SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HATTI EMPOWERMENT MISSION INC.

Employer Identification number

| IMITI EMECUEITEMI MISSIN | 721 2210 | | 10 0/02001 | |
|--|----------|---------|------------------|------|
| FORM 990-EZ, PART I, LINE 16 - OTH | ER EX | PENSES | | |
| DESCRIPTION | | AMOUNT | | |
| EXPENSES | | | | |
| BANK FEES | \$ | 1,251 | | |
| BUSINESS REGISTRATION FEES | \$ | 171 | | |
| CAMP EDUCATION/TUITION FEES | \$ | 18,818 | | |
| CAMP FOOD, STIPENDS & MEDICAL | \$ | 96,602 | | |
| CAMP TRANSPORTATION FEES | \$ | 5,700 | | |
| CREDIT CARD PROCESSING FEES | \$ | 1,329 | | |
| RENT- HAITI CAMP | \$ | 12,000 | | |
| SUPPLIES- HAITI CAMP | \$ | 14,398 | | |
| TELEPHONE/COMMUNICATIONS | \$ | 301 | | |
| TOTA | L \$ | 150,570 | | |
| FORM 990-EZ, PART III - PRIMARY EX THE ORGANIZATION'S MISSION IS TO P DISPLACED BY HURRICANES. | | | THE PEOPLE OF HA | AITI |
| | | | | |
| | | | | |
| FORM 990-EZ, PART III, LINE 31 - A | | | | |

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Open to Public Inspection

OMB No. 1545-1150

2012

Department of the Treasury Internal Revenue Service at the end of the year may use this form.

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

| A | For the | 2012 calend | dar year, or tax year beginning , and ending | | | | | | | | |
|------------|--------------|-----------------|--|-------------|------------|---------------|----------------------------|--|--|--|--|
| В | Check if | applicable: | C Name of organization | | | D Emplo | oyer identification number | | | | |
| Ц | Address (| change | | | | | 45-3782061 | | | | |
| Ш | Name cha | ange | HAITI EMPOWERMENT MISSION INC | | | | | | | | |
| Ц | Initial retu | ım | Number and street (or P.O. box, if mail is not delivered to street address) | Room | v/suite | | none number | | | | |
| Ц | Terminate | ed | 1531 DAYTONIA ROAD | | | - | 5-695-4410 | | | | |
| Ш | Amended | return | City or town, state or country, and ZIP + 4 | | | | Exemption | | | | |
| Ш | | n pending | MIAMI BEACH FL 33141 | | | | per ▶ | | | | |
| G | | | X Cash | | | | if the organization is not | | | | |
| I | | te: ▶ N/A | | | requ | uired to atta | ach Schedule B | | | | |
| <u>J</u> | | | heck only one) — X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or | 527 | | | 0-EZ, or 990-PF) | | | | |
| K | | | e organization is not a section 509(a)(3) supporting organization or a section | | | | | | | | |
| | not mo | ore than \$50,0 | 000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e | e-postcard) | may be i | required (se | e instructions). But if | | | | |
| | the org | anization cho | oses to file a return, be sure to file a complete return. | | | | | | | | |
| L | | - | 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to | | | | | | | | |
| _ | line 25, | | ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | | | | | | | |
| P | art I | | ue, Expenses, and Changes in Net Assets or Fund Balance | | | | Part I) | | | | |
| _ | _ | | if the organization used Schedule O to respond to any question in thi | is Part I | | | X | | | | |
| | 1 | | gifts, grants, and similar amounts received | | | 1 | 175,690 | | | | |
| | 2 | | vice revenue including government fees and contracts | | | | | | | | |
| | 3 | Membership | dues and assessments | | | 3 | | | | | |
| | 4 | | income | | | 4 | | | | | |
| | 5a | Gross amou | nt from sale of assets other than inventory 5a | | | 14 | | | | | |
| | b | Less: cost o | r other basis and sales expenses 5b from sale of assets other than inventory (Subtract line 5b from line 5a) | | | 4.5 | | | | | |
| | С | Gain or (loss) | 5c | | | | | | | | |
| | 6 | _ | I fundraising events | | | | | | | | |
| īle | а | | ne from gaming (attach Schedule G if greater than | | | 374 | | | | | |
| Revenue | | \$15,000) | 6a | | | - 75 | | | | | |
| å | b | Gross incom | ne from fundraising events (not including \$ of con- | tributions | | | | | | | |
| | 1 | | sing events reported on line 1) (attach Schedule G if the | | | | | | | | |
| | 1 | | gross income and contributions exceeds \$15,000) 6b | | | | | | | | |
| | C | | expenses from gaming and fundraising events 6c | | | 1 -3 | | | | | |
| | d | Net income | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra | act | | 4 4 | | | | | |
| | 1 | | | | | 6d | | | | | |
| | 7a | Gross sales | of inventory, less returns and allowances 7a | | | | | | | | |
| | b | | f goods sold 7b | _ | | | | | | | |
| | C | | or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | _ | | | | |
| | 8 | | ue (describe in Schedule O) | | | . 8 | 155 600 | | | | |
| _ | 9 | | ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | 9 | 175,690 | | | | |
| | 10 | Grants and | similar amounts paid (list in Schedule O) | | | 10 | _ | | | | |
| | 11 | Benefits paid | d to or for members | | | 11 | | | | | |
| S | 12 | Salaries, oth | ner compensation, and employee benefits | | engandanda | 12 | 0.000 | | | | |
| Expenses | 13 | Professional | fees and other payments to independent contractors | | | 13 | 8,000 | | | | |
| × | 14 | Occupancy, | rent, utilities, and maintenance | | | 14 | 1 640 | | | | |
| Ш | 13 | Printing, put | olications, postage, and shipping | | | 15 | 1,640 | | | | |
| | 16 | Other expen | ses (describe in Schedule O) | | | 16 | 150,570 | | | | |
| _ | 17 | | nses. Add lines 10 through 16 | | | | 160,210 | | | | |
| S | 18 | | deficit) for the year (Subtract line 17 from line 9) | | | 18 | 15,480 | | | | |
| Net Assets | 19 | | or fund balances at beginning of year (from line 27, column (A)) (must agree to | with | | | 000 | | | | |
| Ä | | | figure reported on prior year's return) | | | | 200 | | | | |
| Net | | | es in net assets or fund balances (explain in Schedule O) | | | | 4 = 400 | | | | |
| | 21 | Net assets of | or fund balances at end of year. Combine lines 18 through 20 | | | ▶ 21 | 15,680 | | | | |

| 2012) HAITI | THE CHILL THE | 222011 2110 | | 10 01 | | | | | Page Z |
|--|--|---|--|--|--|---|--|--|--|
| | • | | question in t | hic Dart I | 1 | | | | |
| Check if the organi | zation used Schedule O to | respond to any | question in t | | | | | /D) Fod of week | |
| | | | | (A) De | | | | | 600 |
| | | | | | - 21 | | $\overline{}$ | 15, | 680 |
| | | | | | | _ | | | |
| | le O) | | | | | | | 15 | 600 |
| | | | | | 2 | | | 15, | |
| The second secon | * | | | | | _ | _ | 15 | 0 |
| | | | | | | UU | 27 | | 680 |
| | | | | | | v | | | |
| | | respond to any | question in t | nis Part | | Δ_ | | | |
| | empt purpose? | | | | | | | | |
| | | | | | | -0 | _ | | |
| | | | | | | | 1000 | | ional |
| | | | rided, the num | ber of | | | for | others.) | |
| efited, and other relevant | information for each program | n title. | | | | | _ | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | ٦. | | | |
| |) If this amount includes | foreign grants, che | ck here | | | | 28a | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | ٦. | | | |
| |) If this amount includes | foreign grants, che | ck here | | | \bot | 29a | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | ٦. | l | | |
| | | foreign grants, che | ck here | | | | 30a | | |
| The state of the s | | | | | | - | | | |
| |) If this amount includes | foreign grants, che | ck here | | | | | | |
| | | | | | | - | | | 210 |
| Check if the organiza | tion used Schedule O to resp | ond to any question | n one even if in in this Part I' | V | nsated (see | ine | Instruci | tions for Part IV) | . П |
| | | (b) Average | (c) Report | table | (d) Heath | ber | nefits, | (a) Fallmated and | |
| (a) Name and | title | | (Forms W-2/10 | 099-MISC) | contributions | to e | and | e i (e) Esumated amo | |
| | | develop to posizion | | | Derieiit pi | ans, | ariu | other compens | |
| | | | (it not paid, e | enter -0-) | deferred co | ans, | nsation | other compens | |
| | | | (if not paid, e | enter -0-) | deferred co | ans, | nsation | other compens | |
| | | | (if not paid, e | enter -0-) | deferred co | ans, | ensation | other compens | |
| | | | (if not paid, e | enter -0-) | deferred co | ans, | nsation | other compens | |
| | | | (if not paid, t | enter -0-) | deferred co | ans, | nsation | other compens | |
| | | | (if not paid, 6 | enter -0-) | deferred co | ans, | nsation | other compens | |
| | | | (ii not paid, d | enter -0-) | deferred co | ans, | nsation | other compens | |
| | | | (ii not paid, d | enter -0-) | deferred co | ans, mpe | nsation | other compens | |
| | | | (ii not paid, d | enter -0-) | deferred co | ans, | nsation | other compens | |
| | | | (ii not paid, d | enter -0-) | deferred co | ans, | nsation | other compens | |
| | | | (ii not paid, d | enter -0-) | deferred co | ans, | nsation | other compens | |
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| | | | (ii not paid, d | enter -0-) | deferred co | ans, | nsation | other compens | |
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| | | | (ii not paid, d | enter -0-) | deferred co | ans, | nsation | other compensation | |
| | | | (ii not paid, d | enter -0-) | deferred co | ans, | nsation | other compens | |
| | | | (ii not paid, d | enter -0-) | deferred co | ans, | nsation | other compens | |
| | Balance Sheets Check if the organi vings, and investments buildings sets (describe in Schedu sets bilities (describe in Schedu sets or fund balances (lin Statement of Pr Check if the organi organization's primary ex bulle o organization's program s by expenses. In a clear effet, and other relevant | Balance Sheets (see the instructions for P Check if the organization used Schedule O to vings, and investments buildings sets (describe in Schedule O) sets buildings sets (describe in Schedule O) sets or fund balances (line 27 of column (B) must agn Statement of Program Service Accome Check if the organization used Schedule O to organization's primary exempt purpose? DULE O organization's program service accomplishments for each by expenses. In a clear and concise manner, describe effetd, and other relevant information for each program If this amount includes | Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any vings, and investments buildings sets (describe in Schedule O) sets billities (describe in Schedule O) ts or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see Check if the organization used Schedule O to respond to any organization's primary exempt purpose? DULE O organization's program service accomplishments for each of its three lat by expenses. In a clear and concise manner, describe the services provided, and other relevant information for each program title. (b) If this amount includes foreign grants, che organ services (describe in Schedule O) (c) If this amount includes foreign grants, che organ service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key Employees List each Check if the organization used Schedule O to respond to any question (b) Average | Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in to vings, and investments I buildings sets (describe in Schedule O) ts or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instruct Check if the organization used Schedule O to respond to any question in the organization's primary exempt purpose? DULE O organization's program service accomplishments for each of its three largest program by expenses. In a clear and concise manner, describe the services provided, the number of the services provided in the service | Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Bet Vings, and investments buildings sets (describe in Schedule O) sets bilities (describe in Schedule O) sets bilities (describe in Schedule O) sets bilities (describe in Schedule O) stoor fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Check if the organization used Schedule O to respond to any question in this Part II organization's primary exempt purpose? DULE O organization's program service accomplishments for each of its three largest program services, by expenses. In a clear and concise manner, describe the services provided, the number of lifted, and other relevant information for each program title.) If this amount includes foreign grants, check here) If this amount includes foreign grants, check here (a) Name and title (b) Average (c) Reportable (c) Compensation of compensation (compensation) (comp | Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year in the program and investments It is buildings sets (describe in Schedule O) sets Dilities (describe in Schedule O) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III) Organization's primary exempt purpose? DULE O organization's program service accomplishments for each of its three largest program services, by expenses. In a clear and concise manner, describe the services provided, the number of fifted, and other relevant information for each program title. (A) Beginning of year in the program of year in the program in this Part III (A) Beginning of year in the program services, by expenses. In a clear and concise manner, describe the services provided, the number of fifted, and other relevant information for each program title. (A) Beginning of year in the program of year in the program of year in the program services, and in this Part III in the program service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see Check if the organization used Schedule O to respond to any question in this Part IV | Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year vings, and investments buildings cets (describe in Schedule O) cets 200 billities (describe in Schedule O) cets 200 Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization used Schedule O to respond to any question in this Part III Check if the organization used Schedule O to respond to any question in this Part III Expranization's program service accomplishments for each of its three largest program services, by expenses. In a clear and concise manner, describe the services provided, the number of fifted, and other relevant information for each program title. 1) If this amount includes foreign grants, check here 1) If this amount includes foreign grants, check here 2) If this amount includes foreign grants, check here 3) If this amount includes foreign grants, check here 3) If this amount includes foreign grants, check here 3) If this amount includes foreign grants, check here 3) If this amount includes foreign grants, check here 4) If this amount includes foreign grants, check here 3) If this amount includes foreign grants, check here 4) If this amount includes foreign grants, check here 3) If this amount includes foreign grants, check here 4) If this amount includes foreign grants, check here 4) If this amount includes foreign grants, check here 5) If this amount includes foreign grants, check here 6) If this amount includes foreign grants, check here 9) If this amount includes foreign grants, check here 1) If this amount includes foreign grants, check here 2) If this amount includes foreign grants, check here 3) If this amount includes foreign grants, check here | Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year 200 22 Ibuildings | Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year vings, and investments 200 22 15, buildings 0 23 sets (describe in Schedule O) sets (describe in Schedule O) ts or fund balances (line 27 of column (B) must agree with line 21) Check if the organization used Schedule O to respond to any question in this Part III Expenses Check if the organization used Schedule O to respond to any question in this Part III Expenses Check if the organization used Schedule O to respond to any question in this Part III Expenses (Required for section 501(c)(3) and 501(c)(3) a |

| Pa | ort V Other Information (Note the Schedule A and personal benefit contract statem instructions for Part V) Check if the organization used Schedule O to respond to | ent requiremany question | nents in the in this Part V | | |
|-----|---|--------------------------|-----------------------------|-----|------------|
| | | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," prodetailed description of each activity in Schedule O | | 33 | | x |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a con- | nformed | | | |
| 04 | copy of the amended documents if they reflect a change to the organization's name. Otherwise, expl | | | | |
| | change on Schedule O (see instructions) | | 34 | | x |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from the | | | | |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | | 35a | | X |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explana | tion in Schedu | le O 35b | | |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603 | B(e) notice, | | | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net as | sets | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | | 36 | - | X |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | | 126 | |
| b | * | | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employed | | 20- | | x |
| h | any such loans made in a prior year and still outstanding at the end of the tax year covered by this re If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | 38a | | |
| 39 | Section 501(c)(7) organizations. Enter: | 300 | | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | 14 | | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | | | |
| 40a | | | | 1 | |
| | section 4911 ▶; section 4912 ▶; section 4955 l | | | | - |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exce | | | 100 | |
| | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has re- | not been | | | |
| | reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | 40b | | X |
| С | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on | | | | |
| | organization managers or disqualified persons during the year under sections 4912, | | | 1.1 | |
| | 4955, and 4958 | · • | e. | | 15 |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c | | | | |
| | reimbursed by the organization | | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax she | | 40. | | x |
| | transaction? If "Yes," complete Form 8886-T | | 40e | | Δ |
| 41 | List the states with which a copy of this return is filed ▶ NONE The organization's books are in care of ▶ | Telephon | 9.00 | | |
| 42a | The organization's books are in care of ▶ | reiepriori | 6 IIO. P | | |
| | Located at ▶ | ZIF | +4 > | | |
| ь | At any time during the calendar year, did the organization have an interest in or a signature or other | authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial | | 42b | | X |
| | If "Yes," enter the name of the foreign country: ▶ | | x f | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign | n Bank | | | |
| | and Financial Accounts. | | | | l |
| C | At any time during the calendar year, did the organization maintain an office outside the U.S.? | | 42c | ٠ | X |
| | If "Yes," enter the name of the foreign country: ▶ | | | | ▶ □ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check he | | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | 43 | Yes | No |
| 440 | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | res | NO |
| 44a | | | 44a | | x |
| b | | | | | |
| | completed instead of Form 990-EZ | | 446 | | x |
| С | Did the organization receive any payments for indoor tanning services during the year? | | | 1 | X |
| d | | | | | |
| _ | explanation in Schedule O | | 440 | _ | _ |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | 45a | | X |
| 45b | | vithin the | | | |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed inste | | | | |
| | Form 990-EZ (see instructions) | | 45b | | X |

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

2012
Open to Public Inspection

Name of the organization

HAITI EMPOWERMENT MISSION INC

Employer identification number 45-3782061

| IMITI EMECHENIZATI MISSIC | 11 1110 | | 10 0/02001 |
|--|---------|---|------------------------|
| FORM 990-EZ, PART I, LINE 16 - OTHE | ER EXI | PENSES | |
| DESCRIPTION | | AMOUNT | |
| EXPENSES | | | |
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| BANK FEES \$ 1,251 BUSINESS REGISTRATION FEES \$ 171 CAMP EDUCATION/TUITION FEES \$ 18,818 CAMP FOOD, STIPENDS & MEDICAL \$ 96,602 CAMP TRANSPORTATION FEES \$ 5,700 CREDIT CARD PROCESSING FEES \$ 1,329 RENT- HAITI CAMP \$ 12,000 SUPPLIES- HAITI CAMP \$ 14,398 TELEPHONE/COMMUNICATIONS \$ 301 TOTAL \$ 150,570 FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE THE ORGANIZATION'S MISSION IS TO PROVIDE RELIEF AID TO THE PEOPLE OF HAIT: DISPLACED BY HURRICANES. | | | |
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| CAMP TRANSPORTATION FEES | \$ | 5,700 | |
| BANK FEES \$ 1,251 BUSINESS REGISTRATION FEES \$ 171 CAMP EDUCATION/TUITION FEES \$ 18,818 CAMP FOOD, STIPENDS & MEDICAL \$ 96,602 CAMP TRANSPORTATION FEES \$ 5,700 CREDIT CARD PROCESSING FEES \$ 1,329 RENT- HAITI CAMP \$ 12,000 SUPPLIES- HAITI CAMP \$ 14,398 TELEPHONE/COMMUNICATIONS \$ 301 TOTAL \$ 150,570 FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE THE ORGANIZATION'S MISSION IS TO PROVIDE RELIEF AID TO THE PEOPLE OF HAITI DISPLACED BY HURRICANES. | | | |
| DESCRIPTION AMOUNT EXPENSES BANK FEES \$ 1,251 BUSINESS REGISTRATION FEES \$ 171 CAMP EDUCATION/TUITION FEES \$ 18,818 CAMP FOOD, STIPENDS & MEDICAL \$ 96,602 CAMP TRANSPORTATION FEES \$ 5,700 CREDIT CARD PROCESSING FEES \$ 1,329 RENT- HAITI CAMP \$ 12,000 SUPPLIES- HAITI CAMP \$ 14,398 TELEPHONE/COMMUNICATIONS \$ 301 TOTAL \$ 150,570 FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE THE ORGANIZATION'S MISSION IS TO PROVIDE RELIEF AID TO THE PEOPLE OF HAITI DISPLACED BY HURRICANES. | | | |
| DESCRIPTION AMOUNT EXPENSES BANK FEES \$ 1,251 BUSINESS REGISTRATION FEES \$ 171 CAMP EDUCATION/TUITION FEES \$ 18,818 CAMP FOOD, STIPENDS & MEDICAL \$ 96,602 CAMP TRANSPORTATION FEES \$ 5,700 CREDIT CARD PROCESSING FEES \$ 1,329 RENT- HAITI CAMP \$ 12,000 SUPPLIES- HAITI CAMP \$ 14,398 TELEPHONE/COMMUNICATIONS \$ 301 TOTAL \$ 150,570 FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE THE ORGANIZATION'S MISSION IS TO PROVIDE RELIEF AID TO THE PEOPLE OF HAITI DISPLACED BY HURRICANES. | | | |
| TELEPHONE/COMMUNICATIONS | \$ | 301 | |
| TOTAL | \$ | 150,570 | |
| THE ORGANIZATION'S MISSION IS TO PE | | | TO THE PEOPLE OF HAITI |
| | | | |
| | | | |
| | | *************************************** | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HATTI EMPOWERMENT MISSION INC.

Employer identification number

| D. | | | | | | | | | | | | | |
|------------|--------|-----------------|---------------------------------|--|------------------------------|---|-------------------------------|-------------------------------|--------------------------------|---------------------------------|--------------|-----------|-------|
| | art I | Reas | on for Public Charity | Status (All organizations | must co | omplete | this pa | art.) Se | ee inst | truction | IS. | | |
| The | orga | nization is not | a private foundation because | e it is: (For lines 1 through 11, o | check only | one box | .) | | | | | | |
| 1 | \Box | A church, co | nvention of churches, or ass | sociation of churches described | in section | 170(b)(1 | 1)(A)(i). | | | | | | |
| 2 | П | A school des | cribed in section 170(b)(1)(| (A)(ii). (Attach Schedule E.) | | | | | | | | | |
| 3 | П | | | ice organization described in se | ction 170 | (b)(1)(A)(| iii). | | | | | | |
| 4 | Н | | | d in conjunction with a hospital | | | |)(1)(A)(| iii). Ente | er the ho | ospital's na | me. | |
| | ш | city, and stat | | | | | | N-W-W | ,. | | | | |
| 5 | \Box | | | of a college or university owned | or operate | ed by a o | ovemme | ental uni | t descri | hed in | | | |
| ٠ | ш | | (b)(1)(A)(iv). (Complete Part | | от ороган | 50 b) b g | 01011111 | rital ari | , 0000. | | | | |
| c | | | | | costion 1 | 70/6V4VA | Vad | | | | | | |
| 6 | Н | | | governmental unit described in s substantial part of its support fro | | | | th | | مناطييم ا | | | |
| 1 | Ш | | | | om a gove | aninenta | uriit or i | rom the | genera | ii public | | | |
| _ | | | section 170(b)(1)(A)(vi). (C | to an order of the contract of | CH S | | | | | | | | |
| 8 | 1 | - | | 170(b)(1)(A)(vi). (Complete Part | | | | | | | | | |
| 9 | X | | | 1) more than 33 1/3% of its sup | | | | | | | SS | | |
| | | | | npt functions—subject to certain | - | | | | | | | | |
| | | | | nd unrelated business taxable in | | | | r) from ! | ousines | ses | | | |
| | | acquired by t | he organization after June 3 | 0, 1975. See section 509(a)(2) | . (Comple | te Part III | .) | | | | | | |
| 10 | Ц | An organizati | on organized and operated | exclusively to test for public safe | ety. See s | section 5 | 09(a)(4). | | | | | | |
| 11 | Ш | An organizati | on organized and operated of | exclusively for the benefit of, to | perform th | ne function | ns of, or | to carry | out the | 3 | | | |
| | | purposes of | one or more publicly support | ted organizations described in s | ection 509 | (a)(1) or | section | 509(a)(2 | 2). See | section | | | |
| | | 509(a)(3). Ch | eck the box that describes t | the type of supporting organization | ion and co | mplete lir | nes 11e | through | 11h. | | | 100 | |
| | | a Type | I b Type II | c Type III-Function | ally integr | ated | d | Тур | e III-No | on-functi | onally inte | grated | |
| е | | By checking | his box, I certify that the org | ganization is not controlled direct | tly or indir | ectly by o | one or m | ore disc | qualified | person | S | | |
| | | other than for | undation managers and other | er than one or more publicly sup | ported or | ganization | ns descr | ibed in : | section | 509(a)(1 | 1) | | |
| | | or section 50 | 9(a)(2). | | | | | | | | | | |
| f | | If the organiz | ation received a written dete | ermination from the IRS that it is | a Type I, | Type II, o | or Type | III supp | orting | | | | |
| | | organization, | check this box | | | | | | | | | | |
| g | | Since August | 17, 2006, has the organizal | tion accepted any gift or contrib | ution from | any of th | ne | | | | | | |
| 9 | | following per | | , | | , | | | | | | | |
| | | | | ontrols, either alone or together | with nerso | ns descri | bed in (| ii) and | | | | Yes | No |
| | | | v, the governing body of the | | | | | | | | 11g | _ | 1 |
| | | | member of a person describ | | | | | | | | 119 | | _ |
| | | | | described in (i) or (ii) above? | | | | | | | 119 | | +- |
| | | | | | | | | | | | | JIII J | |
| n | | | following information about t | ine suddoned ordanization(s). | | | | | | | | -71 | |
| (I |) Nam | e of supported | (III) FIAT | | find to the | | hà ra | | | | | | |
| | oro | | (II) EIN | (III) Type of organization | | organization sted in your | | ou notify | | s the | (vii) Amou | nt of mor | etary |
| | org | anization | (II) EIN | | in col. (i) lis | organization sted in your document? | the organ col. (i) | ization in of your | organizati (1) organi | on in col. zed in the | (vii) Amou | | etary |
| | org | | (II) EIN | (III) Type of organization (described on lines 1–9 | in cal. (i) lis governing | sted in your document? | the organ col. (i) supp | ization in of your ort? | organizati (1) organi U. | on in col. zed in the S.? | (vii) Amou | nt of mor | etary |
| | org | | (II) EIN | (III) Type of organization (described on lines 1–9 above or IRC section | in col. (i) lis | sted in your | the organ col. (i) | ization in of your | organizati (1) organi | on in col. zed in the | (vii) Amou | nt of mor | etary |
| (A) | org | | (II) EIN | (III) Type of organization (described on lines 1–9 above or IRC section | in cal. (i) lis governing | sted in your document? | the organ col. (i) supp | ization in of your ort? | organizati (1) organi U. | on in col. zed in the S.? | (vii) Amou | nt of mor | etary |
| | org | | (II) EIN | (III) Type of organization (described on lines 1–9 above or IRC section | in cal. (i) lis governing | sted in your document? | the organ col. (i) supp | ization in of your ort? | organizati (1) organi U. | on in col. zed in the S.? | (vii) Amou | nt of mor | etary |
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| (B) | arg | | (II) EIN | (III) Type of organization (described on lines 1–9 above or IRC section | in cal. (i) lis governing | sted in your document? | the organ col. (i) supp | ization in of your ort? | organizati (1) organi U. | on in col. zed in the S.? | (vii) Amou | nt of mor | etary |
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| (B) (C) | arg | | (II) EIN | (III) Type of organization (described on lines 1–9 above or IRC section | in cal. (i) lis governing | sted in your document? | the organ col. (i) supp | ization in of your ort? | organizati (1) organi U. | on in col. zed in the S.? | (vii) Amou | nt of mor | etary |
| (B) (C) | arg | | (II) EIN | (III) Type of organization (described on lines 1–9 above or IRC section | in cal. (i) lis governing | sted in your document? | the organ col. (i) supp | ization in of your ort? | organizati (1) organi U. | on in col. zed in the S.? | (vii) Amou | nt of mor | etary |
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| | org | | (II) EIN | (III) Type of organization (described on lines 1–9 above or IRC section | in cal. (i) lis governing | sted in your document? | the organ col. (i) supp | ization in of your ort? | organizati (1) organi U. | on in col. zed in the S.? | (vii) Amou | nt of mor | etary |

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

Schedule A (Form 990 or 990-EZ) 2012

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.)

| 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2011 Schedule A, Part II, line 14 16 33 1/3% support test—2012. If the organization did not check the box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization • Carried Amount of the check and so the line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | Sec | tion A. Public Support | | | | | | |
|--|-------|--|-----------------------|-----------------------|------------------------|--------------------|------------|-----------|
| membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities turnished by a governmental until to the organization without change. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a system of the provision of total contributions by each person (other than a system of the provision of total contributions by each person (other than a system of the provision o | Calen | dar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| organization'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 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subteat line 5 from line 4. Soction B. Total Support Callender yare (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Callender yare (or fiscal year beginning in) ▶ 7 Amounts from line 4 8 Gross income from Interest, dividends, payments recoived on securities beam, sources, payments motived on securities beam, sources, payments and sources, payments are securities. 9 Net Income from urrelated business activities, whether or not the business is activities, whether or not the business is activities, whether or not the business is activities, whether or not business, and the securities of the securities | 1 | membership fees received. (Do not | | | | | | |
| furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a post of the portion of total contributions by each person (other than a purported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 8 Public support Subtect line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV) on the sale of capital assets (Explain in Part IV) on the sale of capital assets (Explain in Part IV) organization did not check the box on line 13, and line 14 is 33 1/3% support test—2012. (If the organization did not check the box on line 13, rents, rents, read, support percentage from 2011 Schedule A. Part II, line 14 17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, rend, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. Check this box and stop here. Explain in Part IV) how the organization meets the "facts-and-circumstances" test. Check this box and stop here. Explain in Part IV) how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10 10 My-facts-and-circumstances test—2011. If the organization did not check a box on line 13, rend, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10 10 My-facts-and-circumstances test—2011. If the organization did not check a box on line 13, rend, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization publicly supported organization publicly supported organ | 2 | organization's benefit and either paid | | | ü. | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. Section B. Total Support Callendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total grants from line 4. 8 prosents from line 4. 8 Gross income from interest, dividends, payments colived an income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (c) (c) (c) (c) (c) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | 3 | furnished by a governmental unit to the | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount, shown on line 11, column (f). 6 Public support. Subract line 5 from line 4. Section B. Total Support Callendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total fine fine fine fine fine fine fine fine | 4 | Total. Add lines 1 through 3 | | | | | | |
| Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities leans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 9 Yultic support percentage from 2011 Schedule A, Part II, line 14 16 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10%-fracts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "fac | 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 | | | | | | |
| Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties loans and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage from 2011 Schedule A, Part II, line 14 By 2015 Support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization By 31 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circums | 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 4 Public support percentage from 2011 Schedule A, Part II, line 14 5 Public support percentage from 2011 Schedule A, Part II, line 14 16 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization qualifies as a publicly supported organization check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support | Sec | | | | | | | |
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| | | supported organization | | | | | | ▶∐ |
| instructions | 18 | | | | | | | . \Box |
| | | instructions | | | | | | ▶⊔ |

Page 3

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

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

| Sec | tion A. Public Support | | | | | | |
|-------|--|-----------------------|---------------------|----------------------|------------------|-------------|-----------|
| | ndar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | 175,690 | 175,690 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | 175,690 | 175,690 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | 25:53 | | | 1544 | 175,690 |
| Sec | tion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | | | | | 175,690 | 175,690 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | 175,690 | 175,690 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop her | | | | | | ▶ X |
| Sec | ction C. Computation of Public St | | | | | | |
| 15 | Public support percentage for 2012 (line 8 | | | nn (fi) | | 15 | % |
| 16 | Public support percentage from 2011 Sche | | | | | | % |
| | ction D. Computation of Investme | | | | | | |
| 17 | Investment income percentage for 2012 (I | line 10c, column (f) | divided by line 13 | 3, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2011 | | | | | | % |
| 19a | | inization did not chi | eck the box on line | e 14, and line 15 is | more than 33 1/3 | %, and line | |
| | 17 is not more than 33 1/3%, check this be | | | | | | ▶ ⊔ |
| b | The state of the s | | | | | | . □ |
| | line 18 is not more than 33 1/3%, check th | | | | | | |
| 20 | Private foundation If the organization dis | a not check a box | on line 14, 198, 09 | IMO, CARCK THIS DO | and see instruc | IIUIIS | |

| Schedule A (Fo | om 990 or 990-EZ) | 2012 HAITI | EMPOWERMENT | MISSION | INC | 45-3782061 | Page 4 |
|----------------|---|--------------|---|----------------|--------------|---|--------|
| Part IV | Supplemental | Information. | Complete this part | to provide the | explanations | required by Part II, line 10; additional information. (See | |
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| IAITI HAITI EMPOWERME 5-3782061 YE: 12/31/2012 | ENT MISSION INC | Federal | Statements | 8/9/2013 | 9:35 AM |
|--|-----------------|------------|---------------------|--------------------|---------|
| | | Schedule A | Part III. Line 1(e) | | |
| | Description | n | | mount | |
| EDERATED CAMPAIGNS TOTAL | | | | 175,690 175,690 | |
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