# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A	For the	2014 calendar year, or tax year beginning April 1 , 2014, and end			, 20 15
В	Check if	applicable: C Name of organization Institute for Justice and Democracy in Haiti	-	Employe	r identification number
	Address	change Doing business as			03-541424
	Name ch	hange Number and street (or P.O. box if mail is not delivered to street address) Room/	suite	Telephon	e number
	Initial ref	turn 666 Dorchester Avenue			617-652-0876
	Final retu	m/terminated City or town, state or province, country, and ZIP or foreign postal code			
	Amende	od return Boston, MA 02127		Gross re	ceipts \$
	Applicat	tion pending F Name and address of principal officer: Brian Concannon, Jr.	H(a) Is this a gro	up return for s	ubordinates? Yes Vo
		666 Dorchester Avenue - Boston, MA 02127	H(b) Are all s	ubordinates	included? Yes No
_	Tax-eve	mpt status:			list. (see instructions)
1	Website		H(c) Group e	exemption	number >
K		organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	nation: 2004	M State	of legal domicile: FL
	art I	Summary	2001		
-	1	Briefly describe the organization's mission or most significant activities: To ex	ducate the Ame	rican put	olic about human rights
a	'	conditions in Haiti, providing accurate & reliable information to policymakers, journ			
Activities & Governance					a the deficial public, a
Ē		to help the Haitian people's struggle for democracy and justice by documenting hu Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	te not accate
Š	2				to fiet doocto.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
ون دن	4	Number of independent voting members of the governing body (Part VI, line 1)			8
ij	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	6
ě	6	Total number of volunteers (estimate if necessary)		6	45
Ž	7a	Total unrelated business revenue from Part VIII, column (C), line 12	$\cdot \ \cdot \ \cdot \ \cdot \ \cdot$	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Yes	ar	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1	730,310	1,658,483
	9	Program service revenue (Part VIII, line 2g)		0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	730,310	1,658,483
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		531,569	896,681
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
un.	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	712-47-47	267,025	307,545
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
ber	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		913,953	522,595
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1	712,574	1,731,675
	19	Revenue less expenses. Subtract line 18 from line 12		17,736	(73,192)
-	_	revenue iess expenses, educate into 10 nominto 12 1 1 1 1 1 1 1 1	Beginning of Cu		End of Year
ssets or	20	Total assets (Part X, line 16)		128,742	365,936
988	20			34,103	34,876
Ę.	21	Total liabilities (Part X, line 26)		94,639	331,060
-	THE OWNER OF THE OWNER,	Signature Block		34,033	551,000
	art II	alties of perjury, I declare that I have examined this return, including accompanying schedules and st	stampate, and to the	a hast of r	w knowledge and belief it is
tr	nder pen ue, corre	alties of perjury, I declare that I have examined this return, including accompanying schedules and so ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowle	edge.	ny knowledge and belief, it is
_	,	10000			
C:		Signature of officer	, Da	te.	
	gn	Busin Concannos Sr. Proside,	A		112/16
П	ere	13/101	7/	0.2	12/16
_		Type or print name and title	Date		PTIN
P	aid	Print/Type preparer's name Preparer's signature	Date	Check	if
	repar	er		self-em	pioyed
	se Or		Firm	's EIN ▶	
		Firm's address >	Pho	ne no.	
M	ay the l	RS discuss this return with the preparer shown above? (see instructions)			Yes No

Part	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:
•	To educate the American people about human rights conditions in Haiti by providing accurate & reliable information to policymakers,
	journalists, students, ligants, and the general public, and to help the Haitian people's struggle for democracy and justice by
	documenting human rights violations, pursing lawsuits and collaboration with grass root groups.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$73,656 including grants of \$) (Revenue \$)
	The Cholera Acountiability Project (CAP) works with victims of UN-created cholera epidemic and grassroots leaders to develop an
	advocacy platform to advance victim's' demands that the UN provide the comprehensive clean water and sanitation infrastructure
	necessary to control the epidemic. The advocacy platform is designed to empower the participants to develop a sustainable capacity to enforce their own human rights.
	Note: The Cholera Project also received \$ 348,362. a donation pro-bono services. The pro-bono amount included in Part IX 11b
	but excluded from this section in Part III 4a, per instructions.
4b	(Code:) (Expenses \$202,709 including grants of \$191,209 ) (Revenue \$)
	The Social Justice Lawyer Program mentors Haitian law graduates over the two hurdles to bar admission-completion of a thesis
	and an apprenticeship - while providing them and other lawyers with specialized training to become effective people's lawyers able
	to implement a victim-centered approach. Program participants spend roughly two years with IJDH's Haitian partner organization completing the two stages of the program. There is also component of the program that provides training to US law students.
	competing the two stages of the program. There is also component of the program that provides training to 05 law students.
4c	(Code:) (Expenses \$319,791 including grants of \$400,000) (Revenue \$)
	The Civic Engagement Project mobilizes rural Haitians from remote communities in Central Haiti to learn how their government
	should function and to plan and implement actions to demand enforcement of their rights.
4d	,
4e	(Expenses \$ 519,950 including grants of \$ 194,290 ) (Revenue \$ )  Total program service expenses ▶ 1,116,106
70	Total program service expenses ► 1,116,106

Part	V Checklist of Required Schedules			
	In the expeniencian described in section $EO1(a)(2)$ or $AO(A7(a)(1))$ (ather then a private foundation)? If "Vec."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>√</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	<b>√</b>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i>	9		<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	complete Schedule D, Part VI	11a	✓	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		1
	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? <i>If "Yes," complete Schedule D, Part IX </i>	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	<b>√</b>	<b>✓</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a b		14a		✓
J	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV </i>	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		,
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	18		1
20 a		19 20a		<b>√</b>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<b>√</b>

Part	V Checklist of Required Schedules (continued)			
			Yes	No
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		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>▼</b>
25a	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		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>√</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
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? <i>If "Yes," complete Schedule R,</i>			
	Part VI	37		<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>✓</b>	

	00 (2014)			Page
Part	· · · · · · · · · · · · · · · · · · ·			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. L No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   -0-		163	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
<b>2</b> a	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		1
h		4a		v
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 Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		✓
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
_	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

Section 501(c)(29) qualified nonprofit health insurance issuers.

Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans . . . . . . . . .

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13

13a

14a

14b

13b

13c

Part VI

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response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in 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 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ✓ 8b ✓ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . . 10a 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official . . . . . . 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 FL, MA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ✓ Another's website ✓ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial 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: ▶ Valerie Dionne-Lanier, IJDH Operations Manager, 617-652-0876

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

orm 990 (2014)	Page <b>7</b>
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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

Check this box if neither the organization	nor any relate	d org	aniz	atic	n c	ompe	ensa	ated any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both or/trus	n an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Brian Concannon, Jr. Esg.,				- 0						
President and Executive Director	65	✓		✓	✓	✓		90,346.00	0	10,000.00
(2) Laura Flynn										
Vice-President	1	✓		✓					0	0
(3) Ira J. Kurzban, Esq.,										
Secratary	1	<b>√</b>		✓					0	0
(4) Rob Broggi		,		,						
Treasurer	1	✓		✓					0	0
(5) Paul Farmer, M.D. PhD.		1							0	0
(6) Judy Solange Prosper		1							0	0
(7) Bryan Stevenson, Esq.		1							0	0
(8) Irwin Stotzky, Esq.		1							0	0
(9) Navjeet Bal, Esq.		1							0	0
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees	-		lighe	st C	ompensated E	mployees (	continue	d)		
	<b>(A)</b> Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	n an	(D)  Reportable compensation	(E) Reportab	on from amount of			
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatic (W-2/1099-N		composition from compos	tner ensatio m the nizatior related ization	1
(15)														
(16)														
(17)														
(18)														
(25)														
1b c d	Sub-total							<b>&gt; &gt; &gt;</b>	90,346					0,000
2	Total number of individuals (including bu reportable compensation from the organ	t not limited					above	e) w	· · · · · · · · · · · · · · · · · · ·	ore than \$1	00,000 o	f		
3	Did the organization list any <b>former</b> of	fficer, direc						-	-	-			Yes	No
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the organization and related organizations	e sum of re	portal	ole (	con	nper	nsatio	n a		ensation fr	om the	3		<b>✓</b>
5	individual									.    .   . zation or inc .    .   .		5		√ √
Section	on B. Independent Contractors											<u> </u>		<b>V</b>
1	Complete this table for your five highest compensation from the organization. Repyear.													ах
	(A) Name and business add	dress							<b>(B)</b> Description of s	ervices	Co	(C) ompens	ation	
	Tabel numbers (1) by the state of the	/						<u></u>	1' 1 ' '					
2	Total number of independent contractor received more than \$100,000 of compen							) th	iose iisted abo	ove) wno				

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Total revenue. See instructions.

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a re	sponse or note to				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a	ı				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	)				
ts, (	С	Fundraising events 10					
뺼	d	Related organizations 10					
Sim	e	Government grants (contributions)	!				
er ic	f	All other contributions, gifts, grants, and similar amounts not included above	4 (50 400				
불불	_	Noncash contributions included in lines 1a-1f: \$	1,000,100				
and a	g h	<b>Total.</b> Add lines 1a–1f		1,658,483			
	- "	Total: //dd iii/c5 Td TT	Business Code	1,030,463			
len.	2a						
Program Service Revenue	b						
je	С						
Ser	d						
аш	е						
go	f	All other program service revenue.					
₫	g	<b>Total.</b> Add lines 2a–2f				I	
	3	Investment income (including divi and other similar amounts)					
	4	Income from investment of tax-exempt					
	5	Royalties	·				
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	•				
Other Revenue	8a	Gross income from fundraising events (not including \$					
eve		of contributions reported on line 1c).					
F		See Part IV, line 18	a				
the	b	Less: direct expenses					
0		Net income or (loss) from fundraising					
		Gross income from gaming activities.					
		See Part IV, line 19	a				
		Less: direct expenses					
		Net income or (loss) from gaming ac					
	10a	Gross sales of inventory, less					
		returns and allowances					
		Less: cost of goods sold					
	С	Net income or (loss) from sales of in  Miscellaneous Revenue	Business Code				
	11a	-					
	b						
	C						
	d	All other revenue					
		Total Add lines 11a-11d					

1,658,483

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

Secuo	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respons	·		<u> </u>	
	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
8b, 9b	o, and 10b of Part VIII.	rotal expenses	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 individuals. See Part IV, lines 15 and 16	896,681	896,681		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	90,346	67,760	4,517	18,069
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	174,863	35,000	114,863	25,000
9	Other employee benefits	18,561	7,192	8,355	3,014
10	Payroll taxes	23,775	9,212	10,702	3,861
11	Fees for services (non-employees):				
a	Management	14,713	7,356		7,357
b	Legal	408,429	408,429	7500	
c d	Accounting	7,500		7500	
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	28,818	7,419	11,157	10,234
14	Information technology	20/010	.,	,	.0/20
15	Royalties				
16	Occupancy	17,250	5,750	5,750	5,750
17	Travel	25,886	24,523	397	966
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21 22	Payments to affiliates				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Fundraising Software and Data Base	8,591			8,591
b	Merchant Fees on Credit Cards	2,048			2,048
С	Fund Raising Events	4,420			4,420
d					
е	All other expenses Other expenses	9,802		8,018	1,784
25	Total functional expenses. Add lines 1 through 24e	1,726,675	1,464,322	171,259	91,094
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	Part X		🗆
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	40,940	1	172,433
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	86,100	4	190,499
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	1,097	5	2,339
ıts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	605	15	665
	16	Total assets. Add lines 1 through 15 (must equal line 34)	128,742	_	365,936
	17	Accounts payable and accrued expenses	23,994		11,639
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
jak		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	10,109	25	22 227
	26	Total liabilities. Add lines 17 through 25	34,103		23,237 34,876
_	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		20	34,070
es		complete lines 27 through 29, and lines 33 and 34.	u 		
ıı	27	Unrestricted net assets	26,764	27	9,896
ale	28	Temporarily restricted net assets	67,875		321,164
d B	29	Permanently restricted net assets	07,073	29	321,104
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
F		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Sel	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
let	33	Total net assets or fund balances	94,639	33	331,060
_	34	Total liabilities and net assets/fund balances	128,742		365,936

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,65	8,483
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,73	31,675
3	Revenue less expenses. Subtract line 2 from line 1	3		(7	3,192)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		Ç	94,639
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		30	9,613
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		33	31,060
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	iain ii	n		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		. 2a	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp			ľ	
	reviewed on a 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	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a	a		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t		
	of the audit, review, or compilation of its financial statements and selection of an independent accour	tant?	2c		✓
	If the organization changed either its oversight process or selection process during the tax year, exp	olain ir	n 📉		
	Schedule O.				
3a	, 5	orth ir	n		
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		е		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		
			For	m <b>990</b>	(2014)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

ation or a section

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

	te for Justice and Democracy in Ha						41424
Part							ons.
1 2 3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
5							
	<ul> <li>A federal, state, or local gover</li> <li>An organization that normally described in section 170(b)(1)</li> </ul>	receives a subs	tantial part of its sup				n the general public
8	A community trust described	in <b>section 170(b</b> )	)(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exception	ns, and (2) no more ess section 511 ta	e than 331/3% of its
10	An organization organized and	d operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).	
11	<ul> <li>An organization organized and one or more publicly supported the box in lines 11a through 11</li> </ul>	d organizations d	lescribed in section 5	<b>09(a)(1)</b> o	r <b>section</b>	509(a)(2). See sect	ion 509(a)(3). Check
а	☐ <b>Type I</b> . A supporting organization(sorganization. <b>You must con</b>	s) the power to re	egularly appoint or ele				
b	☐ <b>Type II</b> . A supporting organic control or management of the organization(s). <b>You must c</b>	ne supporting org	ganization vested in th				
С	☐ Type III functionally integration its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integring requirement (see instruction	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	• , ,
е	Check this box if the organize functionally integrated, or Ty						II, Type III
f	Enter the number of supported						
g	Provide the following information					T	T
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

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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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 666,367 767,773 753,550 911,126 1,185,279 4,284,113 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 4 1,185,279 767,773 911,126 666,367 753,550 4,284,113 The portion of total contributions by 5 each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 2,854,842 **Public support.** Subtract line 5 from line 4. 1,429,271 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 . . . . . . 66,367 767,773 753,550 911,126 1,185279 4,284,113 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . Net income from unrelated business 9 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 VI.) . . . . . . . 2,400 1,200 0 3,600 **Total support.** Add lines 7 through 10 11 4,287,713 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) . . . . . <u>33.3</u>6 **%** 14 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ✓ 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. 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 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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

(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.)

	if the organization fails to qualify	under the te	sts listed belo	ow, piease co	mpiete Part	II.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6	. ,	,	. ,	,	. ,	
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 VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	<b>First five years.</b> If the Form 990 is for the organization, check this box and <b>stop he</b>	J	•			ear as a sectio	` , ` ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8		-	3, column (f))		15	%
16	Public support percentage from 2013 Sch				<u> </u>	16	%
Secti	on D. Computation of Investment In-	come Perce					
17	Investment income percentage for 2014 (			-		17	%
18	Investment income percentage from 2013						%
19a	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support tests—2014.</b> If the organ 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	331/3% support tests-2013. If the organiz		_	-		-	_
	line 18 is not more than 331/3%, check this l	_	<del>-</del>	-			_
20	Private foundation. If the organization di	d not check a	box on line 14	. 19a. or 19b. o	check this box	and see instru	ctions ▶ □

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Jecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.			
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
С	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described	0		
b	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	9a		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI.</b>	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	134		
	determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	 s):
а	☐ The organization satisfied the Activities Test. Complete <b>line 2</b> below.			•
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that those activities constituted substantially all of its activities.			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III supporti	ng organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		,	Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	<b>Total annual distributions.</b> Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive			
	(provide details in <b>Part VI</b> ). See instructions.					
9	Distributable amount for 2014 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2014:					
а						
b						
С						
d						
е	From 2013					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2014 distributable amount					
i	Carryover from 2009 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2014 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2014 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).					
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).					
7	<b>Excess distributions carryover to 2015</b> . Add lines 3j and 4c.					
8	Breakdown of line 7:					
а						
b						
С						
d	Excess from 2013					
е	Excess from 2014					

#### Schedule B

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

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Institute for Justice and Democracy in Haiti

03-0541424

**Schedule of Contributors** 

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Organization type (check one):						
Filers o	f:	Section:				
Form 99	0 or 990-EZ	✓ 501(c)( ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		☐ 527 political organization				
Form 99	0-PF	☐ 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3) taxable private foundation					
	nly a section 501(c)(7) ons.	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  9, (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
<b>V</b>	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$ 100,000.00 	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$\$59,500.00	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$\$ \$25,000.00	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$ 10,000.00	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$ 15,000.00	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$ 10,000.00	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$ 25,000.00	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$ 15,000.00	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$ 75,000.00	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$\$,000.00	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$ 50,000.00	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14		\$	Person Payroll Noncash (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.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16		\$	Person Payroll Noncash  (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.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18		\$ 30,000.00	Person Payroll Noncash (Complete Part II for noncash contributions.)		

23

(a)

No.

24

(b)

Name, address, and ZIP + 4

Name of organization **Employer identification number** Institute for Justice and Democracy in Haiti 03-0541424 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 Person ✓ **Payroll** 5,000.00 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 20 Person ✓ **Payroll** 25,000.00 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 21 Person ✓ **Payroll** 15,000.00 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 22 Person ✓ **Payroll** 25,000.00 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

(c) Total contributions	(d) Type of contribution
35,000.00	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
Schedule B (F	orm 990, 990-EZ, or 990-PF) (2014

5,000.00

Person

**Payroll** 

Noncash
(Complete Part II for noncash contributions.)

✓

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_25		\$\$	Person Payroll Noncash  (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.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$\$ \$	Person Payroll Noncash  (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.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$\$ 	Person Payroll Noncash  (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.)			

Part II	Noncash Property (see instructions). Use duplicate co	ppies of Part II if additional space	ce is needed.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Legal Services provided		
		\$\$348,362	04-01-14-03-31-15
(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
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Se	ection 501(c)(4), (5), or (6) orga	ınizations: Complete Part III.			
	of organization			Employer ider	ntification number
Institut	te for Justice and Democrac				03-0541424
Part	-	e organization is exempt und	<u> </u>	<u>-</u>	organization.
1 2 3	Political expenditures .	the organization's direct and indire	·	<b>▶</b> \$	0 C
Part	•	e organization is exempt und			
1		excise tax incurred by the organiza			· ) 
2		excise tax incurred by organization	•		; <del></del>
3 4a	_	ed a section 4955 tax, did it file For	=		
b Part		e organization is exempt und	er section 501/	a) except section 501	(c)(3)
1 2 3 4 5	Enter the amount directivativities	ly expended by the filing organization organ	ation for section uted to other org Enter here and ? mber (EIN) of all seenter the amount	527 exempt function	Yes No vations to which the filing tation's funds. Also enterpolitical organization, such ide information in Part IV.
				filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Pa	an	2
га	ye	_

f Grassroots lobbying expenditures

Pá	art II-A Complete if the organiza section 501(h)).	tion is exempt u	nder section 50	1(c)(3) and filed	d Form 5768 (ele	ction under				
A	Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).									
В										
	Limits on Lo	(a) Filing	(b) Affiliated							
	(The term "expenditures" means amounts paid or incurred.)  organization's totals group total									
•	1a Total lobbying expenditures to influer	nce public opinion (	grass roots lobby	ing)	0					
	<b>b</b> Total lobbying expenditures to influer	nce a legislative boo	dy (direct lobbying	1)	12,624					
	c Total lobbying expenditures (add line	s 1a and 1b)			12,624					
	d Other exempt purpose expenditures				0					
	e Total exempt purpose expenditures (	add lines 1c and 1c	d)		12,624					
	f Lobbying nontaxable amount. Enter columns.	er the amount fro	om the following	table in both	2,525					
	If the amount on line 1e, column (a) or (b	) is: The lobbying r	nontaxable amount	is:						
	Not over \$500,000	, , , , ,	ount on line 1e.							
	Over \$500,000 but not over \$1,000,000		15% of the excess of	over \$500,000.						
	Over \$1,000,000 but not over \$1,500,000									
	Over \$1,500,000 but not over \$17,000,000									
	Over \$17,000,000	·								
	g Grassroots nontaxable amount (enter	631								
	h Subtract line 1g from line 1a. If zero of									
	i Subtract line 1f from line 1c. If zero o									
	j If there is an amount other than ze reporting section 4911 tax for this ye	•		•		Yes No				
	4-Year Averaging Period Under section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  See the separate instructions for lines 2a through 2f.)									
	Lobby	ing Expenditures	During 4-Year Av	eraging Period						
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	(e) Total				
:	2a Lobbying nontaxable amount	0.00	1,400.00	8,200.00	9,600.00	12,624				
	<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))									
	c Total lobbying expenditures									
	d Grassroots nontaxable amount									
	e Grassroots ceiling amount (150% of line 2d, column (e))									
		1			ı					

Schedule C (Form 990 or 990-EZ) 2014

Part	Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).							
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)			
	ription of the lobbying activity.	Yes	No	Aı	mount	t		
1	During the year, did the filing organization attempt to influence foreign, national, state or local							
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:							
а	Volunteers?		✓					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓						
C	Media advertisements?		<b>√</b>					
d	Mailings to members, legislators, or the public?	<b>√</b>	✓					
e f	Grants to other organizations for lobbying purposes?	· ·	1					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		<b>√</b>					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓					
i	Other activities?		✓					
j	Total. Add lines 1c through 1i							
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓					
b	If "Yes," enter the amount of any tax incurred under section 4912							
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?							
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	)(5). c	or se	ction				
	501(c)(6).	χ-,,						
					Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>			
3 Post	Did the organization agree to carry over lobbying and political expenditures from the prior year? .  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3				
rait	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line :	3, is		
1	Dues, assessments and similar amounts from members		1					
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of						
а	Current year		2a					
b	Carryover from last year		2b					
C	Total		2c					
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		3					
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb							
	and political expenditure next year?		4					
5	Taxable amount of lobbying and political expenditures (see instructions)		5					
Par	• • •							
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Par	t II-A, I	nes 1	and		
The or	ganization has had a 501 (h) election since 2008. Activities include contacting legislators regarding Haiti	humar	n right	s issue	<u>S.</u>			
Total e	exempt purpose expenditure here does not include \$348,362 of pro-bono legal services donated to our ch	olera a	accou	ntability	⁄ proj∈	ect		
as tha	t amount was not "paid or incurred". It is included in other revenue and expense sections of this return e	xcept	where	the ins	turcti	ons		
specif	y donated services should be excluded.							

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

	e for Justice and Democracy in Haiti			03-0541424
Par			ds or A	ccounts.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.  (a) Donor advised funds	1	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised lunds		(b) Funds and other accounts
1 2	Total number at end of year			
3	Aggregate value of grants from (during year)  Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dono	or advisors in writing that the assets h	eld in do	onor advised
	funds are the organization's property, subject to t	<u> </u>		
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grain	nt funds	can be used
	only for charitable purposes and not for the bene			
	conferring impermissible private benefit?			· · · · 🗌 Yes 🗌 No
Par				
	Complete if the organization answered			
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recreation)			
	Protection of natural habitat	☐ Preservation of	t a certifi	ed historic structure
2	☐ Preservation of open space Complete lines 2a through 2d if the organization h	and a qualified conservation contribution	on in the	form of a conservation
2	easement on the last day of the tax year.	ield a quaimed conservation contribution		Held at the End of the Tax Year
а			-	2a
b	Total acreage restricted by conservation easemer		_	2b
c	Number of conservation easements on a certified			2c
d	Number of conservation easements included in	. ,		
				2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terr	minated b	by the organization during the
	tax year ►			
4	Number of states where property subject to conse			_
5	Does the organization have a written policy re			=
_	violations, and enforcement of the conservation e			
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation	easeme	nts during the year
7	Amount of avanage included in monitoring incre	acting and enforcing concernation con-	manta d	luving the year
7	Amount of expenses incurred in monitoring, insper  ▶ \$	ecting, and enforcing conservation ease	ements a	luring the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	section	170(h)(4)(R)(i)
Ū	and section 170(h)(4)(B)(ii)?			· · · · · · · Yes · No
9	In Part XIII, describe how the organization reports		and exr	
•	balance sheet, and include, if applicable, the text			
	organization's accounting for conservation easem	nents.		
Part	III Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other :	Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SI			
	works of art, historical treasures, or other similar			
_	public service, provide, in Part XIII, the text of the			
b	If the organization elected, as permitted under supplying of art, historical transpures, or other similar			
	works of art, historical treasures, or other similar public service, provide the following amounts rela	•	aucation,	or research in furtherance of
				<b>L</b> ¢
	<ul><li>(i) Revenue included in Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>			. <b>ν</b>
2	If the organization received or held works of ar	t. historical treasures, or other similar	assets	for financial gain, provide the
_	following amounts required to be reported under			gain, provide the
а		-		. ▶ \$
b	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X			. ▶ \$

Schedu	le D (Form 990) 2014									Page 2
Part										
3	Using the organization's acquisition, a collection items (check all that apply):		ther reco	ds, chec	k any of th	e follo	wing that are a	signific	ant use	e of its
а	☐ Public exhibition		d	Loan	or exchang	ge prog	rams			
b	Scholarly research		е		-					
С	☐ Preservation for future generations	3								
4	Provide a description of the organizat XIII.		and expla	ain how th	ney further	the or	ganization's exe	empt pu	rpose	in Par
5	During the year, did the organization assets to be sold to raise funds rather								Yes	□No
Part	IV Escrow and Custodial Arra	ngements.								
	Complete if the organization 990, Part X, line 21.	answered "Yes					•		on For	m
1a	Is the organization an agent, trustee, included on Form 990, Part X?							not . 🔲	Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comp	lete the fo	llowing ta	able:					
								Amount		
С	Beginning balance					10	;			
d	Additions during the year					10	i			
е	Distributions during the year					16				
f	Ending balance					11	f			
2a	Did the organization include an amour	nt on Form 990, F	art X, line	21, for e	scrow or c	ustodia	l account liabili	ty? 🗌	Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check he	re if the ex	kplanation	n has been	provid	ed in Part XIII		.	
Par	t V Endowment Funds.					-				
	Complete if the organization	answered "Yes	s" to Forr	n 990, P	art IV, line	10.				
	·	(a) Current year		or year	(c) Two yea		(d) Three years ba	ck <b>(e)</b> F	our year	s back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
е	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t			e (line 1g	, column (a	a)) held	as:			
а	Board designated or quasi-endowmer	nt ▶	%							
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	e possession of t	he organi	zation tha	at are held	and ac	Iministered for t	the		
	organization by:								Yes	No
	(i) unrelated organizations							. За	(i)	
	(ii) related organizations							. За	(ii)	
b	If "Yes" to 3a(ii), are the related organi							. 3		
4	Describe in Part XIII the intended uses								- 1	
Part		•								
	Complete if the organization		s" to Forr	n 990. P	art IV. line	11a. S	See Form 990	, Part >	(, line	10.
	Description of property	(a) Cost or o			r other basis		Accumulated		Book val	
	_ 5551,p1151. 5. proporty	(investr		· ,	ther)		epreciation	(4)	- 51. VUII	-
1a	Land									
_		•								
b	Buildings	•								
C C	Leasehold improvements		0.015				2.22			
d	Equipment		3,869				2,824			

3,869 4,439

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

3,145

. ▶

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" to	Form 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation: -of-year market value
(1) Financial	derivatives			
	neld equity interests			
(3) Other	· · ·			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.	F 000 D+ IV II	- 11- O F	000 D-+V II 10
	Complete if the organization answered "Yes" to			
	(a) Description of investment	(b) Book value		thod of valuation: -of-year market value
(1)				_
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets.	<u>'</u>		
	Complete if the organization answered "Yes" to	Form 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(3)				
(4)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)	uran (h) musak anund Faura 000. Park V. ani (D) lina 45			
(4) (5) (6) (7) (8) (9) <b>Total.</b> (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		•	
(4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" to			Form 990, Part X,
(4) (5) (6) (7) (8) (9) <b>Total.</b> (Colu	Other Liabilities.			Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book v	Form 990, Part IV, lin		Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Columnature) Part X  1. (1) Federal in	Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book v	Form 990, Part IV, lin		Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in (2) Fiscal s	Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book v	Form 990, Part IV, lin		Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Colu Part X  1. (1) Federal ir (2) Fiscal s (3)	Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book vincome taxes	Form 990, Part IV, lin		Form 990, Part X,
(4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation of the	Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book vincome taxes	Form 990, Part IV, lin		Form 990, Part X,
(4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation of the	Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book vincome taxes	Form 990, Part IV, lin		Form 990, Part X,
(4) (5) (6) (7) (8) (9)  Total. (Colu  Part X  1. (1) Federal ir (2) Fiscal s (3) (4)	Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book vincome taxes	Form 990, Part IV, lin		Form 990, Part X,
(4) (5) (6) (7) (8) (9)  Total. (Colu  Part X  1. (1) Federal ir (2) Fiscal s (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book vincome taxes	Form 990, Part IV, lin		Form 990, Part X,
(4) (5) (6) (7) (8) (9)  Total. (Colu  Part X  1. (1) Federal ir (2) Fiscal s (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book vincome taxes	Form 990, Part IV, lin		Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Columbia Part X 1. (1) Federal in (2) Fiscal s (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book vincome taxes	Form 990, Part IV, lin		Form 990, Part X,

Schedule D (Form 990) 2014 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . 1,597,179 Amounts included on line 1 but not on Form 990. Part VIII. line 12: 2 0 Donated services and use of facilities 0 h Recoveries of prior year grants . . . . 0 0 2e 0 3 Subtract line **2e** from line **1** . . . . . . . . . . 3 1,597,179 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0 4b 61,304 Add lines 4a and 4b . . . 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1,658,483 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1,683,498 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 0 Prior year adjustments 2b 0 Other losses . . . . . . . . . 2c 0 Other (Describe in Part XIII.) . . . . . 0 Add lines 2a through 2d . . . . . . 2e 0 3 Subtract line **2e** from line **1** . . . . . . . . 3 1,683,498 Amounts included on Form 990. Part IX. line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Add lines **4a** and **4b** . . . . . . . . . . . . 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5 1,731,675 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. JJDH is the fiscal sponsor for The Patricia Fleming Fund (PFF), which serves Haitian women victims of rape and their children, providing safe-houses and covering rape-related medical costs. At the start of IJDH's fiscal year on 4/01/14 IJDH held \$10,109 on behalf of PFF. From 4/1/14 to 3/31/15, UDH received \$61,304 in donations for PFF and based on presentation to UDH of project expenses by Funds leader, disbursed \$48,177 on behalf of the fund. On 3/31/15 IJDH held \$23,237 of funds designated for PFF on Other Liabilities In IJDH's audited financials, these funds all feed into and come out of the designated Other Liability account and do not appear as revenue and expenses. In the return, these funds are shown as revenue and expenses instead of being segregated in a separate liability account, in order to be fully transparent.

#### **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

	te for Justice and Democracy ir	n Haiti_				03	-0541424			
Par		n on Activiti	es Outside	the United States. Comp	olete if the organi	zation ansv	wered "Yes	s" on		
1	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the									
	grants or assistance?						✓ Yes	□No		
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	coring the use o	f its grant	s and oth	er		
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is need	ed.)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed a program set describe specific service(s) in re	rvice, type of	(f) Tota expenditur and investi in regio	es for ments		
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
3a	Sub-total									
b	Total from continuation sheets to Part I									
С	Totals (add lines 3a and 3b)									

Par	Part II 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			C.M. Caribbean	legal services	848,504	Monthly budget amt	n/a	n/a	n/a
(2)			C.M. Caribbean	Working with women	48,177	Wire upon request	n/a	n/a	n/a
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2	by the IRS, or	for which the o		ted above that are reco					0

Schedule F (Form 990) 2014 Page 4

#### Part IV **Foreign Forms** 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 √ No Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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; do not file with Form 990) . . . . . . . ☐ Yes ✓ No 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 ✓ No Yes 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 Yes ✓ No Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes ✓ No 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 file Form 5713, International Boycott Report (see Instructions Yes ✓ No

Schedule F (Form 990) 2014 Page **5** 

## 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).

The Institute for Justice and Democracy in Haiti (IJDH) only makes grants to one organization - a close partner organization with which IJDH
jointly plans and implements its human rights work. The grantee, based in Haiti, is named the Bureau des Avocats Internationaux (BAI).
BAI is an indepedant Haitian public interest law firm. IJDH sends a budgeted amount each month to BAI, in advance when possible.
BAI sends reports of previous month expenses to IJDH each month. The expense reports are review by IJDH Executive Director
and any significant variances from budget are discussed with the Board of Directors and adjusted accordingly in subsequent disbursements.
BAI sends copies of the monthly receipts supporting the expense reports to IJDH

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Institute for Justice and Democracy in Haiti	03-0541424
Part III Line 4d. Other Drearence conducted by UDU include. Date Accountability and December	
Part III, Line 4d - Other Programs conducted by IJDH include: Rape Accountability and Prevention,	
Jean Claude Duvalier Prosecution, Immigration Advocacy and Defending Human Rights Defenders, No.	te that the \$848,504 grant to IJDH's
Haitian partner is epont on these come programs	
Haitian partner is spent on these same programs.	
The \$61,304 received by IJDH fiscal sponsoree Patricia Fleming Fund for services for Haitian women r	ane victims is also
included in "other".	
As noted in Part III, 4a, the \$348,362 of pro-bono legal services on the cholera case are excluded from	Part III, per instructions, but included
in other sections of the form 990.	
Part VI, Line 11b - The organization emails its federal 990 tax return and applicable schedules to the Bo	pard of Directors for review
and feedback before finalizing the form for submission.	
Part VI Line 19 - The organization's governing documents, policies and financial statements were avail	able upon reguest to the public.
Financial information is also available through nonprofit web sites like Guidestar.com, as well as on the	e IJDH website.
Part XI Other changes in net assets include \$322,740 in temporarily restricted net assets and a \$13,127	increase in liability for funds held
for the Patricia Fleming Fund.	