			** PUBLIC DISCLOSURE COPY **						
	0	90	Return of Organization Exempt From I		OMB No. 1545-0047				
For	m 🕽	J U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex						
Depa	Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Do not enter social security numbers on this form as it may be made public. Do not enter social security numbers on this form as it may be made public.								
			ar year, or tax year beginning JUL 1, 2021 and ending 3		Inspection				
_	Check if		f organization	D Employer identifica	ation number				
	pplicab	le:							
	Addre	ge HALT	I PARTNERS, INC.						
	Name chang Initial	ge Doing bi	usiness as	26-376828	9				
Ļ	returr]Final	n Number	and street (or P.O. box if mail is not delivered to street address) Room/suite		E 0 1				
	lreturr termi	n	BOX 2865	772-539-8	792,543.				
	ated Amer		own, state or province, country, and ZIP or foreign postal code BEACH, FL 32961	G Gross receipts \$ H(a) Is this a group retu					
	_returr _Appli _tion		nd address of principal officer: CHRISTINA BRELSFORD	for subordinates?					
	pend		AS C ABOVE	H(b) Are all subordinates inclu					
		empt status:			st. See instructions				
			HAITIPARTNERS.ORG	H(c) Group exemption					
		-	X Corporation Trust Association Other ► L Year	r of formation: 2008 M	State of legal domicile: FL				
Pa	art I								
é	1		e the organization's mission or most significant activities: <u>HELPING HA</u> EDUCATION.	AITIANS CHANG	E HAITI				
Governance			x Figure 1 if the organization discontinued its operations or disposed of more	a than QEO/ of its not asso					
/ern	2				14 IS.				
ģ	4		ting members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b)		14				
	5		4						
ities	6		of individuals employed in calendar year 2021 (Part V, line 2a)		14				
Activities &			d business revenue from Part VIII, column (C), line 12		0.				
4			business taxable income from Form 990-T, Part I, line 11		0.				
				Prior Year	Current Year				
e	8	Contributions	and grants (Part VIII, line 1h)	702,284.	683,859.				
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	0.	0.				
sev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	7.	37.				
ш	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113,513.	108,647.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	815,804.	792,543.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	67,257.	126,229.				
	14		to or for members (Part IX, column (A), line 4)	0.	0.				
ses	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ▶ <u>46,626.</u>	348,210.	341,322.				
ens	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	0.	0.				
Expenses		l otal fundraisi		403,557.	362,293.				
-			es (Part IX, column (A), lines 11a-11d, 11f-24e)	819,024.	829,844.				
	18 19		expenses. Subtract line 18 from line 12	-3,220.	-37,301.				
78		Revenue less		eginning of Current Year	End of Year				
Net Assets or and Balances	20	Total assets (F		1,549,063.	1,508,882.				
Ass	21		(Part X, line 26)	15,784.	17,149.				
-Ind	22		fund balances. Subtract line 21 from line 20	1,533,279.	1,491,733.				
Pa	art II			· · ·	· · · · · ·				
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and statem	nents, and to the best of my k	nowledge and belief, it is				
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowledge.					

Sign	Signature of officer	Dat	te								
Here	CHRISTINA BRELSFORD, TREASURER										
	Type or print name and title										
	Print/Type preparer's name Preparer's signat	ure Date	Check PTIN								
Paid	RICHARD P. MISHOCK RICHARD										
Preparer	Firm's name 🕨 HILL, BARTH & KING LLC		m's EIN ▶ 34-1897225								
Use Only	Firm's address 1000 SE MONTEREY COMM BL	7D STE 101									
	STUART, FL 34996	Phi	one no. (772) 287-4480								
May the IF	RS discuss this return with the preparer shown above? See instruct	ons	X Yes No								
			000								

LHA For Paperwork Reduction Act Notice, see the separate instructions. 132001 12-09-21

Form **990** (2021)

Form	1990 (2021) HAITI PARTNERS, INC.	26-3768289 Pa	age 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	MISSION: HELPING HAITIANS CHANGE HAITI THROUGH EDUCA		
	VISION: HAITI BECOMES A STORY OF TRANSFORMATION. HAI		
	THE CHILDREN'S ACADEMY AND LEARNING CENTER MODEL INF	LUENCES THE FUTURE	
	OF LEARNING AND COLLABORATION IN HAITI AND BEYOND.		
2	Did the organization undertake any significant program services during the year which were not listed o prior Form 990 or 990-EZ?		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices?	No
5	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	vices, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$709,477. including grants of \$126,229.) (Revenue \$)
	QUALITY SCHOOLS PROGRAM - DEVELOPING SCHOOLS THAT HE	LP CHILDREN REALIZ	E
	THEIR POTENTIAL WHILE DRIVING COMMUNITY DEVELOPMENT	AND LIFELONG	
	LEARNING.		
	- PARTNERING WITH SIX HAITIAN PRIMARY SCHOOLS TO PRO		
	TRAINING, MANAGEMENT TRAINING, AND PARTNERSHIP DEVEL	OPMENT FOR QUALITY	
	EDUCATION TO OVER ONE THOUSAND STUDENTS		
	- EXPANDING THE CHILDREN'S ACADEMY, AN INCUBATOR FOR		
	THAT WORKS HAND-IN-GLOVE WITH THE PARTNER SCHOOL NET	WORK .	
	THIS YEAR THE THIRD FLOOR OF THE 2ND BUILDING WAS CO	MPLETED WHICH	
	PROVIDES 2700 ADDITIONAL SQUARE FEET AND ADEQUATE CI		
	NEARLY 90 STUDENTS. THIS IS ALL EARTHQUAKE/HURRICANE		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70)
4d	Other program services (Describe on Schedule O.)		
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 709,477.)	
4e	Total program service expenses ► 709,477.	Form 990	(2021)
			(2021)

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Form	990	(2021

 Form 990 (2021)
 HAITI PARTNERS, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV			X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	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		X
с	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		_	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u>-</u> -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021)

Form	990	(2021)
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 Form 990 (2021)
 HAITI PARTNERS, INC.

 Part IV
 Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23		X	
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		X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
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		X	
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			x	
	Schedule L, Part I				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v	
L	"Yes," complete Schedule L, Part IV	28a		X X	
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		- 23	
C		28c		x	
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25			
00	contributions? If "Yes," complete Schedule M	30		x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I	31		X	
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		x	
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? If "Yes," complete Schedule R, Part I	33		x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77		
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х		
1 a					
	Check if Schedule O contains a response or note to any line in this Part V		Vac		
1	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3		Yes	No	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				
b	Enter the number of Forms w-2G included on line Ta. Enter -0- in 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

	990 (2021) HAITI PARTNERS, INC.		26-3768	289	P	age 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4				
	filed for the calendar year ending with or within the year covered by this return	2a	4		v		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	s		-		v	
				3a		<u> </u>	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			4.0	х		
b	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country \blacktriangleright HAITI	ccoum		4a	Λ		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccount	s (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		Х	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgar	nization solicit				
	any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts				
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired				
	to file Form 8282?			7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e 7f		X X	
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h			
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
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 h	Did the sponsoring organization make any taxable distributions under section 4966?			9a 9b			
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			อม			
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a					
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a					
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
~	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	· · · · ·		12a			
		12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
с	Enter the amount of reserves on hand	13c					
14a				14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?			15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.					77	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		X	
4-	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	-		4-			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						

Form	990	(2021))

HAITI PARTNERS, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer director tructed or low employees	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5		5		X
6		6		X
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 23
1 a		70		x
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
u	a second a line where the second is a line in the	76		x
~	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	.	v	
a	The governing body?	8a	X X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		_ A
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
10-	Did the eventication have lead shorters by affiliates?	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<u></u>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	Х	
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	<u>_</u>	
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?	45.	v	
a L	The organization's CEO, Executive Director, or top management official	15a	X X	
α	Other officers or key employees of the organization	15b	17	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable optity during the year?	16-		x
۲	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	exempt status with respect to such arrangements?			
17	List the states with which a copy of this Form 990 is required to be filed ▶IL, MS, FL, CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availat	hle
	for public inspection. Indicate how you made these available. Check all that apply.	Griny) (avanal	510
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
	DEB APPEL - 772-633-2372			
	223 37TH DRIVE SW VERO BEACH FL 32968			

Form 990 (2		26-3768289	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with o	or within the organization's	s tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

Name and title Average hours per biols and other and a treatment money office and a treatmen	(A)	(B)	(C)		(D)	(E)	(F)				
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(15) LINDA CROUSE 3.00 X 0. 0. 0. BOARD MEMBER 2.00 X 0. 0. 0. BOARD MEMBER X 0. 0. 0.	(14) NANCY MAGLOIRE ED.D.	2.00									
BOARD MEMBER X 0. 0. 0. (16) CHRISTINA BAXTER VERNANCE 2.00 X 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0.	BOARD MEMBER		Х						0.	0.	0.
(16) CHRISTINA BAXTER VERNANCE 2.00 X 0. 0. 0. BOARD MEMBER	(15) LINDA CROUSE	3.00									
BOARD MEMBER X 0. 0. 0.	BOARD MEMBER		Х						0.	0.	0.
	(16) CHRISTINA BAXTER VERNANCE	2.00									
	BOARD MEMBER		Х						0.	0.	0.

		PARTNERS,								26-3	7682	289	Р	age 8
Pa	rt VII Section A. Officers, Directors, 1		oloye I	ees,			ghes	st C		, ,	— - T			
	(A) Name and title	(B) Average hours per week	box,	not c , unles	ss per	ition more rson i:	l than o s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensatic from related	on	an	(F) timate nount other	of
		(list any hours for related organizations below line)			Officer	ƙey em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	sc/	fr org and	pensa om th anizat d relat anizati	ie tion ted
			Individual trustee or director	In stitutional trustee		×	1 0							
			<u> </u>											
с	Subtotal Total from continuation sheets to Pa	rt VII, Section A							For details, contact erik@haitipartners.org		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including b compensation from the organization	out not limited to th						► o re	eceived more than \$100,	000 of reportable	0.			0.
	compensation nom the organization												Yes	No
3	Did the organization list any former off	icer, director, trust	ee, k	ey e	empl	oyee	e, or	hig	phest compensated emp	loyee on	ſ			
_	line 1a? If "Yes," complete Schedule J											3		X
4	For any individual listed on line 1a, is the and related organizations greater than s											4		x
5	Did any person listed on line 1a receive													
	rendered to the organization? If "Yes."											5		X
	ction B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·	100.000 - (
1	Complete this table for your five highes the organization. Report compensation	•	•							•	pensat	ion tro	om	
	(A) Name and busir			ONE					(B) Description of s		С	(C omper		'n
2	Total number of independent contracto	· •	ot lin	nitec	d to t	thos C		ted	above) who received mo	ore than				

					PARTN	ERS	S, INC.			26-3768	289 Page 9
Pa	rt \	VIII	Statement of Re	even	lue						
			Check if Schedule O	cont	ains a respor	nse o	r note to any lin		(D)	(0)	
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue	function revenue	business revenue	from tax under
											sections 512 - 514
nts Its	1	a	Federated campaigns		1a						
ìrar oun		b	Membership dues		1b						
°,°		с	Fundraising events		1c						
ar /		d	Related organizations		1d						
s, C		е	Government grants (cont	ributi	ions) 1e						
ion		f	All other contributions, gifts,	, gran	ts, and						
the			similar amounts not included	d abov	ve 1f	6	583,859.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines	1a-1f 1g \$		24,788.				
Col		h	Total. Add lines 1a-1f				►	683,859.			
							Business Code				
Ð	2	2 a									
vic	-	 b									
Ser		c									
ver Ver		d									
Program Service Revenue											
Pro-		e 4	All other presson convice								
-			All other program service			-					
			Total. Add lines 2a-2f								
	3	5	Investment income (inclu	-				37.			37.
			other similar amounts)					57.			57.
	4		Income from investment of tax-exempt bond proc			-					
	5	5	Royalties								
					(i) Real		(ii) Personal				
	6		Gross rents								
			Less: rental expenses	6b	1						
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss	s)							
	7	'a	Gross amount from sales of		(i) Securitie	es	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
en			and sales expenses	7b							
evenue		с	Gain or (loss)	7c							
É		d	Net gain or (loss)			<u></u>	►				
Other	8	8 a	Gross income from fundrais	ing ev	vents (not						
đ			including \$		of						
			contributions reported or								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		с	Net income or (loss) from	fund	Iraising event	ts .	►				
	9		Gross income from gamir		-						
			Part IV, line 19	-		9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from								
	10		Gross sales of inventory,	-	-		P				
			and allowances			10a					
		h	Less: cost of goods sold			10b					
			Net income or (loss) from								
		C		Sale	S OF INVENTIONS		Business Code				
sn			EMPLOYEE RETE	ייידאיק	TON COL	-	900099	101,358.			101,358.
ue o	11		MISCELLANEOUS			- ⊢	611710	7,289.			7,289.
scellanec Revenue						- +	011/10	1,409.			1,209.
Miscellaneous Revenue		c	All - 11								
Ξ			All other revenue					100 647			
			Total. Add lines 11a 11d					108,647.		0	100 004
	12	2	Total revenue. See instructi	ons			🕨	792,543.	0.	0.	108,684.

HAITI PARTNERS, INC.

26-3768289

Page **9**

Check here if following SOP 98-2 (ASC 958-720)

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All other	organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			<u> </u>	[
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	100.000	100 000		
	individuals. See Part IV, lines 15 and 16	126,229.	126,229.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	115 016	00 CE1	22 042	11 50
_	trustees, and key employees	115,216.	80,651.	23,043.	11,52
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	198,157.	173,630.	16,326.	8,20
7	Other salaries and wages	190,157.	1/3,030.	10,520.	0,20
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	27,949.	23,440.	3,006.	1,50
10 11	Payroll taxes Fees for services (nonemployees):	27,545.	23,440.	5,000.	1,50
	Management				
	Legal	24,125.	16,888.	4,825.	2,41
	Lobbying	21/1231		1,0231	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	19,010.	19,010.		
12	Advertising and promotion	1,979.	1,187.	396.	39
13	Office expenses	15,973.	11,295.	2,339.	2,33
14	Information technology			,	•
15	Royalties				
16	Occupancy	60,624.	42,437.	12,125.	6,06
17	Travel	15,791.	14,097.	847.	84
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,514.	37,514.		
23	Insurance	1,317.	922.	263.	13
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM COSTS	122,002.	120,002.	1,000.	1,00
b	COMMUNICATIONS	32,209.	22,546.	3,221.	6,44
c	NEWSLETTERS AND MAILING	13,241.	7,945.	2,648.	2,64
d	MISCELLANEOUS EXPENSE	12,714.	7,628.	2,543.	2,54
	All other expenses	5,794.	4,056.	1,159.	57
25	Total functional expenses. Add lines 1 through 24e	829,844.	709,477.	73,741.	46,62
26	Joint costs. Complete this line only if the organization		·		•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

11,522.

8,201.

1,503.

2,412.

396. 2,339.

6,062. 847.

132.

1,000. 6,442. 2,648. 2,543. 579. 46,626.

Form 990 (2021)

HAITI PARTNERS, INC.

HAITI PARTNERS, INC.	
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		Check if Schedule O contains a response or not	te to anv	line in this Part X			
			<u></u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			230,474.	1	72,004.
	2	Savings and temporary cash investments	36,057.	2	36,090.		
	3	Pledges and grants receivable, net			0.	3	13,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ins		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	1,580,906.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	311,018.	1,282,532.	10c	1,269,888.
	11	Investments - publicly traded securities	<u> </u>	-	0.	11	16,542.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	101,358.		
	16	Total assets. Add lines 1 through 15 (must equ			1,549,063.	16	1,508,882.
	17	Accounts payable and accrued expenses	8,072.	17	17,149.		
	18	Grants payable			-	18	
	19	Deferred revenue			7,712.	19	0.
	20				-	20	
	21	Escrow or custodial account liability. Complete				21	
ú	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			15,784.	26	17,149.
		Organizations that follow FASB ASC 958, che					
ses		and complete lines 27, 28, 32, and 33.					
anc	27				1,533,279.	27	1,491,733.
Bal	28	Net assets with donor restrictions		28			
lpu		Organizations that do not follow FASB ASC 9					
Ъц		and complete lines 29 through 33.		·			
P	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ea				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		E C	1,533,279.	32	1,491,733.
Z	33	Total liabilities and net assets/fund balances			1,549,063.	33	1,508,882.

Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

Form	1990 (2021) HAITI PARTNERS, INC.	26-	3768289	Pag	_{je} 12
Pa	rt 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		2,54	
2	Total expenses (must equal Part IX, column (A), line 25)	2	829		
3	Revenue less expenses. Subtract line 2 from line 1	3	-37	7,30	<u>01.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,533	3,21	<u>79.</u>
5	Net unrealized gains (losses) on investments	5	- 4	1,24	<u>45.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,491	.,7:	<u>33.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			····	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?				<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Auc			
	Act and OMB Circular A-133?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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. Attach to Form 990 or Form 990-EZ.

Go to www.

irs.gov/Form990 for instructions and the latest information.	

	OMB No. 1545-0047
	2021
	Open to Public Inspection
Employer	identification number

Name of the organization

INGI		ше огданігаціон цатт	I PARTNERS	TNC					6-3768289				
Pa	art I	Reason for Public (omplete tr	nis part.) S	ee instructions		0 5700205				
		ization is not a private found											
1				-		-	()(A)(i).						
2	\square	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
3	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
4	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
7		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
Ŭ		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local gov		nental unit described in	section 17	0(h)(1)(Δ)	(v)						
7	X	An organization that norma	-					e general i	oublic described in				
•		section 170(b)(1)(A)(vi). (C	•		onna gora			e general j					
8		A community trust describe		(1)(A)(vi), (Complete Par	ни)								
9	\square	An agricultural research org			-	ed in conii	unction with a	land-orant	college				
Ŭ		or university or a non-land-g	-			-		-	-				
		university:	grant conege of agric			ianio, ony	, and state of t	ine eenege					
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns membershi	n fees and	d aross receipts from				
		activities related to its exer	•					-	•				
		income and unrelated busir							-				
		See section 509(a)(2). (Con				eee aequi							
11		An organization organized a	• •	velv to test for public sa	fetv. See	section 50)9(a)(4).						
12	\square	An organization organized a	-	•	•			rv out the	purposes of one or				
		more publicly supported or	-	•	-			•					
		lines 12a through 12d that	-										
a	ı 🗌	Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting				
		organization. You must o	complete Part IV, Se	ections A and B.									
k)	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the sup	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionall	y integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.						
c	1 🗌	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	vith its support	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	bution rec	quirement and	an attentiv	/eness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .						
e	,	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
		vide the following information			(iv) to the error	nization listed							
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of support (see in:	-	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	support (see in	structions	support (see instructions)				
—	-1												
Tot	ai						1						

	(Complete only if you checked	d the box on line 5	7 or 8 of Part I or	if the organization	failed to qualify u	inder Part III If the	, organization
	fails to qualify under the tests		, ,	0			organization
See	ction A. Public Support	, pica		,			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	894,173.	749,715.	1022674.	702,284.	683,859.	4052705.
2	Tax revenues levied for the organ-		-			-	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	894,173.	749,715.	1022674.	702,284.	683,859.	4052705.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						4052705.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	894,173.	749,715.	1022674.	702,284.	683,859.	4052705.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	15.	68.	1,572.	7.	37.	1,699.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	143.	-32.			108,647.	108,758.
11	Total support. Add lines 7 through 10						4163162.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I					14	97.35 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.96 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	- 2020. If the ora	anization did not c	heck a box on line	13. 16a. 16b. or 1	7a. 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 supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021 HAITI PARTNERS, INC. 26-3768289 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990) 2021

%

%

HAITI PARTNERS, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
F	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		() 0017	(1) 0010	() 0010	()) 00000	() 0001	(0.7.1.1
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 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						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				·
14	First 5 years. If the Form 990 is for the	•					·
800	check this box and stop here						
	ction C. Computation of Public						
	Public support percentage for 2021 (li		•			15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the						ne 17 is not
	more than 33 1/3%, check this box an						▶∟
b	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, chec	ck this box and s t	top here. The orga	nization qualifies a	as a publicly suppo	orted organizat	tion ▶□
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	

HAITI PARTNERS, INC.

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

	(Form 990) 2021		PARTNERS,	INC.
Part IV	Supporting Orga	inizations (co	ntinued)	

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

Section C. Type II Su	upporting Organizations	

 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization or management of the support of the suport of the support of the supp

Section 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section 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 instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** ____ The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

c 🗌	The organiza	tion supported a go	overnmental entity.	Describe in Pa	rt VI how y	ou supported a	governmental entity	(see instruction <u>s).</u>
-----	--------------	---------------------	---------------------	----------------	-------------	----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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* **Part VI** *the role played by the organization in this regard.*

No

Yes

1	Check here if the organization satisfied the Integral Part Test as a qualifyin All other Type III non-functionally integrated supporting organizations must		•	Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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		

INC.

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

Schedule A (Form 990) 2021

Schedule A	(Form 990)	2021	HAITI	PARTNERS,

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

	1 0111 330/ 2021	
Part V	Type III Non-	Functionally
Section D	- Distributions	

Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer		1	ourrent rou				
2	Amounts paid to perform activity that directly furthers exemp		-					
-	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	e organization is responsive						
	(provide details in Part VI). See instructions.	•		8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
а	From 2016							
b	From 2017							
C	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2021 distributable amount							
<u> i</u>	Carryover from 2016 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
е	Excess from 2021							

Schedule A (Form 990) 2021

HAITI PARTNERS, INC. nally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021		PARTNERS,			26-3768289 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4 lines 2 and 3	b, 4c, 5a, 6, 9a, 9b, ; Part IV, Section E.	9c, 11a, 11b, an lines 1c, 2a, 2b,	Part II, line 10; Part II, line 17a or d 11c; Part IV, Section B, lines 1 3a, and 3b; Part V, line 1; Part V omplete this part for any additior	and 2; Part IV, Section C, , Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

26-3768289

Organization type (check of	le).
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Form 990 or 990-EZ	 So1(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation

INC.

HAITI PARTNERS

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

1		\$(2)	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>60,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
3452 11-11-	-21		Schedule B (Form 990) (2021)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Name of organization

HAITI PARTNERS, INC.

Schedule B (Form 990) (2021)

Part I

(a)

No.

Employer identification number 26-3768289

(d)

Type of contribution

(c)

Total contributions

123

Schedule E	3 (Form	990)	(2021)
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Name of organization

Part I

Page **2** Employer identification number

HAITI PARTNERS, INC.

PARTNERS, INC.	2	6-3768289
Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
······································		

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u> -	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
HAITI	PARTNERS, INC.		26-3768289
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
	STOCK DONATION	_	
5		\$20,7	/88. 12/29/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		_ _ _ \$	

Name of or	rganization		Employer identification number
HAITI	PARTNERS, INC.		26-3768289
Part III		hthrough (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Decoription of how gift is hold
Part I	(b) Purpose of gnt	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	 ft
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif nd ZIP + 4	ft Relationship of transferor to transferee

		Supplement	- L Financial Statementa		OMB No. 1545-0047
	HEDULE D		al Financial Statements		2024
(Forn	n 990)		anization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZ I
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Open to Public Inspection
-	e of the organizati	on			identification number
Des		HAITI PARTNERS, IN			6-3768289
Par		n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Act	counts.	Complete if the
	organizatio) Funds and	d other accounts
1	Total number at e	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised funds	s	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6	•	u	dvisors in writing that grant funds can be used on	2	
			r donor advisor, or for any other purpose conferrir	•	
Par	impermissible priv				Yes No
			ganization answered "Yes" on Form 990, Part IV, I	line 7.	
1		servation easements held by the organization		rically impor	tent land area
		n of land for public use (for example, recrea of natural habitat	tion or education) Preservation of a histor Preservation of a certifi		
		n of open space			structure
2			fied conservation contribution in the form of a con	servation ea	sement on the last
-	day of the tax yea				at the End of the Tax Year
а				2a	
b				2b	
с	-		ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organiz	ation during	the tax
	year 🕨				
4		where property subject to conservation eas			
5		tion have a written policy regarding the per			—
•	•	forcement of the conservation easements it			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easements	during the year
7	Amount of expense		ling of violations, and enforcing conservation eas	omonto duvi	an the year
'	► \$	ses incurred in monitoring, inspecting, nanc	and enforcing conservation easi		ng the year
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)	
-					Yes No
9			on easements in its revenue and expense stateme		
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements that	t describes t	he
		ounting for conservation easements.			
Par		-	f Art, Historical Treasures, or Other Si	milar Ass	ets.
	Complete i	f the organization answered "Yes" on Form	1990, Part IV, line 8.		
1a	0		8, not to report in its revenue statement and balar		orks
		· ·	blic exhibition, education, or research in furtherand	ce of public	
	•		ncial statements that describes these items.	ob oct	of
a	-		8, to report in its revenue statement and balance exhibition, education, or research in furtherance		
		ing amounts relating to these items:	exhibition, education, or research in jurnerance	or public set	vice,
	•	0		▶ \$	
				► \$	
2			asures, or other similar assets for financial gain, p	· ·	
_		unts required to be reported under FASB A			
а	•			▶ \$	
b				▶ \$	

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
132051	10-28-21

Sche	dule D (Form 990) 2021 HAITI P	ARTNERS, I	NC.			2	6-37	68289	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other S	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make sign	ificant us	se of its		
	collection items (check all that apply):								
а	Public exhibition	c		change progra					
b	Scholarly research	e	e Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizatio	n's exemp	t purpose	e in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	asures, or othe	r similar as	sets		-	
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "	Yes" on Fo	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod							-	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
								Amount	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1 f		7	
	Did the organization include an amount on F				-	?	L	Yes	
Par	If "Yes," explain the arrangement in Part XIII.					<u></u>	<u></u>		
1 0	t V Endowment Funds. Complete	(a) Current year	(b) Prior year	(c) Two year) Three ve	are hack	(e) Four y	ears hack
4-		(a) Current year			S DACK (U	j Thiee ye	als Dack		Cars Dack
1a	Beginning of year balance			_					
D	Contributions								
C L	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
1	Administrative expenses								
-	End of year balance Provide the estimated percentage of the curr		l o (lino 1 a oolumn (
2	Board designated or quasi-endowment		%	a)) Heiu as.					
a b	Permanent endowment		70						
		⁷⁰							
U	The percentages on lines 2a, 2b, and 2c sho	- · -							
39	Are there endowment funds not in the posse	•	ation that are held a	and administer	ed for the c	organizat	ion		
ou	by:					organizat		Γ γ	'es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule B?	>				3b	
4	Describe in Part XIII the intended uses of the							0.0	
_	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990,	, Part X, lin	e 10.			
	Description of property	(a) Cost or c basis (investr	• • •	st or other s (other)	• •	umulated	1	(d) Book	value
19	Land	``	,	81,703.				81	,703.
	Buildings			92,753.	2.2	26,00	8.	$\frac{01}{1,166}$	
	Leasehold improvements			,,				_,_00	, . 10 •
	Equipment		1	06,450.	۶	35,01	0.	21	,440.
	Other				- C				, • •
	I. Add lines 1a through 1e. (Column (d) must e		V column (B) line	100)				1,269	.888.
1010		<u>iqual Form 990, Part</u>						_,,	,

Schedule D (Form 990) 2021

	omplete if the organization answered "Yes"			
(a) Descriptior	1 Of Security Or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial d	lerivatives			
2) Closely hel	ld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) n	nust equal Form 990, Part X, col. (B) line 12.) 🕨			
	nvestments - Program Related.			
c	omplete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nust equal Form 990, Part X, col. (B) line 13.) 🕨			
	Other Assets.			
c	omplete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1) EMPI	LOYEE RETENTION CREDIT	RECEIVABLE		101,358
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line	15)		101,358
Total. (Column		, 10./		===/==
Total. (Column Part X C	Other Liabilities.	•		
Part X C	Other Liabilities.		11e or 11f. See Form 990. Part X. line 25.	
Part X C	Other Liabilities. complete if the organization answered "Yes"		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X C C	Other Liabilities. complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X C C I. (1) Federa	Other Liabilities. complete if the organization answered "Yes"		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X C C C I. (1) Federa (2) C	Other Liabilities. complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X C C C (1) Federa (2) (3)	Other Liabilities. complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X C C (1) Federa (2) (3) (4)	Other Liabilities. complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X C C C (1) Federa (2) (3) (4) (5)	Other Liabilities. complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X C C C (1) Federa (2) (3) (4) (5) (6) (6)	Other Liabilities. complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X C C C (1) Federa (2) (3) (4) (5) (6) (7)	Other Liabilities. complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Part X C C C (1) Federa (2) (3) (4) (5) (6) (6)	Other Liabilities. complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2021 HAITI PARTNERS, INC.		26-3768289 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per F	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		. 5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

	tment of the Treasury al Revenue Service	► Go to		Open to Public Inspection			
	e of the organization		Employer identification number				
HA. Pa	ITI PARTNER	<u>S, INC.</u>	ativitiae Out	side the United States. Comple		26-37	68289
га		art IV, line 14b.			ete if the organ	ization answ	vered "Yes" on
1			n maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,	
	the grantees' eligibil	ity for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes X No
2	For grantmakers.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistand	ce outside the
3				n be duplicated if additional space is n			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service specific typ (s) in the reg	e, expenditures for and investments
	TRAL AMERICA AND CARIBBEAN -						
HAI		1	47	PROGRAM SERVICES/GRANTS	EDUCATIONAL	SERVICES	96,913.
3 a	Subtotal	1	47				96,913.
b	Total from continuat sheets to Part I		0				0.
С	Totals (add lines 3a and 3b)	1	47				96,913.

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

202

SCHEDULE F (Form 990) 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND CARIBBEAN -						
		HAITI	SCHOOLS	7,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND CARIBBEAN - HAITI	SCHOOLS	9,968.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND CARIBBEAN -		15 000		0		
		НАІТІ	SCHOOLS	15,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND CARIBBEAN - HAITI	SCHOOLS	10,750.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND CARIBBEAN -						
		HAITI	SCHOOLS	8,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND CARIBBEAN -						
		НАІТІ	SCHOOLS	19,500.	WIRE TRANSFER	0.		
	nization by the IRS, o	or for which the grantee	ecognized as charities by the t or counsel has provided a sect			······ • -		-

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021	HAITI PARTNER	S, INC.		2	6-3768289	
Part III Grants and Other Assistant	ce to Individuals Outsid	e the United Sta		f the organization answered "Yes"	on Form 990, Part	IV, line 16.
Part III can be duplicated if a	additional space is neede					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance

Schedule F (Form 990) 2021

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 HAITI PARTNERS, INC.

Part V Supplemental Information

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

PART I, LINE 2:

HAITI PARTNERS' GRANTEES/PARTNERS IN HAITI SUBMIT MONTHLY EXPENSE REPORTS

DETAILING SPENDING IN RELATION TO BUDGET CATEGORIES. NEW MONIES ARE NOT

DISBURSED UNTIL THESE REPORTS ARE APPROVED BY HAITI PARTNERS' STAFF. ON A

QUARTERLY BASIS, PARTNERS SUBMIT QUANTITATIVE REPORTS ON THEIR PROGRESS

IN RELATION TO PROJECT GOALS. THEY ARE ALSO VISITED ON A REGULAR BASIS BY

HAITI PARTNERS' STAFF TO GAUGE PROJECT PROGRESS AND TO RECEIVE SUPPORT.

SCHEDULE O (Form 990)

Name of the organization

FORM 990, PART

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



26-3768289

HAITI PARTNERS, INC.

III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VALUES:

132211 11-11-21

COMPASSION-TRUST IN THE TRANSFORMATIVE POWER OF COMPASSION

PARTNERSHIP-PARTNERSHIP MAKES US MORE EFFECTIVE, PRODUCTIVE, AND JOYFUL

RESPECT-RESPECT THE DIGNITY, VOICE AND POTENTIAL OF EACH PERSON

LEARNING-LEARN, IMPROVE AND SHARE WITH HUMILITY AND GRATITUDE

ACCOUNTABILITY-BE RESPONSIBLE TO EVERYONE CONNECTED WITH THIS WORK

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

CONSTRUCTION. THE CONSTRUCTION TEAM IS LARGELY COMPRISED OF PARENTS OF

STUDENTS AT THE CHILDREN'S ACADEMY, INCLUDING FIVE MOTHERS. PLANS ARE

IN PLACE TO CONSTRUCT TWO ADDITIONAL BUILDINGS IN THE NEXT FIVE YEARS

TO ACCOMMODATE ADDITIONAL STUDENTS AS WE CONTINUE TO ADD A GRADE EACH

YEAR, UNTIL WE HAVE PROGRAMMING THROUGH HAITI'S 13TH GRADE, "PHILO."

AT THE CHILDREN'S ACADEMY AND LEARNING CENTER 350 STUDENTS AGES 3 THROUGH 8TH GRADE ARE RECEIVING A HIGH QUALITY, STUDENT CENTERED, JOYFUL EDUCATION. THANKS TO THE EXCELLENT STAFF AND LEADERSHIP TEAM PROTOCOLS TO PROTECT STUDENTS AND STAFF FROM CONTRACTING COVID WERE HIGHLY EFFECTIVE: NO ONE THAT WE KNOW OF GOT COVID.

81,567 SERVICE HOURS WERE PROVIDED BY PARENTS AT THE CHILDREN'S ACADEMY. SERVICE HOURS ARE A REFLECTION OF PARENT ENGAGEMENT AT THE SCHOOL AND ACCOMPLISH A VARIETY OF IMPORTANT TASKS LIKE MAINTAINING PERMACULTURE GARDENS, ASSISTING TEACHERS IN CLASS, WORKING IN THE HAND PAPERMAKING/ GREETING CARD SOCIAL BUSINESS, TENDING TO SCHOOL GROUNDS, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 Name of the organization

HAITI PARTNERS, INC.

SERVING AS COMMUNITY HEALTH AGENTS, AND MORE.

ENTREPRENEURSHIP AND SOCIAL BUSINESS ARE CRITICAL COMPONENTS OF THE

EDUCATIONAL MODEL THAT HAITI PARTNERS IS DEVELOPING AT THE CHILDREN'S

ACADEMY. HAITI PARTNERS TAKES A TWO-PRONG APPROACH TO THIS:

1) THERE IS A SOCIAL BUSINESS OF PRODUCING HANDMADE PAPER AND GREETING

CARDS ON SITE AT THE CHILDREN'S ACADEMY. IT IS STAFFED BY SIX COMMUNITY

MEMBERS. PARENTS OF STUDENTS HELP OUT VOLUNTARILY WITH PAPERMAKING

GIVING SCHOOL SERVICE HOURS TO THE EFFORT. THE HANDMADE PAPER AND

GREETING CARDS ARE SOLD TO RETAILERS AND END-USERS IN THE US. STUDENTS

AT THE CHILDREN'S ACADEMY DON'T JUST LEARN ABOUT THE POWER OF BUSINESS

AND SOCIAL BUSINESS FOR IMPACTING CHANGE, THEY WITNESS IT DAY IN AND

DAY OUT AT THEIR SCHOOL.

2) THE CHILDREN'S ACADEMY FACILITATES VILLAGE SAVINGS AND LOANS GROUPS BOTH AMONG PARENTS, STAFF AND FOR STUDENTS BEGINNING AT GRADE 3. THIS IS A CONCRETE WAY OF HELPING STUDENTS AND THEIR FAMILIES LEARN ABOUT THE IMPORTANCE OF SAVING MONEY, INVESTING WELL, AND COLLABORATING WITH OTHERS TO CREATE A FUND AND MAKE LOANS TO ONE ANOTHER. THEY ALSO LEARN HOW TO USE LOANS TO GENERATE INCOME AND DO OTHER IMPROVEMENTS THAT STRENGTHEN THEIR FAMILIES.

COMMUNITY CHANGE GROUPS GREW BY 12% TO 1072 PARTICIPANTS. WITH THE GOAL OF STRENGTHENING FAMILIES AND PROTECTING THE VULNERABLE, THESE GROUPS DO COLLECTIVE GARDENING, VILLAGE SAVINGS AND LOAN PROGRAMMING AND ONGOING TRAINING IN CHILD PROTECTION AND GENDER EQUALITY. THEY PROVIDE PARENTS THE SKILLS THEY NEED TO BE MORE LOVING TO THEIR KIDS AND EACH OTHER, WHILE ACHIEVING GREATER FINANCIAL INDEPENDENCE.

Schedule O (Form 990) 2021	Page 2			
Name of the organization HAITI PARTNERS, INC.	Employer identification number 26-3768289			
HAND PAPERMAKING/GREETING CARD SOCIAL BUSINESS CONTINUES T	O GROW AND			
IMPROVE AT THE THE CHILDREN'S ACADEMY AND HAS INCREASED PR	ODUCTION BY			
OVER 50% AND IS NOW CONSISTENTLY PRODUCING HIGH QUALITY PA	PER AND			
CARDS. A RETAILER IN IOWA IS USING THE PAPER FOR UNIQUE PI	ECES OF ART,			
PURCHASING SEVERAL THOUSAND OF SHEETS AT A TIME AT \$2.50 E	ACH SHEET.			
HAITI PARTNERS IS ALSO SENDING THE CARDS TO MORE THAN 2000	PEOPLE A			
YEAR TO WISH THEM HAPPY HOLIDAYS AND TO THANK THEM FOR THE	IR GIFTS.			
THESE GREETING CARDS ARE MADE AVAILABLE ON HAITI PARTNERS ONLINE				
GIFTSHOP FOR A SUGGESTED DONATION. THE HAND PAPERMAKING AND GREETING				
CARD PRODUCTION ALONG WITH THE VILLAGE SAVINGS AND LOANS G	ROUPS ARE			
PLAYING AN IMPORTANT PART IN CREATING A CULTURE OF INNOVAT	ION AND			
ENTREPRENEURSHIP. AS THE STUDENTS WITNESS THE ADULTS AROUN	D THEM			
COLLABORATING TO CREATE AND SELL PRODUCTS AND TO BUILD FUNDS AND MAKE				
LOANS, IT'S NO WONDER THAT THEY, THE STUDENTS IN TURN, ARE	DOING INCOME			
GENERATING ACTIVITIES SUCH AS GARDENING, RAISING CHICKENS,	GOATS AND			
PIGS AND PURCHASING WHOLESALE PRODUCTS THAT THAT THEY CAN	SELL FOR A			
PROFIT.				

HOME GARDENS, AN INITIATIVE STARTED IN 2019-20, IS WITHIN THE SCHOOLS PROGRAM AND IS DESIGNED TO EQUIP FAMILIES WITH SUPPORT THEY NEED TO DRAMATICALLY INCREASE PRODUCTION IN THEIR OWN GARDENS TO ADDRESS FOOD SCARCITY AND ECONOMIC HARDSHIP. THROUGH PROVIDING FAMILIES WITH SEEDS, TECHNICAL SUPPORT, WATER CATCHMENT SYSTEMS, AND A STRUCTURE OF COOPERATIVE WORK TEAMS KNOWN AS KONBIT, HAITI PARTNERS AND THE CHILDREN'S ACADEMY ARE STRENGTHENING FAMILIES WHILE ALSO DEMONSTRATING TO STUDENTS AND THEIR SIBLINGS CONCRETE EXAMPLES OF COOPERATIVE COMMUNITY DEVELOPMENT, TRUST AND COLLABORATION. 743 GARDENS OF COMMUNITY MEMBERS WERE EITHER PLANTED OR IMPROVED UPON AND WATER

Schedule O (Form 990) 2021 Page 2							
Name of the organization HAITI PARTNERS, INC.	Employer identification number 26-3768289						
CATCHMENT SYSTEMS WERE INSTALLED AT HOMES OF 220 FAMILIES	OF STUDENTS						
AND STAFF.							
TECHNOLOGY EDUCATION: ALL 3RD GRADERS AND OLDER STUDENTS V	VORK IN THE						

ON-SITE COMPUTER LAB TWO TIMES EACH WEEK. STUDENTS LEARN BOTH THE BASICS ABOUT HOW TO OPERATE A COMPUTER, BUT ALSO, WITH HELP FROM THEIR TEACHERS, DO THINGS LIKE ENGLISH, FRENCH AND SPANISH LANGUAGE LEARNING AND DIGITAL ART.

1204 PARTNER SCHOOL STUDENTS RECEIVED STUDENT-CENTERED EDUCATION. DURING THE COVID-19 SHUTDOWNS, THE SIX PARTNER SCHOOLS ALL SUPPORTED THEIR SCHOOL COMMUNITIES IN A VARIETY OF WAYS INCLUDING DISTRIBUTING MASKS AND HYGIENE KITS, CREATING HAND-WASHING STATIONS IN PUBLIC PLACES, DISTRIBUTING EDUCATIONAL MATERIALS ABOUT THE VIRUS AND EVEN DISTRIBUTING CASH TO THE MOST VULNERABLE TO PROTECT THEM FROM HUNGER.

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

THE FINANCE AND OFFICE COORDINATORS REVIEW AND APPROVE FOR FILING, THE FORM 990 IN DETAIL WITH THE INDEPENDENT ACCOUNTANT. THEY CONSULT ON PERTINENT NEW ITEMS, PARTICULARLY NARRATIVE PARTS. THEY REVIEW THE FORM FOR MATTERS THAT THE BOARD OF DIRECTORS SHOULD TAKE ACTION IN THE COMING YEAR. PROGRAM COORDINATORS CONTRIBUTE THE NARRATIVES FOR THE STATEMENT OF PROGRAM ACCOMPLISHMENTS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND EXECUTIVE STAFF ARE REQUIRED TO COMPLETE AND SIGN AN ANNUAL CONFLICT OF INTEREST STATEMENT INDICATING THAT THEY ARE AWARE OF THE POLICY AND AGREE TO ABIDE BY THE INTENT OF THE POLICY. THE BOARD OF

Schedule O (Form 990) 2021	Page 2		
Name of the organization	Employer identification number		
HAITI PARTNERS, INC.	26-3768289		
DIRECTORS DETERMINES WHETHER A CONFLICT EXISTS AND REVIEWS	ACTUAL		

CONFLICTS. PERSONS WITH ACTUAL CONFLICTS OF INTEREST ARE PROHIBITED FROM

VOTING ON MATTERS CONCERNING THE CONFLICT OF INTEREST.

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

THE BOARD OF DIRECTORS REVIEWS KEY EMPLOYEE COMPENSATION ANNUALLY AND TAKES INTO CONSIDERATION THE BUDGET FOR THE NEXT FISCAL YEAR. THE PREVIOUS YEAR COMPENSATION IS ANALYZED AND ANY ADDITIONAL CONSIDERATIONS ARE PRESENTED AMONGST THE BOARD AND AGREED UPON SALARY AMOUNTS ARE APPROVED FOR THE NEXT FISCAL YEAR.

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

THE FORM 990 IS AVAILABLE UPON REQUEST AS WELL AS POSTED ON THE WEBSITE OF THE ORGANIZATION.

FORM 990, PART XII, LINE 2B

THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE SELECTION, MONITORING AND EVALUATION OF AN INDEPENDENT ACCOUNTING FIRM AND OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. THERE WAS NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR.