), li					0		0
	12		nue-add lines 8 through 11				1	969,413	3	,292,571
	13		d similar amounts paid (Part				.,,	75,000	,	151,700
	14		paid to or for members (Part					70,000		131,700
45	15		ther compensation, employee					669,046		924,988
Expenses	16a		nal fundraising fees (Part IX,					0		324,300
be	b		fraising expenses (Part IX, co			- Interest of the last of the	See Section 1	· ·		0
ĕ	17		enses (Part IX, column (A), li				TANK BURNES	652,419		910,070
	18		enses. Add lines 13-17 (mus					396,465	-	,986,758
	19		ess expenses. Subtract line					572,948		
583							inning of Curr		End of Yes	,305,813
ats	20	Total asse	ets (Part X, line 16)			-				
Net Assets Fund Balanc	21		lities (Part X, line 26)				4,	310,734	5	,354,863
E.S	22		s or fund balances. Subtract	line 21 from line 3	20		-	57,975		49,189
	rt II		ure Block	mio 21 nominic 2			4,.	252,759	5	,305,674
-	THE OWNER OF THE OWNER, NAMED IN		y, I declare that I have examined this	ratura including soci	managina anhadida	and statement				
tru	e, correct	t, and comple	te. Declaration of preparer (other tha	an officer) is based on a	Ill information of which	ch preparer ha	its, and to the s any knowled	dest of my	knowledge and	belief, it is
		I	Mula					01.14	12010	
Sig	ın	Signa	ture/of officer				Date	06/14	12017	
He		, J.	Marisa Grono	din			Date	10.0	1	
		Tunn		м/[
	1020	1 .	or print name and title e preparer's name	Propagar's signature		Dat-			Logist	
Pa			е рефакт в папи	Preparer's signature		Date		Check _	if PTIN	
Pre	epare	r						self-emplo	yed	
Us	e Onl	y Firm's na	me >				Firm's	EIN ►		
	. 41 1-	Firm's ad					Phone	e no.		
May	y the IF	is discuss	this return with the preparer	shown above? (s	ee instructions)				Yes	No

Form 990 (2018) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: The Haitian Project through its support of Louverture Cleary Schools, a national network of tuition-free, Catholic, co-educatinoal secondary boarding schools in Haiti, provides for the education of academically talented and motivated students from Haitian families who cannot afford the cost of their children's education in order to maximize their potential and enable them to work toward building a Haiti where justice and peace thrive. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program ☐ Yes ✓ No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: ____) (Expenses \$ ____1,365,168 including grants of \$ 0) (Revenue \$ The Haitian Project, Inc. supports Louverture Cleary School, a boarding school in Port au Prince, Haiti, serving 350+ students ages 11 to 19 who otherwise could not afford secondary education, and serving 110+ graduates with university scholarships, and serving 60+ small chidren from the school's neighborhood through an early child development program on the school's campus. 146,700 including grants of \$ 146,700) (Revenue \$ (Code:) (Expenses \$ In 2018, The Haitian Project, Inc. provided \$146,700 in funds to the Congregation of the Missionaries of Saint Charles Borromeo (the Scalabrinians) in Haiti, in support of the operation of their Catholic schools in Haiti. 5,000 including grants of \$ 5,000) (Revenue \$) (Expenses \$ In 2018, The Haitian Project, Inc. provided \$5,000 in funds to the Famille Kizito Haiti, a religious community in the archdiocese of Port au Prince, Haiti, in support of their Catholic catechesis program. Other program services (Describe in Schedule O.)) (Revenue \$ (Expenses \$ including grants of \$ Total program service expenses ▶ 1,516,868

Part	IV Checklist of Required Schedules			
		2000	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	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
12a	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	
b	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		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		/

Page 4 Form 990 (2018)

-			_	-
Part	Checklist of Required Schedules (continued)		Yes	No
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
d	to defease any tax-exempt bonds?	24c 24d		
25a		25a		1
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	91,750.00	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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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	ALCOHOLDS:	1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	/	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	✓	
30	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," 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		1
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			1
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		√
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		✓
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
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			. 🗆
S	enterin conseque e containe a respense et mere te any me in the tart i i i i i i i i i i i i i i i i i i i		Yes	No
1a		3		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	1	2000
	reportable gaming (gambling) winnings to prize winners?	1c	990	2019

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
^-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		٧
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	OD		
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1	
b	If "Yes," enter the name of the foreign country: ► Haiti See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			-
	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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			,
	required to file Form 8282?	7c		1
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	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 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:			1025
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		0.00	Spine
12a		12a	State	
b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		2220
а	Is the organization licensed to issue qualified health plans in more than one state?	Ioa	No.	
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			H
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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			,
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.	16		1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		V
	ii res, complete rom 4720, schedule 0.	-	000	

Form 990 (2018) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ n/a Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection, Indicate how you made these available. Check all that apply. ✓ Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records >

financial statements available to the public during the tax year.

Marisa Grondin, Treasurer, The Haitian Project, Inc., PO Box 6891, Providence RI 02940

20

Form 990 (2018)		Page 7

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

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

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

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

Check this box if neither the organizat	tion nor any relate	d org	aniz			ompe	ensa	ated any currer	nt officer, director,	or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck as pe	rson	than of the the than of the	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Marco Barbesta	As needed									
Director		/		_	_			0	0	(
(2) Alan Bosworth Director	As needed	1						0	0	(
(3) Elizabeth Bowman Director	As needed	1						0	0	
(4) Gerald Brauneis Director	As needed	1						0	0	
(5) Patrick Brun Director, 1st Vice Chair of the Board	As needed	1						0	0	(
(6) Kevin Degnan Director	As needed	1						0	0	
(7) Rebecca Fernandes Director, Secretary	As needed	1						0	0	
(8) Scott LeGrand Director, Chair of the Board	As needed	1						0	0	
(9) M. Aimee Maier Director	As needed	1						0	0	
(10) Deacon Patrick Moynihan Director, President	40	1		1	1	1		90,830	0	18,95
(11) Patricia Newell Director	As needed	1						0	0	
(12) James Reulbach Director	As needed	1						0	0	
(13) Brian Rhodes Director	As needed	1						0	0	
(14) Smith Vioselin Director, 2nd Vice Chair of the Board	As needed	1						0	0	

	(A) Name and title	(B) Average hours per week (list any	Position (do not check more the box, unless person is bofficer and a director)					an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	Aark C. Bowker	40			,	/					
-	resident Marisa Grondin	40			1	V			68,330	0	18,956
	resident, Treasurer				1	1			65,830	0	18,956
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Sub-total							>	224,990	0	56,868
C	Total from continuation sheets to Part			*	52	•	9.9	-	0		977.1192.53
d	Total (add lines 1b and 1c) Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	ho received m		56,868 00 of
	reportable compensation from the organ	Zadon							0		Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp -	oloyee, or high	est compensate	ed 3 √
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	an \$	150,	000	npe)? /	nsatio	n a s,"	and other comp complete Sch	ensation from the	ne ch
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m any	un for s	nrelated organiz	ation or individu	The second secon
Section	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Rep year.	compensat port compe	ed ind	depe	end or th	ent he c	contralence	act lar	ors that receive year ending wit	ed more than \$10 h or within the o	00,000 of rganization's tax
	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
n/a							9				
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who	

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
		Crieck if Scriedule C	Contains a res	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514			
nts nts	1a	Federated campaigns	s 1a	0							
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	0							
S, C	c	Fundraising events .	1c	0							
Giffts, ilar An	d	Related organizations		0							
in is	e	Government grants (cor		0							
tior S r S	f	All other contributions, g	\$20000 Printer (1000)								
Contributions, and Other Sim		and similar amounts not inc		3,163,399							
ontro	g	Noncash contributions include		83,095							
	h	Total. Add lines 1a-1	f	▶	3,163,399						
Program Service Revenue				Business Code							
eve	2a	Student Fees		900099	13,742	13,742	0	(
9	b			-							
ž	C			-							
Se	d				-						
Iran	e	All other program ser			-						
or o	f g	Total. Add lines 2a-2		>	13,742	FECURIOR STREET					
	3	Investment income			13,742						
	, ä	and other similar amo		>	64,602	0	0	64,602			
	4	Income from investmen		and proceeds	04,002	0	0	64,602			
	5	Royalties	or and one of the or	>	0	0	0				
			(i) Real	(ii) Personal							
	6a	Gross rents	0	0							
	b	Less: rental expenses	0	0							
	c	Rental income or (loss)	0	0							
	d	Net rental income or	(loss)	>	0	0	0	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other							
) ITACTY	assets other than inventory	94,966	0							
	b	Less: cost or other basis									
		and sales expenses .	44,138	o							
	С	Gain or (loss)	50,828	0							
	d	Net gain or (loss) .		>	50,828	0	0	50,828			
venue	8a	Gross income from fu events (not including \$									
Other Reven		of contributions reported See Part IV, line 18 .		o							
	b	Less: direct expenses	sb	0							
7		Net income or (loss) f		events . >	0		0	0			
	9a	Gross income from ga									
		See Part IV, line 19 .									
		Less: direct expenses				Carte Contract Contract					
		Net income or (loss) for		vities >	0	0	0	0			
		Gross sales of in returns and allowance	es a								
		Less: cost of goods s									
	С	Net income or (loss) f	And a second		0	0	0	0			
-		Miscellaneous R		Business Code							
	11a	n/a									
	b										
	C	All ather grant									
	d	All other revenue .			- 10		ALL THE PARTY OF T				
	12	Total. Add lines 11a- Total revenue. See in		-	2 202 574	42.740		445 400			
	14	Total levelide. See II	ioductions .		3,292,571	13,742	0	115,430			

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).

-	Check if Schedule O contains a respons				
Do no	at include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCI ISCS	gerieral experises	experises
	and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic	,	, and the same of		
	individuals. See Part IV, line 22	0	0	a file that it is	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	151,700	151,700		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	227 400	70 222	05.450	62 700
6	Compensation not included above, to disqualified	237,499	78,333	96,458	62,708
0	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	562,506	430,000	22.240	00.250
7	Pension plan accruals and contributions (include	562,506	430,908	32,240	99,358
٥	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	68,226	28,426	23,151	16,649
10	Payroll taxes	56,757	35,375	9,346	12,036
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	1,598	579	1,019	0
C	Accounting	5,207	5,207	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17 Investment management fees	0	3,368	11,413	0
f g	Other. (If line 11g amount exceeds 10% of line 25, column	14,781	3,368	11,413	0
9	(A) amount, list line 11g expenses on Schedule O.)	1,322	235	1,087	0
12	Advertising and promotion	9,290	0	0	9,290
13	Office expenses	38,090	9,870	8,326	19,894
14	Information technology	13,497	7,139	3,175	3,183
15	Royalties	0	0	0	0
16	Occupancy	19,952	9,169	6,758	4,025
17	Travel	70,418	36,912	11,457	22,049
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	5,059	0	2,661	2,398
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	39,380	39,380	0	0
23	Insurance	6,997	2,645	4,352	0
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			an Chineballe is	
a	Science & Computer Lab Building Constr.	183,144	183,144	0	0
b	University Scholarship Program	181,414	181,414	0	0
C	Facility Maintenance, Renovation & Upgrades	90,693	90,693	0	0
d	Food & Cooking Propane	105,388	105,388	4,753	2,104
25	All other expenses Total functional expenses. Add lines 1 through 24e	123,840 1,986,758	116,983 1,516,868	216,196	253,694
25	Joint costs. Complete this line only if the	1,900,758	1,510,608	210,130	233,034
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				
7	9 ()	-			Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		🗆
-			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	113,030	1	132,144
	2	Savings and temporary cash investments	315,740	2	534,982
	3	Pledges and grants receivable, net	541,091	3	1,345,668
	4	Accounts receivable, net	0	4	310
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
ste	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	0	6	0
Assets	7	Notes and loans receivable, net	2,883	7	11,667
ä	8	Inventories for sale or use	0	8	1,644
	9	Prepaid expenses and deferred charges	0	9	0
	10a				
		other basis. Complete Part VI of Schedule D 10a 1,108,565			
		Less: accumulated depreciation 10b 687,186	427,159		421,379
	11	Investments—publicly traded securities	2,910,831		2,907,069
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,310,734		5,354,863
	17	Accounts payable and accrued expenses	57,965		48,257
	18	Grants payable		18	0
	19	Deferred revenue		19	0
	21	Tax-exempt bond liabilities		20	0
40	22	Loans and other payables to current and former officers, directors,	0	21	0
Liabilities	22	trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties		24	932
	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	0		332
	26	Total liabilities. Add lines 17 through 25	57,975		40 190
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	57,975	20	49,189
Ses		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	2,927,660	27	3,234,053
Ba	28	Temporarily restricted net assets	474,846		452,055
P	29	Permanently restricted net assets	850,253	29	1,619,566
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		30	
SSG	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	4,252,759		5,305,674
	34	Total liabilities and net assets/fund balances	4.310.734	34	5,354,863
	34	Total liabilities and net assets/fund balances	4.310.734	34	5.354,863 Form 990 (2018)

Form 990 (2018) Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 3,292,571 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,986,758 3 3 1,305,813 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 4 4,252,759 5 5 (217,517)6 Donated services and use of facilities 6 32,427 7 7 0 8 8 28,202 9 Other changes in net assets or fund balances (explain in Schedule O) . 9 (96,010)10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 5,305,674 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Yes No If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 1 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Consolidated basis ☐ Both consolidated and separate basis Separate basis b Were the organization's financial statements audited by an independent accountant? 2b 1 If "Yes." check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis c 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 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in За 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.

Form 990 (2018)

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.

Open to Publ

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

11011116	or the e	gamzaton					Employer identification	Humber
		Project, Inc.						00013
Par	t I	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The c	_	ation is not a private founda		The state of the s				
1	□ A €	church, convention of churc	hes, or associati	on of churches descri	ibed in se	ection 17	0(b)(1)(A)(i).	
2		school described in section						
3		nospital or a cooperative hos						
4		medical research organization		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
		spital's name, city, and state						
5		organization operated for ction 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	□ Af	ederal, state, or local govern	nment or govern	mental unit described	in section	on 170(b)	(1)(A)(v).	
7		organization that normally scribed in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public
8	□ A d	community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	_	agricultural research organi				erated in	conjunction with a I	and-grant college
	or	university or a non-land-gra iversity:						
10	☐ An	organization that normally r	eceives: (1) mor	e than 331/3% of its su	upport fro	m contri	outions, membership	p fees, and gross
	rec	ceipts from activities related	to its exempt fur	nctions-subject to o	ertain exc	ceptions,	and (2) no more tha	n 331/3% of its
	ac	pport from gross investment quired by the organization a	fter June 30, 197	related business taxal 75. See section 509(a	ble incom	nolete Pa	ection 511 tax) from	Dusinesses
11		organization organized and						
12		organization organized and						rry out the purposes
2.77		one or more publicly suppo						
		eck the box in lines 12a thro						
а		Type I. A supporting organ	ization operated	l, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
	2 3	the supported organization						
		supporting organization. Ye				-		
b		Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of						
		organization(s). You must	complete Part I	V, Sections A and C.				
c		Type III functionally integ	rated. A support	ting organization oper	rated in c	onnection	with, and functions	ally integrated with,
	S	its supported organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.	
d		Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)
		that is not functionally integ						d an attentiveness
		requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A a	and D, an	nd Part V.	
е		Check this box if the organ	ization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III
		functionally integrated, or 7						7 <u>00-000</u>
f	Ente	r the number of supported of	organizations .					
g	Prov	ide the following information	about the supp	orted organization(s).				
	(i) Nam	e of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		or governing ment?	support (see instructions)	other support (see instructions)
				above (ade mondotional)			missi dictionay	in ou do do do hay
		e concerne response are			Yes	No		
(A)								
(,,)								
(B)								
,	The College							
(C)								

(D)								
(E)								
17(44)4)								2 2 2 2

Page 2

Part	Support Schedule for Organiza	ations Descri	bed in Section	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)	
100000000000000000000000000000000000000	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua	lify under
2000000	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, ple	ease comple	te Part III.)	
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,982,334	1,377,682	1,220,794	1,890,459	3,163,399	9,634,668
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	3,034,000
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	o	0	0
4	Total. Add lines 1 through 3	1,982,334	1,377,682	1,220,794	1,890,459	3,163,399	9,634,668
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)						1,813,657
6	Public support. Subtract line 5 from line 4						7,821,011
Secti	on B. Total Support			*			
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,982,334	1,377,682	1,220,794	1,890,459	3,163,399	9,634,668
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	45,061	34,744	41,391	53,585	64,602	239,383
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						9,874,051
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Suppor	ne organization	's first, second	d, third, fourth,	or fifth tax ye		
14	Public support percentage for 2018 (line 6			1 column (fl)		14	ma 9/
15 16a	Public support percentage for 2016 (line of 2016) Public support percentage from 2017 Sch 331/3% support test—2018. If the organi	nedule A, Part II	I, line 14 .			15	79 % 86 % check this
	box and stop here. The organization qual						
b	331/3% support test—2017. 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 imstances" tes	nces" test, che	eck this box a ation qualifies	nd stop here. It as a publicly s	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza						

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

Schedule A (Form 990 or 990-EZ) 2018 Page 3

Dovt III	Support Schedule	for Organizations	Deceribed in Cor	tion E00(a)(2)
	Support Scriedule	for Organizations	Described in Sec	LION SUSTANZI

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-)	(-,	(-)	(-,	(-, : -	(7)
2	Gross receipts from admissions, merchandise						
2	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 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	ku maga maningki			4		
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						in an er e
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her		n's first, secon				
Secti	on C. Computation of Public Suppor					200111 100	
15	Public support percentage for 2018 (line 8			13, column (f))		15	%
16	Public support percentage from 2017 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2018 (li	Contract of the Contract of th		oy line 13, colu	mn (f))	17	%
18	Investment income percentage from 2017			Carrier and Commence of the Co	and the second s	18	%
19a	331/3% support tests—2018. If the organi. 17 is not more than 331/3%, check this box a	zation did not	check the box	k on line 14, ar	nd line 15 is m	ore than 331/39	%, and line
b	331/3% support tests—2017. If the organization 18 is not more than 331/3%, check this b						
20	Private foundation If the organization dis	d not check a	hay on line 14	10a or 10h	shock this how	and eas inetru	ctions -

Part IV **Supporting Organizations**

(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.)

S

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

ect	ion A. All Supporting Organizations			
1	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 class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
	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.	3c		
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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 EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
¢	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.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943 frequenting certain Type III supporting organizations, and all Type III pon-functionally integrated			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

Part	V Supporting Organizations (continued)			
2011			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?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	200	
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		
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		
Section	on C. Type II Supporting Organizations			
0001	on or type it dapperting 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).	1	100	
Section	on D. All Type III Supporting Organizations			
		31.5	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 supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
2	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.	see in:	Yes	THE OWNER WHEN
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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	За	1939	
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	250	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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		a transmission of the street of
5 Depreciation and depletion	5	STRUCTURE OF THE PROPERTY OF	
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 instructions).	ly int	egrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
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)		- Andrewson and a con-	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		ATTICK COLUMN	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
0.001001*1910	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

The Haitian Project, Inc.

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

22-2700013

2018

Organization type (check one):							
Filers o	f:	Section:					
Form 99	90 or 990-EZ	✓ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		☐ 527 political organization					
Form 99	90-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 i	f vour organization is	covered by the General Rule or a Special Rule.					
	nly a section 501(c)(7)), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
Genera	I Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules						
V	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of or	ganization		Employer identification number
The Haitian	n Project, Inc.		22-2700013
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 375,00	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 330,00	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 150,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 125,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 120,000	Person

Name of org	ganization	E	mployer identification number
The Haitian	n Project, Inc.		22-2700013
Part I	Contributors (see instructions). Use duplicate co	ppies of Part I if additional space is	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.10		\$ 70,666	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number The Haitian Project, Inc. 22-2700013 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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) Aggregate value of grants from (during year) . 3 Aggregate value at end of year 4 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? 6 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education)
 Preservation of a historically important land area □ Protection of natural habitat Preservation of a 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. a Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) In Part XIII, 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" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under SFAS 116 (ASC 958), 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

- 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 (ASC 958) relating to these items;

public service, provide the following amounts relating to these items:

Schedule D (Form 990) 2018 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition a d Loan or exchange programs Other Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not ☐ Yes ☐ No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c Additions during the year 1d e Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance . . . 2,890,356 2,309,716 1,928,850 1,684,309 1,331,939 Contributions 311,135 359,539 311,595 401,959 384,861 Net investment earnings, gains, and losses (154,652)318,108 142,510 (72,601)41,184 d Grants or scholarships (50,000)(20,000)(10,000)(10,000)Other expenditures for facilities and programs (75,000)(65,000)(60,000)(60,000)(50,000)Administrative expenses (14,770)(12,007)(13, 239)(14,817)(13,675)End of year balance 2,907,069 2,890,356 1,928,850 2,309,716 1,684,309 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment > Permanent endowment ▶ Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i) 3a(ii) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (investment) (other) depreciation Land 67,242 0 67,242

694,458

256,565

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

90,300

0

0

0

Buildings

c Leasehold improvements

Equipment

181,901

131,426

40.810

421.379

512,557

125,139

49,490

0

Schedule D (Form 990) 2018 Page 3

Part VII	Investments-Other Securities.				
	Complete if the organization answe	red "Yes" on Forr	n 990, Part IV, line	11b. See Form	990, Part X, line 12.
	 (a) Description of security or category (including name of security) 		(b) Book value		hod of valuation: -of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests	[
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
THE R. P. LEWIS CO., LANSING, MICH.	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments-Program Related.	1.00			
	Complete if the organization answe	red "Yes" on Forn			
	(a) Description of investment		(b) Book value		thod of valuation: -of-year market value
(1)					
(2)					
(3)					
(4)					
_(5)					
(6)					
(7)					
(8)					
(9) Total (Column I	b) must equal Form 990, Part X, col. (B) line 13.)				Stock of the State of
Part IX	Other Assets.				
Partix	Complete if the organization answer	rad "Vaa" on Fara	000 Port IV line	11d Con Form	000 Port V line 15
		escription	1 550, Fart IV, IIIIe	Tru. See Form	(b) Book value
(1)	(4)	our pass.			(b) Doon value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					0)
(8)					
(9)					
Total. (Colui	mn (b) must equal Form 990, Part X, col. ((B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization answer	red "Yes" on Forn	n 990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	Name and Same 200 Dark V and 400 Same 25 1				
	b) must equal Form 990, Part X, col. (B) line 25.)	the best of the feet -	a An Alma a servicinal de		
Liability for	uncertain tax positions. In Part XIII, provide t	the text of the foothof	e to the organization's	s rinancial stateme	nts that reports the

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

Schedule D (Form 990) 2018 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 2b c Other losses d Other (Describe in Part XIII.) . . . , , e Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part V, Line 4: The Haitian Project, Inc. has four invested accounts: The Board-directed 'General Endowment' was established to support the Project's operating expenses. Distributions from this endowment can only be made once the principal reached \$1 million. The separate 'Post-Graduate Support Endowment' was established to support scholarships for university for alumni of the school in Haiti. The principal of this endowment is permanently restricted. Distributions from this endowment can only be made if the principal is over an established threshold. The separate 'OEA Endowment' was established to support the operation of the school's Office for External Affairs, including administering the scholarship program. The principal of this endowment is permanently restricted. Distributions from this endowment can only be made once the principal reaches \$1 million. The final invested account is an Operating Reserve established in 2014. Separate investment policy statements govern the four invested accounts. Investments are overseen by a Board committee and managed by a professional asset management company.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

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. 1 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 ✓ Yes No 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.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, of offices in region (by type) (such as, a program service, expenditures for agents, and fundraising, program services, the region describe specific type of and investments independent investments, grants to recipients located in the region) service(s) in the region in the region contractors in the region (1) Haiti 90 1 Program Services Boarding School 1,365,168 (2) Haiti 0 0 Grant to recipient in region 146,700 (3) Haiti 0 0 Grant to recipient in region 5,000 (4)(5)(6)(7)(8)(9)(10)(11)(12)(13)(14)(15)(16)(17)3a Subtotal 1 90 1,516,868 Total from continuation sheets to Part I 0 0

90

c Totals (add lines 3a and 3b)

1,516,868

Schedule F (Form 990) 2018

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, me of to like order to be inspected in the like order. Part II

(4) Halit Schools support 146,700 Wire transfer Ondo Halit (3) (4) (4) (5) (4) (4) (5) (6) (6) (6) (7) (7) (7) (8) (10) (11) (12) (13) (14) (15) (15) (15) (15) (15) (15) (15) (15	-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	s of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) List (f applicable) (if applicable) (grant cash grant cash grant disbursement assistance	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, RMV, appraisal other)
Halit Catechesis program 5,000 wire transfer only Catechesis program 6,000 wire transfer only Catechesis program 6,000 wire transfer only Catechesis program 6,000 wire transfer only with the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a sociolo 501(c)(3) equivalency letter Catechesis program 6,000 wire transfer on the program 6,000 wire transfer or country recognized as tax-exempt by the IRS, or for which the grantee or country is severed as sociolo 501(c)(3) equivalency letter Catechesis program 6,000 wire transfer or country recognized as tax-exempt by the IRS, or for which the grantee or country is severed as sociolo 501(c)(3) equivalency letter Catechesis program 6,000 wire transfer or country is severed as sociolo 501(c)(3) equivalency letter Catechesis program 6,000 wire with the grantee or country is severed as sociolo 501(c)(3) equivalency letter Catechesis program 6,000 wire with the grantee or country is severed as sociolo 501(c)(3) equivalency letter Catechesis program 6,000 wire with the grantee or country is severed as sociolo 501(c)(3) equivalency letter Catechesis program 6,000 wire with the grantee or country is severed as sociolo 501(c)(3) equivalency letter Catechesis program 6,000 wire with the grantee or country is severed as sociolo 501(c)(3) equivalency letter Catechesis program 6,000 wire with the grantee or country is severed as sociolo 501(c)(3) equivalency letter Catechesis program 6,000 wire with the grantee or country is severed as sociolo 501(c)(3) equivalency letter Catechesis program 6,000 wire with the grantee or country is severed as sociolo 501(c)(3) equivalency letter Catechesis program 6,000 wire with the grantee or country is severed with the grantee or country is severed with the grantee or country is severed with the grante	3			Haiti	Schools support	146,700	wire transfer	•	nía	ries de l'acceptant d
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the RS, or for which the grantee or connect has provided a section 501(s)(s) equivalency letter.	(2)			Haiti	Catechesis program	2,000	wire transfer	0	n/a	n/a
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the RBS, or for which the grantee or counsel has provided a section 501 (c)(3) equivalency letter	(3)									
Enter total number of recipient organizations listed above that are recognized as chartiles by the foreign country, recognized as tax-exempt by the fRS, or for which the grantee or coursed has provided a section 501(c)(3) equivalency letter.	9									
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 antities	(9)									
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the RS, or for which the grantee or counsel has provided a section \$01(c)(3) equivalency letter	(9)									
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.	6									
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	(8)									
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.	(6)									
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	(10)									
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.	(11)									
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	(12)									
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	(13)	1000								
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	(14)									
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	(15)									
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	(16)									
Enter total number of other organizations or entities	8	Enter total nur by the IRS, or	mber of recipit for which the	ent organizations lis grantee or counsel	ted above that are reco	gnized as charities 501(c)(3) equivalen	s by the foreign count	try, recognized as ta	ax-exempt	2
	၈	Enter total nui	mper of other	organizations or ent	ities					0

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

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. Part III

	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
(7)						
(8)						
(6)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(81)						

Part	TV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Page 5

Part V Suppler

Cunn	lamantal	Int	ormation
Supp	nementai	1111	ormation

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:
Periodic reports on the use of the grant funds.
2. Field visits to the sites to verify the supported activity.
Part I, Line 3, column (f)
All expenditures. Accrual accounting method.
Part II, Line 1
Accrual accounting method.

SCHEDULE L (Form 990 or 990-EZ)

(1) (2)(3)(4)(5)(6)(7)(8)(9)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 (O)**18**

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number The Haitian Project, Inc. 22-2700013 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written with organization loan from the principal amount by board or agreement? organization? committee? To From Yes Yes No Yes No (1) (2)(3)(4)(5)(6)(7)(8)(9)(10)Total \$ Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization

Part IV	Business Transactions Inv Complete if the organization	rolving Interested Persons. n answered "Yes" on Form 990	, Part IV, line 28a, 2	28b, or 28c.		ugo =
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organia	aring of zation's nues?
					Yes	No
	tina Moynihan	Spouse of President	30,000	Employment		/
(2)						
(3)						
(4)						
(5) (6)						
(7)						_
(8)						
(9)						
(10)						
	1 TOVIGE AGGINGTIAL INTOTTIAL	on for responses to questions	on ochequie L (see	misu detions).		
		*/				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

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

Name of the organization Employer identification number The Haitian Project, Inc. 22-2700013

Part	Types of Property				22 27000	710	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	(d) of determin ntribution ar	
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	1	8	71.340	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						- 0
19	Food inventory	1	36	3,741	Cost		
20	Drugs and medical supplies			4,7,1,	-		100
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						- 6
24	Archeological artifacts						
25	Other ► (Diesel Fuel)	1	24	3,534	Cost		
26	Other ► (Janitorial Supplies)	1	12	2,500			
27	Other ► (School Supplies)	✓	1	1,980			
28	Other ► ()						
29	Number of Forms 8283 received which the organization completed				29	0	
						Yes	No
30a	28, that it must hold for at least th	ree years f	rom the date of the initial of	contribution, and which isn			
40	to be used for exempt purposes for		e holding period?		0.00	30a	1
	If "Yes," describe the arrangement						
31	Does the organization have a contributions?	gift accep	tance policy that require	es the review of any no	nstandard	31 ✓	
32a	Does the organization hire or use contributions?	third parti	es or related organizations	s to solicit, process, or se	II noncash	32a	1
b	If "Yes," describe in Part II.						
33	If the organization didn't report an describe in Part II.	amount in o	column (c) for a type of prop	perty for which column (a) is	s checked,		

Schedule M (Form 990) 2018 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Column (b)	: Number of contributions.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

Employer identification number

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

OMB No. 1545-0047

The Haitian Project, Inc.	22-2700013				
Part VI, Section A, Line 4: Significant changes to governing documents					
a. Updated mission statement to reflect the plan to go from one to multiple schools in Haiti.					
b. Amended the 'Directors' section of the bylaws to reduce the number of classes from five to four.					
c. Amended the 'Executive Committee' section of the bylaws to establish a quorum of five members for	r the transaction of business, and				
stipulate that among the members present must be the President and the Chair, or the President and a	Vice Chair designated by the Chair				
for the purpose of attending in the Chair's absence.					
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	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 proper	ly recorded, reflect reasonable				
investment or payments for goods and services, further charitable purposes and do not result in inurer	ment, impermissible private benefit or				
in an excess benefit transaction. The Policy allows for use of outside experts, however "their use shall	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	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 o	f the following: the Chair, the Vice				
Vice Chairs, the President, any Vice President, the Secretary or the Treasurer, may enter into any control of the President, and Vice President, the Secretary or the Treasurer, may enter into any control of the President, and Vice President, the Secretary or the Treasurer, may enter into any control of the President, and Vice President, the Secretary or the Treasurer, may enter into any control of the President, and Vice President, the Secretary or the Treasurer, may enter into any control of the President, and Vice President, the Secretary or the Treasurer, may enter into any control of the President, and Vice President, the Secretary or the Treasurer, may enter into any control of the President, and Vice President,	ontract or execute and deliver any				
contract or other instrument, the execution of which is not otherwise specifically provided for, in the	e name and on behalf of the Project.				
The Board of Directors, except as otherwise provided in these by-laws, may authorize any other or	additional officer or officers, agent or				