MULLEN SCORPIO CERILLI 67 CEDAR STREET SUITE 106 PROVIDENCE, RI 02903

THE HAITIAN PROJECT, INC PO BOX 6891 PROVIDENCE, RI 02940

Illiandallalaalallaadall

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

MULLEN SCORPIO CERILLI 67 CEDAR STREET PROVIDENCE, RI 02903

November 10, 2023

The Haitian Project, Inc PO Box 6891 Providence, RI 02940

The Haitian Project, Inc:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

MULLEN SCORPIO CERILLI

Filing Instructions

Prepared for: Prepared by: The Haitian Project, Inc MULLEN SCORPIO CERILLI PO Box 6891 67 Cedar Street Suite 106 Providence, RI 02940 PROVIDENCE, RI 02903 2022 FORM 990 Please sign and mail on or before November 15, 2023. Mail to - Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 22-2700013 THE HAITIAN PROJECT, INC File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 6891 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 02940 PROVIDENCE, RI Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) MARISA GRONDIN, PRESIDENT; THE HAITIAN PROJECT, The books are in the care of ► PO BOX 6891 - PROVIDENCE, RI 02940

Telephone No. ► 401-351-3624 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

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

Do not enter social security numbers on this form as it may be made public.

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

and ending

Open to Public Inspection

B (Check if pplicable	C Name of organization		D Employer identific	cation number
	¬Addres				
F	_]change □Name	THE HAITIAN PROJECT, INC		22-27000	1 2
	change □Initial	Doing business as Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	return Final _return/	PO BOX 6891	NUUIII/Suite	401-351-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,278,868.
	Amend			H(a) Is this a group re	
	Applica	-		for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{1}$	Гах-ехе	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Nebsite			H(c) Group exemption	
K	orm of	organization: X Corporation Trust Association Other	L Year		1 State of legal domicile; RI
Pá		Summary	•	•	
0	1 6	Briefly describe the organization's mission or most significant activities: ${ t THE}$	HAITIA	N PROJECT T	HROUGH ITS
Governance	5	SUPPORT OF LOUVERTURE CLEARY SCHOOLS, A	NATION	AL NETWORK	OF
rns	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	
OVE	3 1	Sumber of voting members of the governing body (Part VI, line 1a)		3	11
ত	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			8
es 6	5 7	otal number of individuals employed in calendar year 2022 (Part V, line 2a)		5	11
ĭ	6 7	otal number of volunteers (estimate if necessary)		6	50
Activities &	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ě	8 (Contributions and grants (Part VIII, line 1h)		2,014,265.	1,707,518.
en		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		187,854.	150,424.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,202,119.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,609,050.	1,141,480.
		Senefits paid to or for members (Part IX, column (A), line 4)		0.	010 462
Expenses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 323,2		654,995. 0.	818,462.
ens	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	72	0.	0.
Ä	b 1	otal fundraising expenses (Part IX, column (D), line 25)	/3.	142,459.	222,667.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,406,504.	2,182,609.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-204,385.	-324,667.
or	19 F	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ance	20 7	otal accets (Dart V. line 16)	50	5,745,460.	4,737,801.
Net Assets Fund Balanc	20 7	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		0.	92.
Vet/ und	22 1	Net assets or fund balances. Subtract line 21 from line 20		5,745,460.	4,737,709.
	art II	Signature Block		37,137,1001	27.0.7.050
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	/ knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on all information of wi			,
		, , , , , , , , , , , , , , , , , , , ,			
Sig	n [Signature of officer		Date	
Her		MARISA GRONDIN,, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	ı þ	PATRICIA M. CERILLI PATRICIA M. CER	ILLI 1	1/10/23 if self-employed	P01598123
Pre	parer	Firm's name MULLEN SCORPIO CERILLI		Firm's EIN 0	5-0392605
Use	Only	Firm's address 67 CEDAR STREET SUITE 106			
		PROVIDENCE, RI 02903		Phone no. 40	1-751-3860
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE HAITIAN PROJECT THROUGH ITS SUPPORT OF LOUVERTURE CLEARY SCHOOLS,
	A NATIONAL NETWORK OF TUITION-FREE, CATHOLIC, COEDUCATIONAL SECONDARY
	BOARDING SCHOOLS IN HAITI, PROVIDES FOR THE EDUCATION OF ACADEMICALLY
	TALENTED AND MOTIVATED STUDENTS FROM HAITIAN FAMILIES WHO CANNOT
2	Did the organization undertake any significant program services during the year which were not listed on the
_	5 000 000 F70
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	5 7 71 5
_	If "Yes," describe these changes on Schedule O.
4	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.
4a	(Code:) (Expenses \$ 1,591,681. including grants of \$ 1,135,630.) (Revenue \$)
	THE HAITIAN PROJECT, INC. SUPPORTS AND OVERSEES THE LOUVERTURE CLEARY
	SCHOOLS(LCS) NETWORK IN HAITI, WHICH WILL BE A NATIONAL NETWORK OF
	TUITION-FREE, CATHOLIC, CO-EDUCATIONAL SECONDARY BOARDING SCHOOLS IN
	HAITI. THE FLAGSHIP LCS HAS BEEN OPERATING FOR NEARLY FOUR DECADES IN
	PORT AU PRINCE, AND THE SECOND SCHOOL IS UNDER CONSTRUCTION IN THE
	PLAUTEAU CENTRAL, WHICH WILL BE THE PROTOTYPE FOR THE PHYSICAL CAMPUS
	FOR THE ADDITIONAL SCHOOLS. EACH FULLY OPERATIONAL SCHOOL SERVES 360
	STUDENTS AGES 11 TO 19 WHO OTHERWISE COULD NOT AFFORD SECONDARY
	EDUCATION. THE SCHOOL'S UNIVERSITY SCHOLARSHIP PROGRAM CURRENTLY
	SUPPORTS 110 TO 120 ALUMNI AT ANY GIVEN TIME WITH SCHOLARSHIPS TO
	HAITIAN UNIVERSITIES, AND THIS NUMBER WILL INCREASE AS ADDITIONAL
	SCHOOLS GRADUATE STUDENTS. THE SCHOOLS ARE FULLY ACCREDITED BY THE
4b	(Code:) (Expenses \$ 4,050 • including grants of \$ 4,050 •) (Revenue \$)
75	\$4,050 WAS PROVIDED DIRECTLY TO FAMILLE KIZITO IN SUPPORT OF THEIR WORK
	WITH CHILDREN IN CITE SOLEIL, HAITI.
	THE CHILDREN IN CITE BODDIE, MITTIE
4c	(Code:) (Expenses \$1, 800 • including grants of \$1, 800 •) (Revenue \$)
	\$1,800 WAS PROVIDED DIRECTLY TO THE DIOCESE OF ANSE-A-VEAU & MIROGOANE,
	HAITI TO SUPPORT THEIR RELIEF EFFORTS FOLLOWING THE EARTHQUAKE IN THAT
	REGION ON JANUARY 24TH, 2022.
	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,597,531.
	Form 990 (2022)

11571110 786574 PMC0013

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		77	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			\ v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		- V
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		<u> </u>
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10	21	
11				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X

232003 12-13-22

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		х
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
00		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O **T 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			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1-	Х	
	(gambling) winnings to prize winners?	1c	_ 41	

232004 12-13-22

022) THE HAITIAN PROJECT, INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions 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 ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	l l	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	.			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
_	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	262	1	
	MARISA GRONDIN, PRESIDENT; THE HAITIAN PROJECT, INC 401-351-	<u> 30∠</u>	4	
	PO BOX 6891, PROVIDENCE, RI 02940			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MARISA GRONDIN DIRECTOR, PRESIDENT	40.00	x		Х				80,677.	0.	34,516.
(2) MARK BOWKER	40.00			х				75,677.	0.	34,316.
V PRES, SECRETA (3) MALLORY MAIER	40.00			^						
OIRECTOR, CHIEF PROGRAM OF (4) ALEXANDER ALBERTINE	2.00	Х						63,177.	0.	33,816.
DIRECTOR		Х						0.	0.	0.
(5) COLLIN DAVISCOURT DIRECTOR	2.00	x						0.	0.	0.
(6) SABINE GUERRIER DIRECTOR	2.00	x						0.	0.	0.
(7) ELIZABETH KOSKELOWSKI DIRECTOR, TREASURER	2.00	Х		х				0.	0.	0.
(8) THOMAS PESCE DIRECTOR	2.00	Х						0.	0.	0.
(9) TIMOTHY SCORDATO DIRECTOR	2.00	X						0.	0.	0.
(10) KRISTIN SOUKUP DIRECTOR	2.00	X						0.	0.	0.
(11) ELIZABETH BOWMAN	2.00	X						0.	0.	0.
DIRECTOR		_						0.	0.	0.

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck		ገ e than	one	Reportable	Reportable		l	timate	
		hours per week	box	, unle	ss pe	erson	is bot	th an	compensation	compensation			nount (of
		(list any	\vdash	T		T	T	,	from the	from related organization			other pensa	tion
		hours for	Individual trustee or director				p			(W-2/1099-MI			om the	
		related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)			anizati	
		organizations	ıl trus	nal tru		oyee	omp(1099-NEC)			and	d relate	ed
		below line)	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	m er				orga	anizatio	ons
		iii le)	트	l si	₽	Ş.	iji e	횬				<u> </u>		
							-							
			-											
-														
				_		_						<u> </u>		
									210 521			10		4.0
1b	Subtotal								219,531.		0.	10	2,6	
	Total from continuation sheets to Part V								219,531.		0.	10	2,6	0. 18
<u>a</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n								·	000 of roportab		10	<u> </u>	40.
2	compensation from the organization	ioi iiiiiited to ti	1036	ilott	eu a	DOV	C) WI	101	ecewed more than \$100	,000 or reportab	IC			0
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, I	key (emp	loye	e, o	r hiç	phest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	-		-					·	the organization				37
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					•	•		ted organization or indivi	dual for services	,	5		Х
Sec	tion B. Independent Contractors	ipiete Scriedur	C 0 1	01 3	ucri	pers	3011							
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	/ithi	n the organization's tax	year.				
	(A)		3.7	~~	_				(B)			(C		_
	Name and business	address	N	INC	Ľ				Description of s	ervices		compe	isation	n
											<u> </u>			
											_ 			
	Total number of independent contractors (i	including but n	ot li	mito	d to	tho	ا مع	ster	d ahove) who received m	ore than				
_	\$100,000 of compensation from the organi		iUL II		u iU	10	0	ى د ح (a above, who received if	ioie liiali				
	The state of the s											Form !	aan /	2022)

						IAN P	ROJECT,	INC		22-2700	013 Page 9
Pa	ľ	VIII									
			Check if Schedule O	cont	ains a r	esponse	or note to any li	ne in this Part VIII	/B)	(C)	<u> </u>
								Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1	a	Federated campaigns			1a					
irar			Membership dues		Г	1b					
Ę,			Fundraising events			1c					
ar it			5		Г	1d					
S, E			Government grants (contr		⊢	1e		-			
ion			All other contributions, gifts,		· · -			-			
but		-	similar amounts not included			1f 1,	707,518.				
ÖĒ		а	Noncash contributions included in		· · · · -	1g \$	130,254.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		_			1,707,518.			
							Business Code				
e l	2	2 a									
اه ک		b									
Sur		С									
Program Service Revenue		d									
οg H		е									
<u> </u>	f All other program service revenue										
$\overline{}$		g	Total. Add lines 2a-2f								
	3	3	Investment income (include	_				F0 5F0			E0 5E0
		other similar amounts)						70,573.			70,573.
	4	ŀ	Income from investment of								
	5	•	Royalties								
	_		_		(1)	Real	(ii) Personal	-			
	6		Gross rents	6a				_			
			Less: rental expenses	6b				_			
			Rental income or (loss) Net rental income or (loss)	6c							
	7		Gross amount from sales of	<u> </u>		curities	(ii) Other				
	•	а	assets other than inventory	72	٠,	,777.		_			
		h	Less: cost or other basis	/ a		, , , , ,		-			
e e			and sales expenses	7h	420	926.					
/enne		С	Gain or (loss)	7c	79	851.					
Other Rev		d	Net gain or (loss)			•	I.	79,851.			79,851.
Ē	8		Gross income from fundraising								-
₹			including \$								
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses								
		С	Net income or (loss) from	fund	Iraising	events					
	9) a	Gross income from gamin	g ac	tivities.	See					
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from								
	10) a	Gross sales of inventory, I								
		_	and allowances					-			
			Less: cost of goods sold								
=		С	Net income or (loss) from	sale	s of inv	entory					
sno	4.4	۰.					Business Code				
ellaneous evenue	''	l a b									
Ne Ne		2									

1,857,942.

d All other revenue e Total. Add lines 11a-11d ...

12 Total revenue. See instructions

0.

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1,141,480.	1,141,480.		
4	individuals. See Part IV, lines 15 and 16	1,141,400.	1,141,400.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	323,298.	155,125.	101,426.	66,747
6	trustees, and key employees Compensation not included above to disqualified	323,230.	133,123.	101,4200	00,747
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		384,801.	171,500.	67,800.	145,501
7 8	Other salaries and wages Pension plan accruals and contributions (include	504,001.	±7±,500•	07,000	140,001
o	section 401(k) and 403(b) employer contributions)	14,598.	6,860.	1,918.	5,820
9	Other employee benefits	50,465.	20,017.	3,555.	26,893
10	Payroll taxes	45,300.	20,804.	10,393.	14,103
11	Fees for services (nonemployees):	10,000	20,0021	20,000	
''					
b		3,592.		3,592.	
C		10,308.		10,308.	
	Lobbying				
e	D (' 1(1 ' ' ' O D ' N' I' 47				
f	Investment management fees	23,119.	8,254.	14,865.	
g	//(!) 44	•			
Ŭ	column (A), amount, list line 11g expenses on Sch O.)	2,413.		2,413.	
12	Advertising and promotion	19,405.			19,405
13	Office expenses	39,318.	4,086.	8,155.	27,077
14	Information technology	14,442.	5,724.	5,076.	3,642
15	Royalties				
16	Occupancy	34,404.	13,177.	12,952.	8,275
17	Travel	12,699.	731.	7,488.	4,480
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,681.		1,937.	744
20	Interest	2,536.		2,536.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4.4			
23	Insurance	10,273.	4,994.	5,279.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	05 666	05 660		
а	SUPPLIES	25,669.	25,669.		
b	CONSTRUCTION	10,000.	10,000.	1 400	
С	CMTY/SCH PGMS/OUTREACH	8,339.	6,842.	1,497.	
d	OTHER	1,771.	1,406.	365.	F06
	All other expenses	1,698.	862.	250.	586
25	Total functional expenses. Add lines 1 through 24e	2,182,609.	1,597,531.	261,805.	323,273
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (202)

Part X | Balance Sheet

<u> Par</u>	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			41,342.	1	62,945
	2	Savings and temporary cash investments			639,587.	2	656,705
	3	Pledges and grants receivable, net		999,099.	3	545,149	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantia	contributor, or 35%			
		controlled entity or family member of any of t	these pe	sons		5	
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri	ibed in s	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments - publicly traded securities	4,065,432.	11	3,473,002		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e			5,745,460.	16	4,737,801
	17	Accounts payable and accrued expenses \dots				17	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
<u>ia</u>		controlled entity or family member of any of t				22	
	23	Secured mortgages and notes payable to un				23	92
	24	Unsecured notes and loans payable to unrela				24	92
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-2	1). Complete Part X		0.5	
		of Schedule D			0.	25	92
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, 6			0.	26	92
es		and complete lines 27, 28, 32, and 33.	CHECK III	ie <u>21</u>			
auc	27	Net assets without donor restrictions			2,983,823.	27	2,618,450
Bala	28	Net assets with donor restrictions			2,761,637.	28	2,119,259
<u> </u>	20	Organizations that do not follow FASB AS			27.0270070	20	2,223,233
<u>F</u>		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fur	nds			29	
jets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,745,460.	32	4,737,709
	02	Total liabilities and net assets/fund balances			5,745,460.	33	4,737,801

orm	n 990 (2022) THE HAITIAN PROJECT, INC	22-27000	13	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)				<u>42.</u>
2	Total expenses (must equal Part IX, column (A), line 25)				09.
3	Revenue less expenses. Subtract line 2 from line 1				67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				60.
5	Net unrealized gains (losses) on investments	5 -			84.
6		6	9	, 6	68.
7		7			
8		8			
9		9	-14	.,6	68.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		ю 4,	737	, 7	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
		_	`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O	<i>i</i> .			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	na			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	asis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	udit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched	lule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		1		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit			
	exploite explain why an Cabadula O and describe any stans taken to undergo such guidite		2h	- 1	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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 Public

OMB No. 1545-0047

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

Inspection
Employer identification number

			HAITIAN PR						2-2700013
Pai	τl	Reason for Public (Charity Status.	(All organizations must o	omplete tl	his part.) S	See instruction	ns.	
The c	organ	ization is not a private found							
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect i					~ ~ ~		
3		A hospital or a cooperative		•)(b)(1)(A)(i	ii).		
4		A medical research organiz)(iii). Enter	the hospital's name.
		city, and state:		. ,				,,,	,
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental ı	ınit describ	ned in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local gov	· · · · · ·	nental unit described in	section 17	70(h)(1)(A)	(v)		
7	X	An organization that norma						he general	nublic described in
•		section 170(b)(1)(A)(vi). (Co		intial part of its support	ioiii a gov	Ciriiriciitai	dille of from t	ine general	public acsoribed in
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \				
9		An agricultural research org				ad in conju	inction with a	land-grant	college
9		or university or a non-land-g	-			-		-	-
		university:	grant college or agric	diture (see instructions).	. Linter tine	marrie, cit	y, and state o	i tile colleg	e oi
10		An organization that norma	Illy rosoiyos (1) more	than 22 1/20/, of its our	nort from	contributio	no momboro	hin food o	ad aross resoints from
10		activities related to its exen	*	•	-			•	•
		income and unrelated busin	•	· ·					-
		See section 509(a)(2). (Cor		(less section of reax) if	om busine	sses acqu	ined by the of	gariization	arter durie 30, 1973.
11		An organization organized a		ively to test for public es	ofaty Saa	section 50)0(a)(4)		
12		An organization organized a	=	•	•			arry out the	nurnoses of one or
12		more publicly supported or	•		•		•	•	• •
		lines 12a through 12d that							STICOR THE BOX OFF
а		Type I. A supporting orga	* *			-		-	, aivina
а		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-			
		organization. You must o			a majority	or tric dire	otors or truste	203 01 1110 0	apporting
b		Type II. A supporting org			tion with it	ts sunnort	ed organizatio	on(s) by ba	vina
		control or management o	•				-	•	-
		organization(s). You mus			arrio poroc	ono mai ot	orthor or mane	ago trio our	portod
С		Type III functionally inte			in connec	tion with	and functiona	lly integrate	ed with
·		its supported organization						my mrograc	od Willi,
d		Type III non-functionally		•				rted organi	zation(s)
-		that is not functionally int						-	
		requirement (see instruct	-		•		-	G G G	
е		Check this box if the orga	•	•	•			II. Type III	
_		functionally integrated, or					,,,,,	, . ,	
f	Ente	er the number of supported of		,	99				
q		vide the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support		•	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and	. ,	, ,	, ,	, ,	, ,	.,	
	membership fees received. (Do not							
	include any "unusual grants.")	3163399.	1558762.	2012605.	2014265.	1707518.	10456549.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	24.62222	4550560	0040605	0011065	4505540	4.0.4.5.5.4.0	
4	Total. Add lines 1 through 3	3163399.	1558762.	2012605.	2014265.	1707518.	10456549.	
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,						1000001	
	column (f)						1932331.	
	Public support. Subtract line 5 from line 4.						8524218.	
	etion B. Total Support						<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2018 3163399.	(b) 2019 1558762.	(c) 2020 2012605.	(d) 2021 2014265.	(e) 2022	(f) Total 10456549.	
	Amounts from line 4	3103399.	1336/62.	2012003.	2014205.	1/0/310.	10436349.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	64,602.	82,392.	70,318.	74,631.	70,573.	362,516.	
_	and income from similar sources	04,002.	04,394.	70,310.	74,031.	10,515.	302,310.	
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
44	assets (Explain in Part VI.)						10819065.	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (soo instructi	ono)			12	30,392.	
	First 5 years. If the Form 990 is for the			fourth or fifth tax			30,3321	
10	organization, check this box and stor							
Sec	etion C. Computation of Publ		rcentage					
	Public support percentage for 2022 (column (f))		14	78.79 %	
	Public support percentage from 2021					15	75.97 %	
	33 1/3% support test - 2022. If the o					nore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization	·			X	
b	33 1/3% support test - 2021. If the							
	and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain in	n Part VI how the		
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization		
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2022

Part III | 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.)

Se	ction A. Public Support	, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			•		•	•
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	. ,		` '		, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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			1			
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
-	check this box and stop here	•		,			,
Se	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2021. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
_		
3с		
4a		
4 a		
41		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Vu		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		
	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		
Seci	ion C. Type II Supporting Organizations			
			Yes	No
	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		
	ion D. All Type III Supporting Organizations			
	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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		
	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 on line 2, above, 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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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		
	Did the activities described on line 2a, above, 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	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

Sche	edule A (Form 990) 2022 THE HAITIAN PROJECT, I	NC		22-2700013 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ		J
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete:	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	on D - Distributions		•		Current Year	
1	Amounts paid to supported organizations to accomplish exe	1				
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
<u>i</u> _	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
С	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

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.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

22-2700013

	THE HAITIAN PROJECT, INC	44-4/00013				
Organization type (chec	:k one):					
Filers of:	Section:					
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule. See instructions.				
General Rule						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot any one contributor. Complete Parts I and II. See instructions for determining a contrib					
Special Rules						
sections 509(a) contributor, dur	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16i ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of EZ, line 1. Complete Parts I and II.	b, and that received from any one				
contributor, dur literary, or educ	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\$						
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 filing requirements of Schedule B (Form 990).					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

22-2700013

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 92,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

Name of organization

Employer identification number

THE HAITIAN PROJECT, INC

22-2700013

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$50,387.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE HAITIAN PROJECT, INC

22-2700013

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	SECURITIES	_	
		50,387.	07/25/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15			Schedule B (Form 990) (2022

Name of organization **Employer identification number** 22-2700013 THE HAITIAN PROJECT, INC Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE HAITIAN PROJECT, INC

Employer identification number 22-2700013

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			. ,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advise	d funds
	are the organization's property, subject to the organization's	~		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply	<u>).</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		□ Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contri	oution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ction, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcina consonyati	on agraments during the year
•	Amount of expenses incurred in monitoring, inspecting, hard	aling of violations, and e	morching conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footi	note to the organization	s financial stateme	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	· ·	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	c exhibition, education,	or research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			gain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

232051 09-01-22

Schedule D (Form 990) 2022

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	ts (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's exe	empt purpo	ose in Parl	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	ar assets		_	
	to be sold to raise funds rather than to be ma						Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi		•			_	7	
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
							Amount	
	Beginning balance							
	Additions during the year							
	Distributions during the year							
	Ending balance						1	
	Did the organization include an amount on Fe				•		Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i					voore book	(a) Four	vooro book
		(a) Current year	(b) Prior year	(c) Two years back				ears back
	Beginning of year balance	4,065,432.	3,809,793.			07,069.		890,356.
	Contributions	258,046.	474,217.			268,349.		311,135.
	Net investment earnings, gains, and losses	-527,358.	465,878.		5,2	279,529.		154,652.
	Grants or scholarships	100,000.	75,000.	50,000.				50,000.
е	Other expenditures for facilities	200 000	EQE 000	146 000	2	62 000		75 000
	and programs	200,000.	595,000.			15 640		75,000.
	Administrative expenses	23,118.	14,456.			15,640.	2	14,770.
g	End of year balance		4,065,432.		3,3	324,707.	۷,	907,069.
2	Provide the estimated percentage of the curr	62.5400	· ·	a)) neid as:				
	Board designated or quasi-endowment Permanent endowment 37.4600	%	_%					
		% %						
C		· -						
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	· · · · · · · · · · · · · · · · · · ·	ation that are hold a	nd administered for	tho			
Sa	•	SSION OF THE Organiza	ation that are neid a	na administered for	uie		Г	res No
	organization by: (i) Unrelated organizations							X
								X
h	(ii) Related organizations	tions listed as requir	od on Schodulo D2				3b	
<i>1</i>	Describe in Part XIII the intended uses of the						30	
Par	t VI Land, Buildings, and Equipm		willent funds.					
	Complete if the organization answere). Part IV. line 11a. S	See Form 990. Part X	(. line 10.			
	Description of property	(a) Cost or of			Accumulate	ed le	(d) Book	value
	Beschption of property	basis (investm	' '		preciation		(a) Book	value
1a	Land	- '	,	, ,				
	Buildings							
	Leasehold improvements					$\overline{}$		
	Equipment					-		
	Other					$\overline{}$		
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)				0.

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" of a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ear market value
Financial derivatives	(2) 20011 10.00	(c)	
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	on Form 000 Port IV line	11a Can Farm 000 Part V line 12	
Complete if the organization answered "Yes" of the complete if the organization answered of the complete if the organization and the complete if the organization and the complete if	(b) Book value	(c) Method of valuation: Cost or end-of-y	oar market valu
	(b) Book value	(c) Method of Valuation. Cost of end-or-y	eai market valui
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15 \		
Part X Other Liabilities.	13.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			.,
(2)			
(3)			
(4)			
(5)			
()			
(6)			
(6) (7)		I I	
. ,			
(7)			
(7) (8)	25.)		

232053 09-01-22

Sche	dule D (Form 990) 2022 THE HAITIAN PROJECT, INC			22-	2700013 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments Wit	h Revenue per R	eturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,166,407.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-678,084.		
b	Donated services and use of facilities	2b	9,668.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-668,416.
3	Subtract line 2e from line 1			3	1,834,823.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,119.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	23,119.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,857,942.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements Wi	th Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	2,174,158.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
_	Denoted convince and use of facilities	22	9.668.		l

Prior year adjustments

5,000. Other (Describe in Part XIII.)

14,668. Add lines 2a through 2d 2,159,490. Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1: 23,119. a Investment expenses not included on Form 990, Part VIII, line 7b 4a

Other (Describe in Part XIII.) 23,119. c Add lines 4a and 4b 4c 2,182,609. 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 FOR THIS ENDOWMWNT CAN ONLY BE MADE ONCE THE PRINCIPAL REACHES \$1MILLION. 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. PRINCIPAL OF THIS ENDOWMENT IS PERMANENTLY RESTRICTED. DISTRIBUTIONS FROM

Part XIII | Supplemental Information (continued)

THIS ENDOWMENT CAN ONLY BE MADE ONCE THE PRINCIPAL REACHES \$1MILLON. THE FINAL INVESTMENT 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.

PART X, LINE 2:

THE PROJECT IS EXEMPT FROM INCOME TAXES AS A CHARITABLE ORGANIZATION UNDER SECTION 501(C)(3) UNDER THE INTERNAL REVENUE CODE AND IS NOT CONSIDERED A PRIVATE FOUNDATION.

THE PROJECT EVALUATES ITS UNCERTAIN TAX POSITIONS USING GUIDANCE FOR

CONTINGENCIES AS CONTAINED IN US GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

THE PROJECT WAS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT WERE NOT

PROVIDED FOR IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE PROJECT ANNUALLY FILES INTERNAL REVENUE SERVICE FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE TAX RETURNS ARE SUBJECT TO REVIEW BY THE TAXING AUTHORITIES AND THE PROJECT'S INCOME TAX RETURNS FOR 2018, 2019 AND 2020 ARE SUBJECT TO EXAMINATION BY THE IRS AND STATE AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. THE PROJECT CURRENTLY HAS NO TAX EXAMINATIONS IN PROGRESS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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 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 award the grants or assistance? _____X Yes _____No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (f) Total (a) Region (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region GRANT TO RECIPIENT IN CARIBBEAN REGTON 1,135,630. GRANT TO RECIPIENT IN 4,050. CARIBBEAN REGION GRANT TO RECIPIENT IN 1,800. CARTBBEAN REGION 3 a Subtotal 0 1,141,480. **b** Total from continuation 0. sheets to Part I c Totals (add lines 3a 1,141,480. and 3b)

232071 10-17-22

Schedule F (Form 990) 2022

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		CARIBBEAN	BOARDING SCHOOLS	1135630.	WIRE TRANSFER	0.		

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

Part III Grants and Other Assistance	ce to Individuals Outside	e the United St	ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if a	dditional space is neede						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV | 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	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

- (1) GRANT OF 1,596,600 TO FONDATION HAITIAN PROJECT AND FONDATION

 EDUCATIVE LOUVERTURE CLEARY IN HAITI, TWO HAITIAN NONPROFIT ORGANIZATIONS

 THAT OPERATE LOUVERTURE CLEARY SCHOOL IN HAITI, ITS OUTREACH OFFICE AND

 SCHOLARSHIP PROGRAM, AND CARRY OUT BUILDING OF NEW SCHOOLS. GRANT AMOUNTS

 ARE SET DURING AN ANNUAL BUDGETING PROCESS APPROVED BY THE HAITIAN

 PROJECT'S BOARD OF DIRECTORS. THE HAITIAN FOUNDATIONS SUBMIT MONTHLY (OR

 MORE FREQUENTLY ON REQUEST) FINANCIAL REPORTS ON ALL ACTIVITIES. THE

 HAITIAN PROJECT ALSO CONDUCTS ANNUAL FINANCIAL REVIEWS OF THE FOUNDATIONS

 ON SITE IN HAITI, AND CONDUCTS AN ANNUAL COMPLIANCE EVALUATION PROCESS OF

 ALL ACTIVITIES.
- (2) GRANT OF 4,050 TO THE FAMILLE KIZITO TO SUPPORT THEIR WORK WITH

 CHILDREN IN CITE SOLEIL, HAITI.RECEIPT OF FUNDS BY FAMILLE KIZITO WAS

 CONFIRMED; NO FURTHER REPORTS WERE REQUESTED AS THE GRANT WAS A SMALL,

 ONE-TIME GRANT.
- (3) GRANT OF 1,800 TO THE DIOCESE OF ANSE-A-VEAU/MIROGOANE, HAITI TO SUPPORT THEIR RELIEF EFFORTS FOLLOWING THE EARTHQUAKE IN THAT REGION ON JANUARY 24TH, 2022.

RECEIPT OF FUNDS BY THE DIOCESE WAS CONFIRMED; NO FURTHER REPORTS WERE REQUESTED AS THE GRANT WAS A SMALL, ONE-TIME GRANT

PART I, LINE 3:

ALL GRANTS TO RECIPIENTS IN HAITI. ACCRUAL ACCOUNTING METHOD.

PART II, LINE 1 (ACCOUNTING METHOD):

ACCRUAL ACCOUNTING METHOD.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

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

OMB No. 1545-0047

2022

Open To Public Inspection

name of the organization	THE HAI	rian proji	ECT, I	NC						r 10ent 7000		on nu	mber
		ctions (section 5			1(c)(4), and se	ection	501(c)(29) org	ganizat	ions o	nly).			
Complete if the	e organization a	nswered "Yes" on	Form 990, I	Part IV, I	ne 25a or 25	b, or F	orm 990-EZ, I	Part V,	line 40	Ͻb.			
1 (a) Name of disqualified	l porson	a) Relationship bet				a) Dos	cription of tra	neactic	'n		(d)	Corre	cted?
(a) Name of disqualified	i person	person and o	organization		,,	C) Des	cription or tra	iisaciic) I		Y	es	No
											\bot	\perp	
											+	\dashv	
											+	+	
											+	+	
											+	\dashv	
2 Enter the amount of tax	x incurred by th	e organization ma	nagers or di	squalifie	d persons du	ıring tl	ne year under						
section 4958									\$				
3 Enter the amount of tax	x, if any, on line	2, above, reimbur	sed by the	organizat	tion				\$				
5	., -												
		Interested Per				_							
•	-	nswered "Yes" on		:Z, Part \	/, line 38a or	Form	990, Part IV, I	ne 26;	or if tr	ne orga	anızatı	on	
(a) Name of	(b) Relations	990, Part X, line 5,	(d) Loan to d	or (e) Original	(f)	Balance due	la.) In	(h) Ap	proved pard or	(i) W	/ritten
interested person	with organizat		from the organization	nrino	ipal amount	"	Dalarice due	e (g) In by b default? com	by bo	ooard or agreement?			
			To Fror	n				Yes	No	Yes	No	Yes	No
										<u> </u>	<u> </u>	<u> </u>	—
				+-		-		-	-	₩	₩	├──	₩
		+	+ + -	+		1		+		\vdash	\vdash	\vdash	+-
										1			+
										\vdash			1
										_			
Total Cropts or A	soiotonos E	Opposition Into	rooted D		<u>\$</u>								
		Benefiting Inte nswered "Yes" on											
(a) Name of interested		(b) Relationship		(c) Amount of		(d) Typ				e) Purp		f
		interested per the organiz			assistance		assista	nce		;	assista	ance	

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

Schedule L (Form 990) 2022

Complete if the organization answered (a) Name of interested person	(b) Relationship be	etween interested	(c) Amount of	(d) Description of	(e) Sha organiz	zation's
	person and the	e organization	transaction	transaction	revenues? Yes No	
JAMES GRONDIN	SPOUSE OF	PRESIDENT	65,000.	EMPLOYMENT	103	X
Part V Supplemental Information. Provide additional information for response.	onses to questions o	on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS T	RANSACTION	IS INVOLVII	NG INTEREST	ED PERSONS		
PRESIDENT'S SPOUSE IS EMPL	OYED FULL	TIME BY TI	HE ORGANIZA	TION AS		
DIRECTOR OF NEW SCHOOL CON	STRUCTION,	OVERSEEI	NG THE BUIL	DING OF		
ADDITIONAL SCHOOLS IN HAIT	I FOR THE	LOUVERTURI	E CLEARY SO	HOOLS NETWO	RK.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

	THE HAITIAN	PROJEC	T, INC		22-	2700	013	
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contrib	determir	•	is
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	X	9	103,247.	MARKET			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	37	1	20 212	MADKEE			
25	Other (TEXTBOOKS)	X	1	20,313.				
26	Other (BACKPACKS & SCH)	X	1		MARKET			
27	Other (OFFICE FURNITUR)	X	1	-	MARKET			
28	Other (SUPPLIES)	X		·	COST			
29	Number of Forms 8283 received by the organi						^	
	for which the organization completed Form 82	283, Part V, D	Donee Acknowledg	gement 29			0	
							Yes	No
30a	During the year, did the organization receive b	-			-			
	must hold for at least 3 years from the date of							v
	exempt purposes for the entire holding period	?				30a		X
	If "Yes," describe the arrangement in Part II.				0		v	
31	Does the organization have a gift acceptance					31	Х	<u> </u>
32a	Does the organization hire or use third parties		·					
	contributions?					32a		Х
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

232142 09-09-22 Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

QMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

THE HAITIAN PROJECT, INC

Employer identification number 22-2700013

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TUITION-FREE, CATHOLIC, CO-ED SECONDARY BOARDING SCHOOLS IN HAITI,

PROVIDES FOR THE EDUCATION OF ACADEMICALLY TALENTED AND MOTIVATED

STUDENTS FROM HAITIAN FAMILIES WHO CANNOT AFFORD THEIR CHILDREN'S

EDUCATION COST.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HAITIAN MINISTRY OF EDUCATION, FOLLOWING A RIGOROUS CURRICULUM, AND ARE

MANAGED BY A FULLY HAITIAN LEADERSHIP TEAM. THE HAITIAN PROJECT HAS

FORMAL RELATIONSHIPS WITH TWO HAITIAN NON-PROFIT ORGANIZATIONS

ESTABLISHED FOR THE PURPOSE OF MANAGING THE PHYSICAL ASSETS AND

CONSTRUCTION (FONDATION HAITIAN PROJECT) AND THE ACADEMIC PROGRAM

(FONDATION EDUCATIVE LOUVERTURE CLEARY). IN 2022, THE HAITIAN PROJECT

PROVIDED \$1,591,681 DIRECTLY TO THE FOUNDATIONS BY WIRE TRANSFER BASED

ON A BUDGET APPROVED BY THE HAITIAN PROJECT'S BOARD OF DIRECTORS TO

SUPPORT THE ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED IN COMPLETE FORM VIA A SECURE WEBSITE TO ALL

MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW BEFORE FILING. EACH

DIRECTOR CONFIRMS BACK THAT THEY HAVE REVIEWED THE RETURN. DIRECTORS ARE

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization

THE HAITIAN PROJECT, INC

Employer identification number 22-2700013

ENCOURAGED TO ASK QUESTIONS AND MAY REQUEST TO MEET WITH THE ADMINISTRATION TO REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

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 PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS

FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN

INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT

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."

FORM 990, PART VI, SECTION B, LINE 15A:

PROCESS FOR DETERMING COMPENSATION IS CARRIED OUT BY THE EXECUTIVE

COMMITTEE AND INCLUDES REVIEWING FORM 990 OF OTHER ORGS, REVIEW OF

COMPENSATION SURVEY, WRITTEN EMPLOYMENT CONTRACT AND APPROVAL BY THE

COMMITTEE AND BOARD. MOST RECENTLY CARRIED OUT IN NOVEMBER 2022.

FORM 990, PART VI, SECTION C, LINE 19:

THE HAITIAN PROJECT PROVIDES COPIES OF ALL GOVERNING DOCUMENTS, WRITTEN

POLICIES AND FINANCIAL STATEMENTS TO THE BOARD OF DIRECTORS AND STAFF

REGULARLY. MEMBERS OF THE PUBLIC RECEIVE FINANCIAL STATEMENTS CONTAINED IN

THE ORGANIZATION'S YEARLY PUBLICATION "ANNUAL REPORT". MEMBERS OF THE

PUBLIC MAY ALSO RECEIVE COPIES OF ORGANIZATIONAL DOCUMENTATION UPON

Schedule O (Form 990) 2022 Page **2**

Name of the organization THE HAITIAN PROJECT, INC	Employer identification number 22-2700013
REQUEST. ANNUAL FINANCIAL REPORTS, DONOR PRIVACY STATEMEN	IT, CONFLICT OF
INTEREST POLICY, RECORD RETENTION & DOCUMENT DESTRUCTION	POLICY, AND
WHISTLEBLOWER POLICY ARE POSTED ON THE ORG'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DONATED SERVICES	-9,668.
UNCOLLECTIBLE PLEDGES	-5,000.
TRANSFER TO OTHER ORGANIZATION	
TOTAL TO FORM 990, PART XI, LINE 9	-14,668.
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR	