

Return of Organization Exempt From Income Tax

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2014 calendar year, or tax year beginning, 2014, and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Colorado Haiti Project, Inc. 908 Main Street, Suite 245, Louisville, CO 80027. D Employer identification number 84-1330243. E Telephone number 303-938-5021. G Gross receipts \$ 594,903.

F Name and address of principal officer: Same As C Above. H(a) Is this a group return for subordinates? Yes No (checked). H(b) Are all subordinates included? Yes No.

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527. J Website: Coloradohaitiproject.org. H(c) Group exemption number.

K Form of organization: Corporation (checked), Trust, Association, Other. L Year of formation: 1988. M State of legal domicile: CO

Part I Summary

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 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7a Summary statistics table.

Table with 3 columns: Revenue, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Table with 3 columns: Expenses, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid, Salaries, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Table with 3 columns: Net Assets or Fund Balances, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

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, Date, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name John Cutler, Preparer's signature, Date 8/14/15, Check self-employed, Firm's name JOHN CUTLER & ASSOCIATES, LLC, Firm's address 600 17TH ST, SUITE 2800S DENVER, CO 80202-5402, Firm's EIN, Phone no. (303) 634-2259.

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