

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

OMB No. 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Colorado Haiti Project, Inc.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) **908 Main Street, Suite 245** Room/suite _____
 City or town, state or province, country, and ZIP or foreign postal code
Louisville CO 80027

D Employer identification number
84-1330243

E Telephone number
303-938-5021

F Name and address of principal officer:
Sharon Caulfield
Same as C. above.

G Gross receipts\$ **545,944**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **Coloradahaitiproject.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1988** **M State of legal domicile:** **CO**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Colorado Haiti Project works in partnership with rural Haitian communities to support their rise out of extreme poverty.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	462,993	398,678
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,264	119,369
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	566,257	518,047
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	306,589	243,552
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 50,087		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	214,639	258,469
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	521,228	502,021	
19 Revenue less expenses. Subtract line 18 from line 12	45,029	16,026	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	380,177	403,414
	22 Net assets or fund balances. Subtract line 21 from line 20	4,316	11,527
		375,861	391,887

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *Jana Schleusner*
 Date: **9/29/16**
Jana Schleusner Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **John Cutler** Preparer's signature: *John L. Cutler* Date: **09/29/16** Check if self-employed PTIN: **P00879543**
 Firm's name: **John L Cutler & Associates** Firm's EIN: **20-2011689**
 Firm's address: **600 17th St S Ste 2800 Denver, CO 80202-5428** Phone no.: **303-634-2259**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No