### EXTENDED TO NOVEMBER 15, 2021

Form **990** 

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

А	רטו נוו	e 2020 calendar year, or tax year beginning and c	enaing	_			
В	Check if applicab	C Name of organization		D Employer identifi	cation number		
	Addre						
	Name chan	Doing business as		71-08088	22		
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r		
	Final			(870) 86			
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	911,806.		
	Amer	ded ET DODADO AD 71720		H(a) Is this a group re			
F	Appli			for subordinates			
	pend	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in			
$\overline{\mathbf{T}}$	Tayay	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c	or 527	1	list. See instructions		
		te: HAITIFOUNDATION.ORG	021	H(c) Group exemptio			
		forganization: X Corporation Trust Association Other	I Vear		State of legal domicile: AR		
	art I	Summary	L I Cai	or formation. To TI	VI Otate of legal dofficie. 2222		
	1	Briefly describe the organization's mission or most significant activities: PROVI	TDE SU	IDBORT & EDII	CATION FOR		
Activities & Governance	1 '	THE CHILDREN LIVING IN THE REMOTE MOUNTAIN	INS OF	SOUTHERN H	ATTT		
nar	2	Check this box if the organization discontinued its operations or dispose					
Ver	3	·		ı	9		
ဗ္ဗ		· · · · · · · · · · · · · · · · · · ·			0		
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			2		
ţį	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0		
Ξ.	6	Total number of volunteers (estimate if necessary)			29.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	l p	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	•			
Revenue		2	_	Prior Year 601,390.	Current Year 911,777.		
	8	Contributions and grants (Part VIII, line 1h)		·-			
	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		54.	29.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		601,444.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		545,549.	686,393.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\scriptscriptstyle \perp}$		31,364.	31,356.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  24,65		0.	0.		
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	79.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		19,864.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		596,777.			
	19	Revenue less expenses. Subtract line 18 from line 12		4,667.	174,416.		
O.S.	3		Ве	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		473,863.	648,114.		
t As	21	Total liabilities (Part X, line 26)		585.	421.		
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20		473,278.	647,693.		
	art II	Signature Block					
Und	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is		
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.			
Sig	jn	Signature of officer		Date			
He	re	SUSAN TURBEVILLE, EXECUTIVE DIRECTOR					
Type or print name and title							
		Print/Type preparer's name Preparer's signature			X PTIN		
Pai	d	MARC J. EMRICH, CPA		if self-employ			
Pre	parer	Firm's name EMRICH & SCROGGINS, LLP, CPA'S		Firm's EIN ▶	71-0825859		
Use	Only	Firm's address 920 NORTH JEFFERSON					
		EL DORADO, AR 71730-4621		Phone no.87	0-862-6510		
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Form **990** (2020)

Form	m 990 (2020) HAITI EDUCATION FOUNDATION INC 71-0808	822	Page 2
Pa	art 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: PROVIDE FUNDING FOR THE EDUCATION FOR THE CHILDREN LIVING IN TH	E	
	REMOTE MOUNTAINS OF SOUTHERN HAITI THROUGH SPONSORING 33 ELEMEN	TARY	
	SCHOOLS AND THREE HIGH SCHOOLS.		
	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes	X No
	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 services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exprevenue, if any, for each program service reported.		
4a	205 624		)
	SCHOLARSHIP - THE FOUNDATION PAID THE SALARIES OF 456 TEACHERS	AND	′
	STAFF WHO HOLD POSITIONS IN THE 33 SCHOOLS WITH WHICH WE PARTNE	R. V	<b>V</b> E
	ALSO PROVIDED SCHOLARSHIP FUNDING TO FIVE STUDENTS WHO ATTENDED		
	IN PORT AU PRINCE. VARIOUS OTHER NEEDS WERE MET FOR SCHOOLS IN	NEED	OF
	SUPPLIES THROUGHOUT THE YEAR.		
41-	(Code: ) (Expenses \$ 300,769 • including grants of \$ ) (Revenue \$		
4b	o (Code:) (Expenses \$	BEGZ	<u>n</u> )
	CONSTRUCTION OF THE ST. MATTHIAS ELEMENTARY SCHOOL WHICH WAS DE		
	IN THE 2010 EARTHQUAKE. THE NEW BUILDING WILL BE 16 CLASSROOMS		
	WILL HOUSE PRE-K THROGUH 6TH GRADE FOR THE 397 STUDENTS ENROLLE		LONG
	WITH THE PURCHASE OF TWO SECURITY GATES, TWO KITCHENS AND TWO T	OILET	rs
	WERE ALSO BUILT ON OTHER CAMPUSES. WE ALSO FUNDED SMALL RELIEF		
	PROJECTS.		
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4d	d Other program services (Describe on Schedule O.)		
	(Expenses \$ 7,089 • including grants of \$ ) (Revenue \$	)	
46	Total program service expenses ► 693,482.	,	

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# Form 990 (2020) HAITI EDUCATION FOUNDATION 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?	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		х
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		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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	9		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		х
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		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11.5		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		Х
	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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		v	
45	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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<del></del>
.5	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		Х

032004 12-23-20

# Form 990 (2020) HAITI EDUCATION FOUNDATION INC Part IV Checklist of Required Schedules (continued)

			Yes	No
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		Х
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		Х
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			Х
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	214		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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		Х
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			7,7
	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 Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes, " complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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	00		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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 in Schedule O for Part VI, lines 11b and 19?		<sub>~</sub>	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	
. a	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is defiduate a response of field to diff fille in the fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
		_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

# Form 990 (2020) HAITI EDUCATION FOUNDATION INC Part 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,							
	filed for the calendar year ending with or within the year covered by this return	2						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	b If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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 organization solicit			v				
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.						
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).			Х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		-					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b						
C		7c		х				
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d	70						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f								
g								
h								
8								
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_						
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	-						
	Enter the amount of reserves on hand	44-		X				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	-	_^				
	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O							
15								
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	15		X				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х				
10	If "Yes," complete Form 4720, Schedule O.	10						
	1. 100, complete i diffi #120, comodulo c.							

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								
	<u> </u>		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing	1							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5									
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,,,					
	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v					
_	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
<u> </u>	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed AR	1\	A	-   -					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	ys only	) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website								
40		ما 4:	-oi-'						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	ia tinai	icial						
00	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 ►SUSAN TURBEVILLE, EXECUTIVE DIRECTOR - 870-862-1252								
	1024 FIGURE FILDORADO AR 71730								

#### HAITI EDUCATION FOUNDATION INC

71-0808822

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Individual trustee or director Institutional trustee Officer Key employee Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
(1) ROB CRITTENDEN	2.00									_
PRESIDENT		Х		Х				0.	0.	0.
(2) MIKE LANDERS	3.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(3) GEORGE BRANDON	4.00									
TREASURER		Х		Х				0.	0.	0.
(4) CHRIS MCRAE	2.50									
SECRETARY		Х		Х				0.	0.	0.
(5) MARY JO OLIVER	7.00									
BOARD MEMBER		Х						0.	0.	0.
(6) CATHY ULRICH	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) JEFFREY LANDERS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MICKEY QUINLAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) SHELBY GUILBERT	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
		$\vdash$								

<b>(A)</b> Name and title	(B) Average	(C) Position						<b>(D)</b> Reportable	<b>(E)</b> Reportable		Fed	( <b>F)</b> :imate	4
Name and the	hours per week (list any	box offi	not c , unle	heck ss pe nd a d	more rson	than is bot	h an	compensation from the	compensation from related organizations		am	ount on other oensat	of
	hours for related organizations	Individual trustee or director	al trustee		yee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga	om the anization relate	on
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest co employee	Former				orga	nizatio	ns
		-											
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part do Total (add lines 1b and 1c)	/II, Section A						<b>▶</b>	0.		0.			0.
2 Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	e 	1	Yes	0 <b>No</b>
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual										3		Х
<ul> <li>For any individual listed on line 1a, is the sand related organizations greater than \$1</li> <li>Did any person listed on line 1a receive or</li> </ul>	50,000? <i>If</i> "Yes,	" co	mpl	ete S	Sche	edule	e J f	for such individual			4		X
rendered to the organization? If "Yes," consection B. Independent Contractors	mplete Schedul	e J t	for s	uch	pers	son .					5		X
<ol> <li>Complete this table for your five highest of the organization. Report compensation for</li> </ol>										pens	ation fi	om	
(A) Name and busines	s address	N	INC	Ξ				(B) Description of s	ervices	С	(C comper		1
Total number of independent contractors	(including but r	not li	mite	d to	tho	se lie	sted	d above) who received m	ore than				
\$100,000 of compensation from the organ		"				0					Corm (	200.70	222

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 911,777. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 911,777. h Total. Add lines 1a-1f ...... **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 29. 29. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses ..... 7b c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses \_\_\_\_\_ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... 10b **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d ..... 911,806. 29. 0. Total revenue. See instructions 12

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	se or note to any line in	this Part IX	. ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	686,393.	686,393.		
	individuals. See Part IV, lines 15 and 16	000,393.	000,393.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	10 261		E 470	10 702
	trustees, and key employees	18,261.		5,478.	12,783.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	10 000		0.640	0 160
7	Other salaries and wages	10,800.		8,640.	2,160.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,295.		1,118.	1,177.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	2,865.		2,865.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2,716.	2,716.		
12	Advertising and promotion	827.			827.
13	Office expenses	8,621.	734.	350.	7,537.
14	Information technology	973.		778.	195.
15	Royalties				
16	Occupancy				
17	Travel	3,639.	3,639.		
18	Payments of travel or entertainment expenses	. ,	7,000		
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	_				
21 22	Payments to affiliates				
	F				
23	Other expenses. Itemize expenses not covered				
24	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.)				
a					
b					
c					
d	<u> </u>				
	All other expenses	727 200	602 402	10 220	24 670
25	Total functional expenses. Add lines 1 through 24e	737,390.	693,482.	19,229.	24,679.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
03201	0 12-23-20				Form <b>990</b> (2020)

		Check if Schedule O contains a response or not	e to any line in this Part X			
		·		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		473,863.	1	648,114.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
		controlled entity or family member of any of thes	se persons		5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described			6	
Ś	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	<del></del>		11	
	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			15	
	16	Total assets. Add lines 1 through 15 (must equ		473,863.	16	648,114.
	17	Accounts payable and accrued expenses		585.	17	421.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
ű	22	Loans and other payables to any current or forn				
Liabilities		trustee, key employee, creator or founder, subs				
abil		controlled entity or family member of any of these	· ·		22	
≔	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate	F		24	
	25	Other liabilities (including federal income tax, pa	F			
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	<b>=</b>		585.	26	421.
		Organizations that follow FASB ASC 958, che				
Ses		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions			27	
Ва	28	Net assets with donor restrictions			28	
pur		Organizations that do not follow FASB ASC 9				
Ę		and complete lines 29 through 33.				
SOI	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or ed			30	
As	31	Retained earnings, endowment, accumulated in	F		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		473,278.	32	647,693.
	33	Total liabilities and net assets/fund balances		473,863.	33	648,114.

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,3		
3	Revenue less expenses. Subtract line 2 from line 1	3		4,4		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47	3,2	78.	
5	Net unrealized gains (losses) on investments	5				
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			-1.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	64	7,6	93.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
				000		

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

## **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

Open to Public Inspection

Employer identification number Name of the organization HAITI EDUCATION FOUNDATION INC 71-0808822 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and						_				
	membership fees received. (Do not										
	include any "unusual grants.")										
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										
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
6	Public support. Subtract line 5 from line 4.										
Sec	tion B. Total Support										
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
7	Amounts from line 4										
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources										
9	Net income from unrelated business						_				
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	<b>Total support.</b> Add lines 7 through 10										
12	Gross receipts from related activities,	etc. (see instructi	ons)			12					
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)					
_	organization, check this box and stop	here					<u></u>				
Sec	tion C. Computation of Publ	ic Support Pe	rcentage								
	Public support percentage for 2020 (I		•			14	<u>%</u>				
	Public support percentage from 2019					15	<u>%</u>				
16a	33 1/3% support test - 2020. If the o										
	<b>stop here.</b> The organization qualifies										
b	<b>33 1/3% support test - 2019.</b> If the o										
	and <b>stop here.</b> The organization qual										
17a	10% -facts-and-circumstances test										
	and if the organization meets the fact			=		•					
	meets the facts-and-circumstances te	· ·	•								
b	10% -facts-and-circumstances test	_					10% or				
	more, and if the organization meets the		•		• •		<b>.</b> —				
	organization meets the facts-and-circu			•		***************************************					
18	Private foundation. If the organization	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

### 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.)

Se	ction A. Public Support	elow, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(-, : :	(-, : :	(-)	(-,	(-/	(4)
	membership fees received. (Do not						
	include any "unusual grants.")	902,911.	649,160.	942,360.	601,390.	911,777.	4,007,598.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	902,911.	649,160.	942,360.	601,390.	911,777.	4,007,598.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	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						0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						4,007,598.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	902,911.	(b) 2017 649,160.	(c) 2018 942, 360.	(d) 2019 601,390.	(e) 2020 911,777.	4,007,598.
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	172.	505.	146.	54.	29.	906.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	172.	505.	146.	54.	29.	906.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	903,083.	649,665.	942,506.	601,444.	911,806.	4,008,504.
	First 5 years. If the Form 990 is for th			fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	99.98 %
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>20</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.02 %
18	Investment income percentage from 2	<b>2019</b> Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2020. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the	nd <b>stop here.</b> The	organization qualif	ies as a publicly s	upported organiza	tion	<b>▶</b> X
•	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	<b>Private foundation.</b> If the organization						

### 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.)

	Yes	No
4		
1		
2		
3a		
3b		
3c		
4a		
4b		
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4c		
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10a		
10b		
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Pa	rt IV Supporting Organizations (continued)			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 in 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		
Sec	tion 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 yea(see instructions)			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a		
b	Did the activities described in 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
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	1a		
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		
Sect	ion 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		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HAITI EDUCATION FOUNDATION INC

Employer identification number 71-0808822

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	······································	Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	ents that describes the
Da	organization's accounting for conservation easements.	4 Aut Historical Tracerryce au O	they Circilay Accets
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pu		•
	service, provide in Part XIII the text of the footnote to its fina		
D	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		<b>▶</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical tre		ı gam, provide
_	the following amounts required to be reported under FASB A		. σ
a	Revenue included on Form 990, Part VIII, line 1		

Part III Organizations Maintainin	ng Colle	ections of A	rt, His	torical Tı	reasures,	or Other	Similar	Asse	<b>ts</b> (continu	ıed)
3 Using the organization's acquisition, ac	cession, a	and other record	ds, checl	k any of the	following that	at make sig	nificant us	se of its		
collection items (check all that apply):										
a Public exhibition		c	ı 🗆	Loan or exc	change progr	am				
<b>b</b> Scholarly research		e								
c Preservation for future generation	S									
4 Provide a description of the organization	n's collect	tions and explai	in how th	ney further t	the organizat	ion's exem	pt purpos	e in Part	XIII.	
5 During the year, did the organization so	licit or rec	eive donations	of art, hi	storical trea	asures, or oth	ner similar a	ssets			
to be sold to raise funds rather than to	oe mainta	ined as part of	the orga	nization's c	ollection?			$\square$	Yes	☐ No
Part IV Escrow and Custodial A	rangen	nents. Compl	ete if the	organizatio	on answered	"Yes" on F	orm 990,	Part IV,	ine 9, or	
reported an amount on Form 990	), Part X, I	line 21.								
1a Is the organization an agent, trustee, cu	stodian o	r other intermed	diary for	contributio	ns or other as	ssets not in	cluded		_	
on Form 990, Part X?								🗀	Yes	☐ No
<b>b</b> If "Yes," explain the arrangement in Par										
									Amount	
c Beginning balance							1c			
d Additions during the year							1d			
e Distributions during the year							1e			
f Ending balance							1f			
2a Did the organization include an amount							/?	$\square$	Yes	No No
<b>b</b> If "Yes," explain the arrangement in Par	t XIII. Che	ck here if the e	xplanatio	on has beer	n provided or	Part XIII .				
Part V Endowment Funds. Comp	lete if the	organization ar	nswered	"Yes" on F	orm 990, Par	t IV, line 10				
	(a)	Current year	(b) P	rior year	(c) Two yea	rs back (d	<b>)</b> Three yea	ırs back	(e) Four y	ears back
1a Beginning of year balance										
<b>b</b> Contributions										
c Net investment earnings, gains, and los										
d Grants or scholarships										
e Other expenditures for facilities										
and programs										
f Administrative expenses										
g End of year balance										
2 Provide the estimated percentage of the		year end baland	ce (line 1	g, column (	a)) held as:	•				
a Board designated or quasi-endowment	<b>•</b>		%		•					
<b>b</b> Permanent endowment		%								
c Term endowment	%	_								
The percentages on lines 2a, 2b, and 2c	should e	equal 100%.								
3a Are there endowment funds not in the p	ossessio	n of the organiz	ation tha	at are held a	and administe	ered for the	organiza	tion		
by:									Y	es No
(i) Unrelated organizations									3a(i)	
(ii) Related organizations										
<b>b</b> If "Yes" on line 3a(ii), are the related org										
4 Describe in Part XIII the intended uses of										
Part VI Land, Buildings, and Equ	iipment	t.								
Complete if the organization ans	wered "Ye	es" on Form 99	0, Part I\	/, line 11a.	See Form 990	0, Part X, liı	ne 10.			
Description of property		(a) Cost or o		` ,	t or other (other)	1 ' '	umulated eciation		(d) Book	value
1a Land										
<b>b</b> Buildings										
c Leasehold improvements										
<b>d</b> Equipment										
e Other										
Total. Add lines 1a through 1e. (Column (d) m		Form 990, Part	X, colur	nn (B), line	10c.)			<b>&gt;</b>		0.

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Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)		+	
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	•	•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Form 000 Port IV line	alld Con Form 000 Port V line 15	
Complete if the organization answered "Yes"  (a)	Description	FITO. See FOITH 990, Part A, line 15.	(b) Book value
(1)	Dodonpalon		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 05 )		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			black warrant - M
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	TASB ASC 740. Check h	iere ii trie text of the foothote has been pr	ovided in Part XIII L

Pa	Irt XI Reconciliation of Revenue per Audited Financi		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa			011 777
1	Total revenue, gains, and other support per audited financial stateme	nts	1	911,777
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	<b>y</b> , ,			
b				
С	1 , 3			
d	/	2d		0
е	• • • • • • • • • • • • • • • • • • • •			011 777
3	Subtract line <b>2e</b> from line <b>1</b>		3	911,777
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	/	4b	29.	0.0
С				29
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			911,806
Pa	art XII Reconciliation of Expenses per Audited Finance		ses per Return	l <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Pa			
1	Total expenses and losses per audited financial statements		1	737,390
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	d Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0
3	Subtract line <b>2e</b> from line <b>1</b>		3	737,390
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	, , , ,			
b	Other (Describe in Part XIII.)	4b		_
С	Add lines <b>4a</b> and <b>4b</b>		4c	0
5		I, line 18.)	5	737,390
Pa	art XIII Supplemental Information.			
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional information.		
IN'	TEREST INCOME			

#### SCHEDULE F (Form 990)

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

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

IA:	ITI EDUCATION	FOUNDAT	ION INC			71-08088	22
Pa				tside the United States. Comple	ete if the organ		
	Form 990, Part IV	/, line 14b.					
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? X	Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and of	ther assistance ou	tside the
	United States.						
3				an be duplicated if additional space is i			1
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to	is a prod describe	vity listed in (d) gram service, e specific type	(f) Total expenditures for and investments
			in the region	recipients located in the region)	of service	(s) in the region	in the region
					FUNDING FOR	33	
						SCHOOLS AND	
	RAL AMERICA AND				THREE HIGH		505 202
HE	CARIBBEAN	1	1	PROGRAM SERVICES	OPERATED BY	EPISCOPAL	686,393.
	Subtotal	1	1				686,393.
b	Total from continuation		_				_
	sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	1	1				686,393.
	and son	. ⊥	1 4				000,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2020

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)	(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)
		PROVIDE FUNDING FOR: 33 ELEMENTARY SCHOOLS AND 3 HIGH SCHOOLS;					
		PROVIDE SCHOLARSHIPS	694,193.		0.		
		recognized as charities by the					

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance	ce to Individuals Outside	e the United St	ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if a	dditional 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	(h) Method of valuation (book, FMV, appraisal, other)

## Schedule F (Form 990) 2020 Part IV Foreign Forms HAITI EDUCATION FOUNDATION INC

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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? If "Yes," 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)	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	. Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Page 5

#### Part V | Supplemental Information

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

#### PART I, LINE 2:

A WIRE TRANSFER IS SENT FROM OUR HEF ACCOUNT IN EL DORADO, AR, MONTHLY TO BANQUE DE LA UNIONE HAITIENE IN PORT AU PRINCE, HAITI. OUR HEF LIAISON IN HAITI RECEIVES THE WIRE TRANSFER AND WRITES A CHECK TO EACH OF THE FIVE PRIESTS WITH WHOM WE CURRENTLY PARTNER. DOCUMENTATION IS SIGNED AT THIS TRANSFER BY EACH PRIEST. THE PRIESTS THEN DISTRIBUTE THE FUNDING TO EACH PRINCIPAL, WHERE DOCUMENTATION IS SIGNED BY EACH PRINCIPAL, AND THE SAME IS DONE WITHIN EACH SCHOOL. PRIEST AND PRINCIPAL DOCUMENTATION IS TURNED IN ON A MONTHLY BASIS TO OUR OFFICE AND EACH PRINCIPAL HAS DOCUMENTATION ON HAND AS WE VISIT THE SCHOOLS.

#### PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: FUNDING FOR 33 ELEMENTARY SCHOOLS AND THREE HIGH SCHOOL OPERATED BY EPISCOPAL PRIESTS IN HAITI; SCHOOL CONSTRUCTION; RELIEF PROJECTS.

#### PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: PROVIDE FUNDING FOR: 33 ELEMENTARY SCHOOLS AND 3 HIGH SCHOOLS; PROVIDE SCHOLARSHIPS FOR 3 COLLEGE STUDENTS; BEGIN CONSTRUCTION TO REPLACE DESTROYED ELEMENTARY SCHOOL; 2 SECURITY GATES, 2 KITCHENS, 2 TOILETS ON SCHOOL CAMPUSES; SMALL RELIEF PROJECTS.

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization

HAITI EDUCATION FOUNDATION INC

Employer identification number 71-0808822

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH SPONSORING 33 ELEMENTARY SCHOOLS AND THREE HIGH SCHOOLS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
TRAVEL - \$3,639; WIRE FEES - \$2,539; OTHER BANK CHARGES - \$177; OTHER -
\$734.
EXPENSES \$ 7,089. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
EXECUTIVE DIRECTOR NOTIFIES BOARD MEMBERS WHEN THE FORM 990 IS AVAILABLE
AND OFFERS TO PROVIDE A COPY OF THE FORM 990. THE FORM 990 IS REVIEWED BY
THE PRESIDENT, EXECUTIVE DIRECTOR, AND TREASURER.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE
AVAILABLE ON THE ORGANIZATION'S WEBSITE.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING -1.