	Form	99 0	1							OMB No. 1545-0047
Department of the Treasury Internal Revenue Service				Organization Ex						2018
			► Do not en	ter social security numbers of irs.gov/Form990 for instru	on this form as i	it may be made	e public			Open to Public Inspection
-			year, or tax year begin	-		and ending				, 2019
	Check if a		Joan, en tax Joan 209		, _0.0,		, <i>5</i> 7.	•		ification number
			onbit Sante Cap	Haitien Health	Partner	s		01-0	0540	292
	Name	e change 36	62 US Route 1			-		E Telepho		-
	Initial	I return Fa	almouth, ME 041	05				(20	7) 3	47-6733
	Final re	eturn/terminated						(= 0	., .	1. 0.00
		nded return						G Gross re	eceipts	\$ 760,017.
	Appli	cation pending F	Name and address of principa	l officer:		H	(a) Is this	a group returi		
		30	62 US Route 1	Falmouth, ME 04	105	н	(b) Are all	subordinates	include	d? Yes No
I	Tax-exe		501(c)(3) 501(c) () < (insert no.)	4947(a)(1) or	527	II INO,	' attach a list.	(see III	structions)
J	Webs	ite:► www.	konbitsante.ord	<u>ן</u>		H	I(c) Group	exemption nu	mber 🕨	•
κ	Form of	organization: X	Corporation Trust	Association Other ►	LY	ear of formation	n: 200	0 M s	tate of	egal domicile: ME
Pa	rt I	Summary								
	1 Bi	riefly describe	the organization's missi	on or most significant a	ctivities:To	support	the d	develo	omen	t of a
e				system to meet		<u>s of th</u> e	<u>e Cap-</u>	- <u>Haiti</u> e	<u>n c</u>	<u>oummuntiy</u>
Governance	W	<u>ith maxim</u>	<u>um local direct</u>	ion and suppor	t					
/err	2	hook this have		n discontinued its opera	tions or disp	acad of mor		EQ/ of ito		
Gol				ning body (Part VI, line					3	12
				s of the governing body					4	12
ties				calendar year 2018 (Pa					5	4
Activities &				necessary)					6	50
Ac				Part VIII, column (C), lir					7a	0.
	b Ne	et unrelated bu	usiness taxable income	from Form 990-T, line 3	8		6111		7b	0.
	8 C	ontributions an	nd grants (Part VIII line	1h)	~		AH-	rior Year 937,6	60	Current Year 725, 947.
ne				2g)				937,0	00.	123,941.
Revenue	10 In	vestment inco	me (Part VIII, column (A	A), lines 3, 4, and 7d)		JU ^{DE}		1,5	14.	4,667.
Re	11 O	ther revenue (I	Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, a	nd 11e)			35,0		29,403.
				(must equal Part VIII, c				974,2	44.	760,017.
			· · · / /	X, column (A), lines 1-3	,					
				K, column (A), line 4)						
es				e benefits (Part IX, colu				249,7	50.	245,155.
nse	16a Pi	rofessional fun	draising fees (Part IX, o	column (A), line 11e)						
Expense	b To	otal fundraising	g expenses (Part IX, col	umn (D), line 25) 🕨	6	6,157.				
ш	17 O	ther expenses	(Part IX, column (A), lin	nes 11a-11d, 11f-24e)				758,5	44.	571,597.
			-	equal Part IX, column (A			1	,008,2		816,752.
	19 Re	evenue less ex	penses. Subtract line 1	8 from line 12				-34,0		-56,735.
a or ICes							Beginnir	ng of Curren		End of Year
aaet: Jalar		•	•					505,8		452,085.
Net Assets or Fund Balances		·					-	25,9		28,843.
-				ne 21 from line 20				479,9	77.	423,242.
		Signature I								
Unde comp	r penalties lete. Decla	s of perjury, I declar aration of preparer	e that I have examined this retu (other than officer) is based on	rn, including accompanying sch all information of which prepare	edules and staten r has any knowled	ments, and to th dge.	ie best of m	iy knowledge	and bel	ief, it is true, correct, and
							<u> </u>			
Sic	ın	Signature o	f officer				Da	ite		
Sign Here		Natha	n Nickerson				Execu	utive I)ire	с
			nt name and title							-
		Print/Type prepa	arer's name	Preparer's signature		Date		Check	if	PTIN
Pai	d	James C	. McCallum					self-employe	ed	P00908667
Pre	parer	Firm's name		MCCALLUM AND C	ONLEY					
Us	e Only	Firm's address	► 344 MAIN ST	-				Firm's EIN	• 01	-0531587
			WESTBROOK, ME	E 04092-4727				Phone no.		7) 854-2115

	WESTBROOK, ME $04092-4727$	00)4-Z.	гтэ)
May the IRS	discuss this return with the preparer shown above? (see instructions) $\ldots \ldots$	 XΥ	/es		No
		_		~ ~	(0010)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

	8) Konbit Sante Cap Haitien Health Partners tatement of Program Service Accomplishments	01-0540292	
	neck if Schedule O contains a response or note to any line in this Part III	<u></u>	
-	escribe the organization's mission:		
	oport the development of a sustainable health care system		needs of
<u>the</u> Ca	ap-Haitien coummuntiy with maximum local direction and sup	port	
2 Did the or	ganization undertake any significant program services during the year which were not listed on the	prior	
) or 990-EZ?		Yes X No
	Jescribe these new services on Schedule O.		
/ -	rganization cease conducting, or make significant changes in how it conducts, any program	services?	Yes X No
	lescribe these changes on Schedule O.		11 11
Section 5	the organization's program service accomplishments for each of its three largest program second (c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation nue, if any, for each program service reported.	ervices, as measured ions to others, the to	d by expenses. otal expenses,
4a (Code:) (Expenses \$ 679,483. including grants of \$)	(Revenue \$)
	t Sante expanded women's health programming with facility	based and cor	nmunity
	programs at Justinien Hospital in Cap Haitien and the ULS		
	ll as in Fort St. Michel by continuing training for tradit		
	h attendants as well as contracting for social service pos		r <u>oviding </u>
suppli	ies. They also provided funds for a health center expansio	<u>n.</u>	
4b (Code:) (Expenses \$ including grants of \$	(Revenue \$)
		(,
	<i>TZ \\\(\))- \}</i>		
4c (Code:) (Expenses \$ including grants of \$)	(Revenue \$	
4c (Coue) (Expenses \$ including grants of \$)	(Revenue ş)
	······································		
	ogram services (Describe in Schedule O.)	Ċ	
(Expense		ې ۲)
4 e Total prog BAA	gram service expenses ► 679,483.		Form 990 (2018)
	TEEA0102L 08/03/18		(2010)

Form 990 (2018)Konbit Sante Cap Haitien Health PartnersPart IVChecklist of Required Schedules

01-0540292 Page **3**

			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		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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		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? <i>If 'Yes,' complete Schedule D, Part I</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? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes</i> ,' <i>complete Schedule D, Part III</i>	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
Ł	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	11 b		Х
	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	11 c		Х
c	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, time 25? If 'yes,' complete Schedule D, Part X	11 e		Х
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	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
Ł	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
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
Ł	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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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 (Å), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions)	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,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х

Form 990 (2018)Konbit Sante Cap Haitien Health PartnersPart IVChecklist 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? <i>If 'Yes,' complete Schedule J</i> .	23		х
24	a 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		х
	b 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 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		
25	a 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		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? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
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):			
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Sepecule</i> A, Rart <i>IV</i>	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? <i>If 'Yes,' complete Schedule M</i>	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		Х
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		Х
	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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
BAA			- 990 ((2018)

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01-0540292

Form 990 (2018) Konbit Sante Cap Haitien Health Partners 01-0540292 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
i uit			Yes	No					
22	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-								
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 4								
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	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)			57					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	3 b							
	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	Х						
	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).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X					
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c							
	-	30							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X					
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х					
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization (b)e Form 8899 as required?	7 g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h							
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.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b							
	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources								
U	against amounts due or received from them.)								
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a							
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 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								
	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		\vdash					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х					
	If 'Yes,' see instructions and file Form 4720, Schedule N.								
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		X					

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 in Schedule O. See instructions.

Check if Schedule O	aantaina a	reconce e	r noto to on	line in this	Dort \/I
	contains a	response or	ו ווטנפ נט מווע		r ai l v i

<u> </u>	check in Schedule O contains a response of hote to any line in this Part VI			. Λ
Sec	tion A. Governing Body and Management		Vac	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year 1a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	2	Yes	No
ł	Denter the number of voting members included in line 1a, above, who are independent 1b 12	,		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	-		Х
7 a	a 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?	7 a		Х
ł	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
	the following:			
	a The governing body?		Х	
ł	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
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? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		v
500	tion B. Policies (This Section B requests information about policies not required by the Internal R			X
Jet	uon b. Policies (This Section B requests information about policies not required by the internal P	eveni	Yes	No
10 -	Did the organization have local chapters, branches, or affiliates?	10 a	163	X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	104		
	operations are consistent with the organization's exempt purposes?	10 b		
	a Has the organization provided a complete copy of this Eorm 990 to all members of its governing body before filing the form?	11 a		Х
ł	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13	Х	
	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?			
a	a The organization's CEO, Executive Director, or top management official See . Schedule0	15a	Х	
ł	other officers or key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
ł	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	101		
500	organization's exempt status with respect to such arrangements?	16 b		L
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed None None			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 5	01(0)(3		<u> </u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1 (Section 5 available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O)	01(0)(3)s on	y)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements avail the public during the tax year. See Schedule O	able to		
20				
	Richard Williams, Operations 362 US Route 1 Falmouth ME 04105 (207) 347-67	133		

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Form 990 (2018) Konbit Sante Cap Haitien Health Partners 01-0540292 Pag										
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										
 1 a 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 the calendar year ending. 										
 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 comper	sation fro	m th	e or	rgan	izati	on a	nd	any related organi	zations.	
List persons in the following order: individual trustees employees; and former such persons.										npensated
X Check this box if neither the organization nor any relat	ed organiz	ation	con	-		ed an	y cu	rrent officer, directo	or, or trustee.	
(A) Name and Title	(B) Average hours per	thar is	n one s both dir	box, an c ector/	ot che unles officer /truste		son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	wook	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(₩-2/1899-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Manuchca Marc Alcime	0									
Vice President	0	Х						\frown $\Box / 0.$	Ο.	0.
(2) Pascal Gaetjens	0					5	~ [7	
Director	0	Х		5	5		\mathbb{N}	0.	0.	0.
(3) John Wipfler		П	((\cap			D,	J ^L		
Director	0	X	\square	IJ	L	}		0.	0.	0.
(4) Robert N. MacKinnon, Jr. President		X	7	Х				0.	0.	0.
(5) Eva Lathrop, MD. MPH	0									0
Director	0	Х						0.	0.	0.
<u>(6) Kathleen G. Healy</u> Vice President	0	Х						0.	0.	0.
(7) Jeffrey Musich, P.E.	0	v						0	0	0
Secretary (8) Andre Jean-Pierre	0	Х						0.	0.	0.
Director	0	Х						Ο.	Ο.	0.
(9) Barbara Ginley	0								-	
Director	0	Х						0.	0.	0.
(10) Jonathon Simon DSc, MPH Director	0	Х						0.	0.	0.
(11) Youseline Telemaque	0									<u></u>
Director	0	Х						0.	0.	0.
(12) Hugh Tozer P.E.	0									
Director	0	Х						0.	0.	0.
(13) Nathan Nickerson Executive Director	$\frac{40}{0}$				Х			25,000.	0.	0.
(14)									0.	
	1	i i	Î.	İ.	l I	Ì	1			

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Pa	t VII Section A. Officers, Directors, Tru	(B)	Key	En		oye C)	es,	and	d Highest Con	pensated Emp	loyees	6 (conti	nued)
			(da	not	Po	sition	then		(D)	(E)		(F)	
	(A) Name and title	Average hours per	box	, unle	ess p	erson	e than is bot or/trus	h an	Reportable compensation from	Reportable compensation from		stimated unt of oth	
		(list any hours	org	Inst	Off	Kej	emp	с Ч	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	corr f	pensation rom the	on
		for related	or director	nstitutional trustee	Officer	Key employee	Highest c employee	Former			an	anization d related anizatior	t
		organiza - tions below	al trustee or	nal tr		ployee	e				org.	anization	
		dotted line)	stee	Jstee			Highest compensated employee	_					
							ă						
(15)			•										
(16)													
(17)			•										
(18)													
(19)													
(20)													
(21)													
(22)													
			•										
(23)										1			
(24)							1	\mathbb{N}		~			
				(\sum_{i}	77		Πı,					
(25)			\mathbb{N}		\mathcal{D}) \	4						
16	Sub-total	()	\overline{N}	<u>ل</u>		<u> </u>	<u> </u>	•	25,000.	0.			0.
c	Total from continuation sheets to Part VII, Section	on A						►	0.	0.			0.
	Total (add lines 1b and 1c).					<u></u>		•	25,000.	0.			0.
2	Total number of individuals (including but not limited from the organization \blacktriangleright 0	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	1	
												Yes	No
3	Did the organization list any former officer, direc	tor, or tru	stee,	ke	y en	nplo	yee,	or ŀ	nighest compensa	ted employee			
_	on line 1a? If 'Yes,' complète Schedule J for suc										. 3		Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated	f reportab er than \$1	le co 50,00	mpe 00?	ensa If '\	ation Y <i>es,</i>	and ' <i>con</i>	oth ople	er compensation te Schedule J for	from			
-	such individual										. 4		Х
5	Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	isatic ete So	on fr chec	om dule	any J fo	unre or suc	elate ch p	ed organization or		. 5		Х
Sec	tion B. Independent Contractors	cotod ind		dan	+ 00	ntro	otoro	the	t received more t	200 \$100 000 of			
	Complete this table for your five highest compen compensation from the organization. Report compen	sation for	the c	alen	idar	year	endi	ing v	with or within the or	ganization's tax year			
	(A) Name and business addi	ress							(B) Description (of services	(Compe	c) Insatio	n
2	Total number of independent contractors (including b	out not lim	ited to	o the	ose	liste	d abo	ve)	who received more	than			
	\$100,000 of compensation from the organization	► 0											

Form 990 (, itempie banee cap nareren neare	h Partners		01-0540292	Page 9
Part VIII	Statement of Revenue				
	Check if Schedule O contains a response or note to any	y line in this Part V	III		
		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections

				Total revenue	Related or exempt	Unrelated business	Revenue excluded from tax
					function revenue	revenue	under sections 512-514
ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
s, G Ame	c	: Fundraising events 1 c 5	4,842.				
àift: ar /	d	Related organizations 1 d					
Is, C	е	Government grants (contributions) 1 e					
tion sr S	f	All other contributions, gifts, grants, and similar amounts not included above 1 f 67					
ibur			1,105.				
ntr d C	~		0,199.				
an	h	Total. Add lines 1a-1f		725,947.			
Program Service Revenue	.		ss Code				
eve	2 a h						
ъ	u 0	'					
ivic		`					
n Se		'					
Iran	f	All other program service revenue					
rog		Total. Add lines 2a-2f	•				
-	3	Investment income (including dividends, interes					
	3	other similar amounts)	>	4,667.	4,667.		
	4	Income from investment of tax-exempt bond pr	oceeds 🟲				
	5	Royalties					
	b		Personal		~ 100		
		Gross rents		\sim		7	
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss) Ourse summarized on the second sec	Other				
	7 a	Gross amount from sales of assets other than inventory		\mathcal{I}			
			2				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
		Net gain or (loss)					
¢)	8 a	Gross income from fundraising events					
evenue	00	(not including \$ 54,842.					
eve		of contributions reported on line 1c).					
ñ		See Part IV, line 18 a					
Other I		Less: direct expenses b					
Ð	C	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19 a					
	h	Less: direct expenses					
		Net income or (loss) from gaming activities	•				
	TUa	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue Busine	ss Code				
	11 a	Donated Rent 72100	0	24,600.	24,600.		
	b	<u>Unreimbursed Vol. Travel</u> 56150	0	4,803.	4,803.		
	C						
		Total. Add lines 11a-11d		29,403.			
B AA		Total revenue. See instructions		760,017.	34,070.	0.	Eorm 990 (2018)

Form 990 (2018) Konbit Sante Cap Haitien Health Partners Part IX Statement of Functional Expenses

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5000	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a	•	-		
Do r 6b, 1	ot include amounts reported on lines b, 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 for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified persons (as defined under	25,000.	22,500.	1,750.	750
	section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages	184,929.	120,204.	26,232.	38,493
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	35,226.	25,363.	6,693.	3,170
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting				
	Lobbying			Л	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
Э	(A) amount, list line 11g expenses on Schedule 0.)	5,461.		5,461.	
12	Advertising and promotion	(23) 744.) U		23,744
13	Office expenses	20,275.	9,092.	11,183.	
14	Information technology		,		
15	Royalties				
16	Occupancy	12,600.		12,600.	
17	Travel	12,000.		12,000.	
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				
23	Insurance				
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MCH Facility Based Programs	191,479.	191,479.		
	Supply Chain_Expenses	146,541.	146,541.		
	Infrastructure Expenses	77,377.	77,377.		
	MCH Community Based Programs	49,960.	49,960.		
	All other expenses	49,980.	36,967.	7,193.	
	Total functional expenses. Add lines 1 through 24e	816,752.	679,483.	71,112.	66,157
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	010,/52.	019,403.	/1,112.	00,137
	Check here ► if following SOP 98-2 (ASC 958-720)				

Form 990 (2018) Konbit Sante Cap Haitien Health Partners Part X Balance Sheet

Part)	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	487,602.	1	414,381
2	Savings and temporary cash investments.		2	•
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	18,292.	4	23,954
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
2 7 8 8 9 8			8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a16,500.			
	b Less: accumulated depreciation 10b 2,750.		10 c	13,750
11			11	
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	505,894.	16	452,085
17	Accounts payable and accrued expenses	25,917.	17	28,843
18		$ \land $	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
2 21			21	
21 22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24			24	
25			25	
26	Total liabilities. Add lines 17 through 25	25,917.	26	28,843
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
ŝ	lines 27 through 29, and lines 33 and 34.			
27		88,315.	27	49,826
28		391,662.	28	373,416
29			29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
3 31			31	
32			32	
33	-	479,977.	33	423,242
e 1	Total liabilities and net assets/fund balances.	505,894.	34	452,085

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Forn	1990 (2018) Konbit Sante Cap Haitien Health Partners 01-	-0540292		Pa	age 12
Par	t 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	7	60,0)17.
2	Total expenses (must equal Part IX, column (A), line 25)	2			752.
3	Revenue less expenses. Subtract line 2 from line 1	3			735.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			977.
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 in Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4	23,2	242.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				· 🗍
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
ł	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t, 	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
k	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 08/03/18		Form	99 0	(2018)

SCHEDULE A
(Form 990 or 990-EZ

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2018

Open	to	Public
Ins	peo	ction

Department of the Treasury Internal Revenue Service			Go to <i>www.irs.gov/Fo</i>	Inspection				
Name of the organization							Employer identifica	tion number
			n Health Partr				01-054029	
Part				rganizations must o				tions.
The o	Č –	•		For lines 1 through 12,		-	•	
1	A church, conv	vention of church	es, or association of cl	hurches described in sect	tion 1 70(b)(1)(A)(i).	
2	A school desc	ribed in section 1	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ)	.)		
3		•		ization described in sec				
4		-	tion operated in conju	unction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's
	name, city, a							
5	An organizati	ion operated for b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	escribed in
6	A federal, sta	ate, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).	
7	X An organization in section 17	on that normally r 0(b)(1)(A)(vi). (eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	t or from the general put	blic described
8	A community	trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)			
9		r a non-land-grai	nt college of agriculture	ction 170(b)(1)(A)(ix) operative (see instructions). Enter				
10	An organization from activities investment in	on that normally r s related to its encome and unre	exempt functions-sul	33-1/3% of its support fr pject to certain exceptic e income (less section	ons. and	(2) no I	more than 33-1/3% of i	ts support from aross
11				ely to test for public safe	ety. See	sectior	n 509(a)(4).	
12	or more publi lines 12a thro	icly supported o ough 12d that de	rganizations describe escribes the type of s	ely for the benefit of, to ed in section 509(a)(1) of upporting organization	or section and corr	n 509(a plete lii)(2). See section 509(a) tes 12e, 12f, and 12g.	(3). Check the box in
а	complete Par) the power to re rt IV, Sections A	gularly appoint or elect	d, or controlled by its sup t a majority of the director	rs of trus	tees of t	he supporting organization	on. You must
b	management	pporting organiz of the supporting e te Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or ion(s). You
С				tion operated in connection plete Part IV, Sections				
d	functionally in	ntegrated. The c	progenization generally	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection tion requ	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see
е				en determination from t		that it is	a Type I, Type II, Type	e III functionally
ŕ				supporting organization				
n U	Provide the follo	wing informatio	n about the supported	d organization(s).				
) Name of supported of		(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) la organizat in your g docur	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Schedule A (Form 990 or 990 EZ) 2018 Konbit Sante Cap Haitien Health Partners 01-0540292

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.)

Section A. Public Support

Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,306,511.	739,142.	863,953.	937,659.	725,848.	4,573,113.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		,		,	, , , , , , , , , , , , , , , , , , ,	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,306,511.	739,142.	863,953.	937,659.	725,848.	4,573,113.
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)						0.
6	Public support. Subtract line 5 from line 4						4,573,113.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,306,511.	739,142.	863,953.	937,659.	725,848.	4,573,113.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	401.	349	875.	1,514.	4,667.	7,746.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		D RIC)			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	53,618.	<u> </u>	34,385.	35,070.	29,403.	199,429.
	Total support. Add lines 7 through 10						4,780,288.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
	First five years. If the Form 990 is organization, check this box and	stop here					►
	tion C. Computation of Pul						
	Public support percentage for 20 Public support percentage from 2						95.67 %
							95.03%
	33-1/3% support test—2018. If the and stop here. The organization	qualifies as a put	plicly supported or	rganization			·····► X
b	33-1/3% support test-2017. If the and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI how
ь.	10%-facts-and-circumstances te	est-2017. If the or	anization did no	t check a box on	line 13. 16a. 16b.	or 17a. and line	15 is 10%
	or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	t VI how the

Schedule A (Form 990 or 990-EZ) 2018

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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	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			271 110			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015)) (c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	- (1					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	DI					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	3) ▶
-	tion C. Computation of Pu						
	Public support percentage for 20	-					00
	Public support percentage from					16	010
Sec	tion D. Computation of Inv						-
17	Investment income percentage f	•		-			00
18	Investment income percentage f						0/0
19a	33-1/3% support tests—2018. If is not more than 33-1/3%, check						
b	33-1/3% support tests—2017. If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions.	· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2018	Konbit Sa	.nte Cap	Haitien	Health	Partners	01-0540292	Page 4
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b 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. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If (yes, ' answer (b) and (c) below (if applicable). Also, provide detail in 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 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a **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*. 9b 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*. 9c 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 10b below. 10a **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.) 10b

Part IV Supporting Organizations (continued)			
	Yes	No	
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
governing body of a supported organization?			
b A family member of a person described in (a) above? 11b			
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.			

Konbit Sante Cap Haitien Health Partners

Section B. Type I Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2018

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.*

Section C. Type II Supporting Organizations

			res	INO
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		

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 effected 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).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in 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 organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* 'Yes,' *explain in* **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 (a) and (b) 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? *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.

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Yes

1 X / N /

No

Yes

2a

2b

3a

3h

1

2

No

Schedule A (Form 990 or 990-EZ) 2018 Konbit Sante Cap Haitien Health			40292 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain ir t complete Sections A	n Part VI). See through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
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		
Section B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	- 11	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally inte	egrated	Type III supporting or	ganization

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Konbit Sante Cap Haitien Health Partners 01-0540292 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Page	7
i aye	,

				-
	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	S,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizat in Part VI). See instructions.	ion is responsive (provide	details	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
Ł	• From 2014			
C	: From 2015			
C	From 2016			
(e From 2017			
	f Total of lines 3a through e		. 1	
ç	Applied to underdistributions of prior years	. []		
ł	Applied to 2018 distributable amount	I A A P	XILE	
	i Carryover from 2013 not applied (see instructions)			
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f. \neg	WH R.		
4	Distributions for 2018 from Section D, line 7:			
a	Applied to underdistributions of prior years			
Ł	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organiza Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Ther distributions (describe in Part VI). See instructions. Fotal annual distributions. Add lines 1 through 6. Distributable amount for 2018 from Section C, line 6			
_	• Excess from 2015			
	Excess from 2016			
-	Excess from 2017			
-	Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source		2018	 2017		2016		2015	 2014
Contributed Services In Kind Donations Total	\$ \$	4,803. 24,600. 29,403.	 10,470. 24,600. 35,070.	\$ \$	9,785. 24,600. 34,385.	\$ \$	22,353. 24,600. 46,953.	 17,018. 36,600. 53,618.

Additional Explanation of Other Income

Part II - Line 10: Other Income = \$29,403

\$4,803 - Contributed Services reflects the unreimbursed volunteer travel expenses paid by the volunteers providing program services and it is reported on the books of Konbit Sante as both revenue and expenses.

\$24,600 - In Kind Contributions reflects donated office and warehouse space occupied by Konbit Sante staff and it is reported on the books of Konbit Sante as both revenue and expenses.

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SC		Sup	plemental Financial	Statements			OMB No.	1545-	0047
		0) Complete if the Part IV, line 6, 7, 8 Go to www.irs.gov// rganization onbit Sante Cap Haitien Healt Organizations Maintaining Donor Add Complete if the organization answere number at end of year	te if the organization answere	ed 'Yes' on Form 9	90.		20	18	3
Depai Intern	internal Revenue Service Control www.ins.gov/rom/social instructions and the latest micrimation. iame of the organization Employer identified Konbit Sante Cap Haitien Health Partners 01-054029 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other 1 Total number at end of year.				Open to Inspect	o Pu tion	ıblic		
Name of the organization Employer identife Konbit Sante Cap Haitien Health Partners 01-054024 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other 1 Total number at end of year		dentification n	umbe	r					
		-					0292		
Pai	t I Organizat	tions Maintaining Done	or Advised Funds or Oth	h er Similar Fun 0 Part IV line	ds or Ac	counts.			
	complete					unds and	other accou	ints	
1	Total number at e	end of year		i iulius	(5)			1113	
2									
3	Aggregate value of gra	ants from (during year)							
4	Aggregate value	at end of year							
5	Did the organizat are the organizat	ion inform all donors and do ion's property, subject to the	nor advisors in writing that the organization's exclusive lega	e assets held in do I control?	nor advised	funds	Yes		No
6	Did the organizat	ion inform all grantees, dong	ors, and donor advisors in writ	ting that grant fund	ls can be us	ed only			
	impermissible pri	vate benefit?	t of the donor or donor adviso	or, or for any other	purpose co		Yes	\square	No
Pa	t II Conserva	tion Easements.							
	Complete	if the organization ans			7.				
1									
			recreation or education)	Preservation or		5 1		а	
				Preservation o	t a certified	historic sti	ructure		
2			hald a sublified concernation on	ntuihutian in tha farm		untion anon	was and any the		
2			neiù a quaimeu conservation co				End of the		Year
	a Total number of o	conservation easements		<u> </u>	2a		Life of the	Tur	(i cui
					2b				
	C Number of conse	rvation easements on a certi	fied historic structure included	d in (a).	2c				
(Number of conse structure listed in	rvation easements included in the National Register.	n (c) acquired after 7/25/06,	and not on a histor	ic 2d				
3	Number of conserv tax year ►	vation easements modified, tra	nsferred, released, extinguished	, or terminated by th	ne organizati	on during th	Ie		
4					_				
5							Yes		No
6								ar	NO
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, ar	nd enforcing conserv	ation easem	ents during	the year		
8	Does each conse	rvation easement reported o	n line 2(d) above satisfy the r	equirements of sec	ction 170(h)	^{(4)(B)(i)} Г	Yes		No
9	In Part XIII, descri include, if applica	be how the organization reports able, the text of the footnote	s conservation easements in its	revenue and expense	se statement	, and balan	∟ ce sheet, ar ion's accou	nd nting	g for
Pa	t III Organiza	tions Maintaining Colle	ections of Art, Historical	Treasures, or	Other Sir	nilar Ass	sets.		
	Complete	if the organization ans	wered 'Yes' on Form 99	0, Part IV, line	8.				
1;	art, historical treas	sures, or other similar assets he	eld for public exhibition, education	on, or research in fu	nue stateme irtherance of	nt and bala public serv	ance sheet ice, provide,	wor	ks of
I	historical treasures following amount	s, or other similar assets held f s relating to these items:	or public exhibition, education, o	or research in furthe	rance of pub	lic service,	e sheet wor provide the	ks o	f art,
~	•••								
2							lowing		
BAA	For Paperwork R	Reduction Act Notice, see the	e Instructions for Form 990.	TEEA3301L	10/10/18		lule D (Forr	n 99	0) 2018

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Part III Organizations Mainta	ining Colle	ections	of Art, Histo	orical	Treasures, or	Other Similar Ass	ets (con	tinued)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other	records, check a	ny of t	he following that ar	re a significant use of its	collection	
$\mathbf{a} \square$ Public exhibition			d Loan	or exc	hange programs			
b Scholarly research			e Other					
c Preservation for future gene	rations							
4 Provide a description of the organiz Part XIII.	zation's collect	ions and	explain how the	y furthe	er the organization's	s exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or han to be ma	receive intained	donations of a as part of the o	rt, histo organiz	orical treasures, o ation's collection	r other similar assets ?	Yes	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangen	ients.	Complete if	the or	ganization and		rm 990,	Part IV,
1 a Is the organization an agent, tru						or occoto pot included		
on Form 990, Part X?							Yes	No
b If 'Yes,' explain the arrangement	t in Part XIII a	and comp	plete the follow	ing tab	le:			
							Amount	
c Beginning balance								
d Additions during the year								
e Distributions during the year								
f Ending balance2 a Did the organization include an a							Yes	No
b If 'Yes,' explain the arrangement						-		No
	t in F art Ani.	CHECK III		lation	has been provide			•••
Part V Endowment Funds.	Complete if	the orc	anization ar	nswer	ed 'Yes' on Fo	orm 990 Part IV lir	ne 10	
Endownien(Funds)	(a) Current	1	(b) Prior yea		(c) Two years back			r years back
1 a Beginning of year balance		Jour	(,		(0) 1 10 Jouro 2001		(0) ! 041	Jouro Muon
b Contributions								
c Net investment earnings, gains,					~ T	17		
and losses								
d Grants or scholarships				\sim		,U =		
e Other expenditures for facilities and programs			n (51	Man			
f Administrative expenses))				
q End of year balance		$\overline{\langle () \rangle}$		-				
2 Provide the estimated percentag	151	ht vear	end balance (lir	ne 1a.	column (a)) held	as:		
a Board designated or guasi-endown	11-	<i>y</i>	8					
b Permanent endowment ►								
c Temporarily restricted endowme	nt 🕨		00					
The percentages on lines 2a, 2b, a		qual 100	. %.					
3 a Are there endowment funds not in	the neccession	of the or	conization that	ara hali	d and administored	l for the		
organization by:	line possession		yanization that				Y	es No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organiza	tions list	ed as required	on Sch	nedule R?		. 3b	
4 Describe in Part XIII the intende		-	tion's endowm	ent fur	nds.			
Part VI Land, Buildings, and	Equipment	t.						
Complete if the organ	ization ans	wered	'Yes' on For	m 990	0, Part IV, line	11a. See Form 99	0, Part X	<, line 10.
Description of property		(a) Cost (inv	or other basis vestment)	(b)	Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	ok value
1 a Land								
b Buildings								
c Leasehold improvements								
d Equipment					16,500.	2,750.		13,750.
e Other								
Total. Add lines 1a through 1e. (Colum	nn (d) must ei	qual Fori	n 990, Part X,	columı	n (B), line 10c.)			13,750.
BAA						Sched	ule D (Forn	n 99 0) 20 18

Schedule D (Form 990) 2018 Konbit Sante Cap H	Haitien Health	Partners	01-0540292	Page 3
Part VII Investments – Other Securities.		N/A		La. 10
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value		See Form 990, Part X ion: Cost or end-of-year market va	-
(1) Financial derivatives	(D) DOOK Value		ION. COST OF ENU-OF-YEAF MARKET VA	lue
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(D) (E)				
(F)				
(G)				
(H)				
(1)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►		b T / 7		
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	N/A Part IV. line 11c. S	See Form 990. Part X	line 13.
(a) Description of investment	(b) Book value		n: Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total (Column (b) much actual Form 000 Dart V, column (D) (inc 12)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets.	N∕A	1161111		
Part IX Other Assets. Complete if the organization answered		, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Des	Yes' on Form 990 scription	, Part IV, line 11d. S	See Form 990, Part X	
Part IX Other Assets. Complete if the organization answered (a) Dec	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Dec	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Dec (1) (2) (3)	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Dec (1) (2) (3) (4)	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Dec (1) (2) (3) (4) (5) (6)	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Dec (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990	, Part IV, line 11d. S		
Part IX Other Assets. Complete if the organization answered (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' on Form 990		(b) Book	
Part IX Other Assets. Complete if the organization answered (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	Yes' on Form 990		(b) Book	
Part IX Other Assets. Complete if the organization answered (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.	'Yes' on Form 990 scription 3) line 15.)		(b) Book	
Part IX Other Assets. Complete if the organization answered (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability	'Yes' on Form 990 scription 3) line 15.)		(b) Book	
Part IX Other Assets. Complete if the organization answered (a) Desite (1) (a) Desite (2) (b) Other (3) (c) Other (4) (c) Other (5) (c) Other (6) (c) Other (7) (c) Other (8) (c) Other (9) (c) Other (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (c) Federal income taxes	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Book	
Part IX Other Assets. Complete if the organization answered (a) Desite (1) (a) Desite (2) (b) Other (3) (c) Other (4) (c) Other (5) (c) Other (6) (c) Other (7) (c) Other (8) (c) Other (9) (c) Other (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (c) Federal income taxes (2) (c)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Book	
Part IX Other Assets. Complete if the organization answered (a) Deside (a) Description (a) Description of liability (1) (a) Deside (a) Description of Description of Liability (1) (b) must equal Form 990, Part X, column (b) Part X (10) Total. (Column (b) must equal Form 990, Part X, column (b) Complete if the organization answered 'Yes' on F (a) Description of Liability (c) Description of Liability (1) Federal income taxes (c) (2) (3)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Book	
Part IX Other Assets. Complete if the organization answered (a) Design (a) Description (a) Description of Liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of Liability (1) Federal income taxes (2) (3) (4)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Book	
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Book	
Part IX Other Assets. Complete if the organization answered (a) Description (1) (a) Description (2) (a) Description (3) (b) Must equal Form 990, Part X, column (b) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Book	
Part IX Other Assets. Complete if the organization answered (a) Description (1) (a) Description (2) (a) Description of liability (3) (b) Must equal Form 990, Part X, column (b) (6) (c) (7) (a) (8) (c) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (c) (1) Federal income taxes (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (a) (8) (c)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Book	
Part IX Other Assets. Complete if the organization answered (a) Dec (1) (2) (a) (3) (b) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Book	
Part IX Other Assets. Complete if the organization answered (a) Dec (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11		(b) Book	
Part IX Other Assets. Complete if the organization answered (a) Dec (b) (1) (a) Dec (b) (2) (a) Dec (b) (3) (a) Dec (b) (4) (b) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (c) (1) Federal income taxes (c) (2) (c) (3) (d) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) (10) (c) (11) (c)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11 (b) Book value		(b) Book	
Part IX Other Assets. Complete if the organization answered (a) Dec (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 990 scription 3) line 15.) orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, F	(b) Book	value

Schedule D (Form 990) 2018 Konbit Sante Cap Haitien Health Partners	01-0540292	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	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	760,017.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· · ·
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	. 2e	
3 Subtract line 2e from line 1	. 3	760,017.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		760,017.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	816,752.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		· .
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	. 2e	
3 Subtract line 2e from line 1	. 3	816,752.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		•
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part F, line 18.)		816,752.
Part XIII Supplemental Information.		

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

SCHEDULE F (Form 990)			es Outside the United		OMB No. 1545-0047
· · ·					2018 Open to Public
Internal Revenue Service	► Go to www.	irs.gov/Form9901	for instructions and the latest		Inspection
Konb:	it Sante Cap H	Haitien Hea	lth Partners	01-05402	ification number 292
Part I General Inform on Form 990, I	nation on Activiti Part IV, line 14b.	es Outside th	e United States. Complet		-
(Form 990) > Complete if the organization Department of the Treasury > Go to www.irs.gov/For Name of the organization Konbit Sante Cap Haitien Part I General Information on Activities Outsion on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain record the grantees' eligibility for the grants or assistance, and United States. 3 Activities per Region. (The following Part I, line 3 table of offices in the region (a) Region (b) Number of offices in the region in the region (c) Number of offices in the region (c) Number of offices in the region (c) Number of contract in the region (c) Number of offices in the region (c) Number of (zation's procedures	s for monitoring the use of its gra	ants and other assistance	outside the	
3 Activities per Region. (The following Part I,	line 3 table can b	e duplicated if additional space	e is needed.)Part V	
(a) Region	offices in the	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
	1	39	Program Services	See Part IV	517,056.
(2)					
(3)					
(4)					
(5)					
			SF MAR		
(7)					
(8)		DO "	~		
(9)	L				
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
	1	39			517,056.
sheets to Part I					F18.054
c Totals (add lines 3a and 3b)) 1	39			517,056.

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

Schedule F (Form 990) 2018

01-0540292

Page 2

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)
					AAA	L			
				<u></u>	T WUS				
			$\widehat{D}($	DIRIG	<i>.</i>				
			P						
	ter total number of recipient organizati e grantee or counsel has provided a ter total number of other organization							▶	0 0 7 (Form 990) 2018

Schedule F (Form 990) 2018 Konbit Sante Cap Haitien Health Partners

	TEEA3503L 11/02/18	•	Schedule F	(Form 990) 2018	
	122A33032 11/02/10				

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)				ANL			
(9)							
(10)		DC					
(11)		ł					
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA	1		TEFA3503L 11/02/18	I	1	Schedule F	(Form 990) 2018

01-0540292

Sche	dule F	(Form 990) 2018	Konbit	Sante	Cap	Haitien	Health	Partners	01-0	540292	Page 4
Par	t IV	Foreign Forms	5								
1	organ	ization may be req	wired to file	Form 926	Retu	irn by a U.S.	Transferor	the tax year? If 'Yes,' the of Property to a Foreig	n	Yes	X No
2	Did th	o organization have	on interact i	a a foreign	truct c	luring the tax y	ioor? If 'Voi	c ! the organization may !			

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

BAA

TEEA3505L 11/02/18

Schedule F (Form 990) 2018

DO NOT MAIL

01-0540292

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 - Additional Supplemental Information

Schedul F - Part 1, Line 3 - Column E

This number includes funds spent for program services in Haiti from Konbit Sante's Haitian bank accounts and the value in-kind donations of supplies and equipment that are used exclusively in Haiti. It does not include certain other program related expenses made in Haiti such as U.S. staff time in and travel to Haiti, and volunteer travel costs to Haiti.

DO NOT MAIL

Supplem	ental Informa	ition Rec	arding F	undraising or Gami	ng Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	te if the organizat	ion answere	d 'Yes' on Fo ore than \$15	orm 990, Part IV, line 17, 18 ,000 on Form 990-EZ, line 6a	, or 19, or if the	2018
Department of the Treasury	Ū	 Attach i 	to Form 990	or Form 990-EZ.		Open to Public
Internal Revenue Service G	o to www.irs.g	ov/Forms	90 for inst	ructions and the latest	Employer identif	Inspection ication number
Konbit Sante Cap Haitien	Health Pa	rtners			01-05402	
Part I Fundraising Activities. Comple Form 990-EZ filers are not re	te if the organiza	ation answ lete this p	ered 'Yes' o part.	on Form 990, Part IV, line	e 17.	
1 Indicate whether the organization				owing activities. Check	all that apply.	
a Mail solicitations			е	Solicitation of non-		
b Internet and email solicitations	6		f	Solicitation of gove		
c Phone solicitations d In-person solicitations			g	X Special fundraising	events	
2a Did the organization have a written o	r oral agreement	t with anv i	individual (i	including officers, directo	rs, trustees, or key	
employees listed in Form 990, Par	rt VII) or entity	in connect	tion with p	rofessional fundraising	services?	
b If 'Yes,' list the 10 highest paid inc compensated at least \$5,000 by th	dividuals or entine organization.	ties (fund	raisers) pl	irsuant to agreements i	under which the fundr	aiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	No		column (i)	organization
1		105	110			
2						
-						
3					17	
4				FT MULLE		
		- 5	$\mathcal{H}(\mathbb{C})$) \		
5		\square	$\int d = d$	/		
		$ \lor $				
6						
0						
7						
8						
9						
10						
10						
	1	L	I			
Total				optributions or here he	notified it is assured for	0.
3 List all states in which the organization or licensing.	on is registered (UICERSED	IO SOIICIT C	UNUTRALIANTS OF MAS DEEN	nouned it is exempt fro	in registration
<u>ME</u>						
						·

Schedule	G (Form 990 or	990-EZ) 2018	Konbit	Sante	Cap	Haitien	Health	Partners	01-0540292	Page 2
Part II	Fundraising	LEVENTS. Cor	nplete if	the orga	nizat	tion answe	red 'Yes'	on Form 990	Part IV line 18	or reported

runuraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or report more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		List events with gross receipts gre				
			(a) Event #1 A Walk and a B	(b) Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))
R E			(event type)	(event type)	(total number)	
R ⊟ > ⊟ Z ⊃ E	1	Gross receipts	54,842.			54,842.
E	2	Less: Contributions	54,842.			54,842.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
D	5	Noncash prizes				
I R E C T	6	Rent/facility costs				
	7	Food and beverages				
EXPENSES	8	Entertainment				
N S E S	9	Other direct expenses				
3	10	Direct expense summary. Add lines 4 thr				
		Net income summary. Subtract line 10 fro				
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Yes	s' on Form 990, Pa	rt IV, line 19, or rej	ported more than
				(b) Pull tabs/instant	1	(d) Total gaming
REVENUE			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(add column (a) through column (c))
N U E	1	Gross revenue		T WULL		
_	2	Cash prizes.) -		
EXPENSES	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes% No	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		►	
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)	►	
	ls th	er the state(s) in which the organization co ne organization licensed to conduct gaming lo,' explain:	g activities in each of th			
		e any of the organization's gaming license 'es,' explain:		or terminated during th		

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 Konbit Sante Cap Haitien Health Partners 01-05402	292	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility		00
b An outside facility		010
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ►		
Address ►		
 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party: 	Yes	No
Name ►		
Address ►		י
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided ►		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year 🕨 \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition information. See instructions. Part I, Line 2b, Fundraiser Additional Information.	i) and (v nal	/);

Part I, Line 2b - Fundraiser Additional Information

Konbit Sante Walk raised \$54,842.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Konbit Sante Cap Haitien Health Partners

Employer identification number
01-0540292

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash ((d) od of detern contributior	nining 1 amounts
1	Art – Works of art						
2	Art – Historical treasures						
3	Art – Fractional interests.						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities – Publicly traded						
10	Securities – Closely held stock						
11	Securities – Partnership, LLC, or trust interests .						
12	Securities – Miscellaneous						
13	Qualified conservation contribution –						
	Historic structures						
14	Qualified conservation contribution – Other						
15	Real estate – Residential			ΠΠ			
16	Real estate – Commercial						
17	Real estate – Other			15000			
18	Collectibles.						
19	Food inventory.	$- \int_{-}^{-}$					
20	Drugs and medical supplies	\mathcal{A}		100,199.			
21	Taxidermy.	$\underline{\mathcal{O}}$					
22	Historical artifacts	<u> </u>					
23	Scientific specimens						
24	Archeological artifacts.						
25	Other ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other► ()						
29	Number of Forms 8283 received by the organization du organization completed Form 8283, Part IV, Done	uring the tax	year for contributions fo	r which the	20		
	organization completed Form 8263, Fait IV, Done	e Acknowled			29	Yes	No
					ſ	Tes	
30a	a During the year, did the organization receive by contril				aad		
	it must hold for at least three years from the date for exempt purposes for the entire holding period?					30 a	Х
h	If 'Yes,' describe the arrangement in Part II.						Λ
31	Does the organization have a gift acceptance polic	ev that requ	ires the review of any r	nonstandard contributio	ns?	31	Х
	Does the organization hire or use third parties or r						
	noncash contributions?					32 a	Х
	If 'Yes,' describe in Part II.						
33	If the organization didn't report an amount in colur describe in Part II.	mn (c) for a	type of property for w	hich column (a) is chec	ked,		

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Schedule M (Form 990) 2018

Schedule M (Form 990) 2018	Konbit Sante Ca	p Haitien	Health	Partners	01-0540292	Page 2		
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether								
the organization is reporting in Part I, column (b), the number of contributions, the number of items								
received, or a c	ombination of both. A	Iso complete	e this par	t for any add	ditional information.			

DO NOT MAIL

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	Employer identificat	tion number
Konbit Sante Cap Haitien Health Partners	01-0540292	2

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is prepared by the independent auditor and reviewed by senior

administration before filing.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Executive Director's salary is determined by the finance committee and recommended

to the Board of Directors for approval.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Konbit Sante makes its Form 990 and other documents available to the public upon request and in the Guidestar website.

DO NOT MAIL

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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047 2017

A Por the 2017 calendary year, or tax year beginning 10/01,2017, and ending 9/302018 B Crease stagetistics C F No. Box 12.81 PortLand, ME 04104 The advectory of the port of the comparison of the com	Depa Inter	nal Revenue	e Service	► G	o to <i>www.i</i>	irs.gov/Form990 for in	nstructions and	the latest	informat	ion.		Inspection		
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Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN James C. McCallum Preparer's signature Date Check if PO0908667 Firm's name ► BLAKE HURLEY MCCALLUM AND CONLEY Firm's EIN ► 01-0531587 Firm's address ► 344 MAIN ST Firm's EIN ► 01-0531587 WESTBROOK, ME 04092-4727 Phone no. (207) 854-2115 May the IRS discuss this return with the preparer shown above? (see instructions)	He	re	Nath	nan Nicker	son				Freci	utivo T)i rod	-		
Paid Preparer Use Only James C. McCallum self-employed P00908667 Firm's name Firm's address BLAKE HURLEY MCCALLUM AND CONLEY Firm's EIN > 01-0531587 WESTBROOK, ME 04092-4727 Phone no. (207) 854-2115 May the IRS discuss this return with the preparer shown above? (see instructions)					5011				LACCO	ULIVE I	/1100			
Paid Preparer Use Only James C. McCallum self-employed P00908667 Firm's name Firm's address BLAKE HURLEY MCCALLUM AND CONLEY Firm's EIN > 01-0531587 May the IRS discuss this return with the preparer shown above? (see instructions)			Print/Type p	reparer's name		Preparer's signature		Date		Check	if	PTIN		
Preparer Use Only Firm's name Firm's address BLAKE HURLEY MCCALLUM AND CONLEY 344 MAIN ST WESTBROOK, ME 04092-4727 Firm's EIN ► 01-0531587 Phone no. (207) 854-2115 May the IRS discuss this return with the preparer shown above? (see instructions)	Paid		James	C. McCall	ım						_	P00908667		
Use Only Firm's address ▲ 344 MAIN ST Firm's EIN ► 01-0531587 WESTBROOK, ME 04092-4727 Phone no. (207) 854-2115 May the IRS discuss this return with the preparer shown above? (see instructions)						MCCALLUM AND	CONLEY	1		,, . 			-	
WESTBROOK, ME 04092-4727 Phone no. (207) 854-2115 May the IRS discuss this return with the preparer shown above? (see instructions)	Üs	e Only				mooning mind	COUTET			Firm's EIN	01-	-0531587		
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No		,				E 04092-4727								
	Ма	y the IRS	discuss th				nstructions)							
	_	-				•			A0113L 08/	/08/17			')	

Form	n 990 (2017)	Konbit Sante	Cap Haitien Hea	lth Partners	01-0	0540292	Page 2
Par			Service Accomplis				
				any line in this Part	III	<u></u>	
1	Briefly desc	ribe the organization's	mission:				
					n care system to meet	<u>the need</u>	s_of
	<u>the Cap</u>	-Haitien coumm	<u>untiy with maxi</u>	num local dire	ection and support.		
	<u> </u>						
2	-	-		• •	were not listed on the prior		
	Form 990 o					···· Yes	X No
2		cribe these new servic					
3	-	cribe these changes or		changes in now it co	inducts, any program services?.	···· Yes	X No
4	Section 501	e organization's progra (c)(3) and 501(c)(4) or e, if any, for each prog	danizations are required	ents for each of its thr to report the amount	ee largest program services, as of grants and allocations to oth	measured by e ers, the total ex	xpenses. (penses,
4 a	(Code:) (Expenses \$	868,609, in	cluding grants of \$) (Revenue	\$)
	Konbit	Sante expanded			with facility based a	and commun	itv
					en and the ULS Clinic		
					ing for traditional B		
					al service positions		
					enter expansion.		
	<u></u> -						
41	(Code:) (Expenses \$	in	cluding grants of \$) (Revenue	Ś)
		/ \			, (, , , , , , , , , , , , , , , ,	•	/
4 c	: (Code:) (Expenses \$	in	cluding grants of \$) (Revenue	\$)
					·		
4 r	Other progr	am services (Describe	in Schedule O.)				
Ŧ C	(Expenses	\$	including grants c	of \$) (Revenue \$)
4		am service expenses			,		/
4 C		an service expenses	000,0			Form	990 (2017)

Form 990 (2017)Konbit Sante Cap Haitien Health PartnersPart IVChecklist 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		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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		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? <i>If 'Yes,' complete Schedule D, Part II</i>	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		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.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		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? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
	c 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	11 c		Х
	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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>	13	37	Х
	a 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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	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 (see instructions)	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,' complete Schedule G, Part III.	19		Х

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Part IV	Chec	klist of R	equired	Sche	edules (co	ntinued)	
Form 990	(2017)	Konbit	Sante	Cap	Haitien	Health	Partners

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х
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? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a 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			x
I	<i>complete Śchedule K. If 'No, 'go to line 25a</i> b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Λ
	c 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 24d		
	a 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		Х
l	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? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
l	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	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 Il	32		Х
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 L.	33		Х
	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		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
l	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2017)

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	1990 (2017) Konbit Sante Cap Haitien Health Partners 01-054029	2	F	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 5	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4 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)?			
		4 a	Х	
b	If 'Yes,' enter the name of the foreign country: ► HA	-		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			
	solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
_	not tax deductible?	6 b		
	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	7 -		Х
l.	services provided to the payor?	7a 7b		
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	<i>,</i> ,		
y	as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
•	Form 1098-C?	7 h		
ð	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		
	Sponsoring organizations maintaining donor advised funds.	•		
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	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.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
h				
~	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14b		
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Section A. Governing Body and Management

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 in Schedule O. See instructions.

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

			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year 1 a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1 a			
	b Enter the number of voting members included in line 1a, above, who are independent 1b			
2				
-	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, or 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?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6		6		Х
7	a 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?	7 a		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?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9				
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni		
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	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?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official See . Schedule0	15a	Х	
	b Other officers or key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
	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 exempt status with respect to such arrangements?	16 b		
Se	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
<u>Se</u>	participation 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		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		availa	able
17	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		availa	able
17 18 19	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website Query matrix of the state of the s	only)	availa	able
17 18 19	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website Query mode these (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available	only) ble to	availa	able

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01-0540292

Form 990 (2017) Konbit Sante Cap Haitien Health Partners 01-0540292 Page 7										
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										
1 a 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 truste	 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 compen	sation fro	m the	e orga	aniz	ation	and	any related organ	izations.		
List persons in the following order: individual trustees of employees; and former such persons.	or directo	rs; ins	stituti	iona	l trus	tees;	officers; key emp	loyees; highest con	npensated	
X Check this box if neither the organization nor any relate	ed organiz	ation	comp	ensa	ated a	any ci	urrent officer, direct	or, or trustee.		
			((C)						
(A)	(B)	than	one bo	ox, ur	check nless p	erson	(D)	(E)	(F)	
Name and Title	Average hours	is			icer and ustee)	da	Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	۹ <u>آر</u> ۹	2	Ç [Ke em	필요	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the	
	week (list any hours for related organiza-	Individual trustee or director	Institutional trustee	Officer	employee Kev employee	Former Highest			organization and related	
	related organiza-	ual t	iona) Pore		tcor			organizations	
	tions below	rust	t	100	lee	nper				
	dotted line)	ee	stee		employee Kev employee	nsate				
(1) Manuchca Marc Alcime	0		_	_	_	ä				
Vice President		Х					0.	0.	0.	
(2) EJ Lovett	0	Λ				_	0.	0.	0.	
Director	0	Х					0.	0.	0.	
(3) Michael Roy	0									
Director	0	Х					0.	0.	0.	
(4) John Wipfler	0									
Director	0	Х					0.	0.	0.	
(5) Robert N. MacKinnon, Jr.	0									
President	0	Х	Σ	Χ			0.	0.	0.	
(6) Eva Lathrop, MD. MPH	0									
Director	0	Х					0.	0.	0.	
(7) Kathleen G. Healy	0									
Vice President	0	Х					0.	0.	0.	
(8) Jeffrey Musich, P.E.	0									
Secretary	0	Х					0.	0.	0.	
(9) Andre Jean-Pierre	0						_	_	_	
Director	0	Х				_	0.	0.	0.	
(10) Michael P. Dubois	0						_	-	<u>,</u>	
Treasurer	0	Х				_	0.	0.	0.	
(11) Jonathon Simon DSc, MPH	0	.,						^	~	
Director	0	Х					0.	0.	0.	

Х

Х

0

0

<u>40</u> 0 0.

0.

0.

25,000.

0.

0.

(14)

(12) Hugh Tozer P.E. Director

(13) Nathan Nickerson Executive Director

Form 990 (2017) Konbit Sante Cap Haitien Health Partners

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Par	VII Section A. Officers, Directors, Tru	istees,	Key	Em	plo	bye	es, a	anc	l Highest Com	pensated Emp	oyees (continued)
		(B)			(C	•					
	(A) Name and title	Average hours per week	box,	unles	ss pe	erson	e than (is both or/trust	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		(list any hours for	lndiv or dii	Institu	Officer	Key e	Highe	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
		related organiza	Individual trustee or director	nstitutional trustee	đ	Key employee	Highest compensated employee	ler			and related organizations
		- tions below dotted	truste	l trus		yee	npen				
		line)	¢	ee!			sated				
(15)											
(16)											
(17)											
(18)											
(19)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(24)			•								
(25)											
1 b	Sub-total							►	25,000.	0.	0.
	Total from continuation sheets to Part VII, Section								0.	0.	0.
	Total (add lines 1b and 1c) Total number of individuals (including but not limited								25,000.	0.	0.
	from the organization \blacktriangleright 0		15100	4001	0) 1	110		vcu			
											Yes No
	Did the organization list any former officer, direc on line 1a? If 'Yes,' complete Schedule J for suc										. 3 X
	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00)0?	lf 'Y	′es,'	' com	iplei	te Schedule J for		4 X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper s.' <i>comple</i>	nsatio ete Sc	n fro hedi	om a ule	any <i>J fo</i>	unre r suc	late	d organization or	individual	. 5 X
Sect	ion B. Independent Contractors										
1	Complete this table for your five highest compension compensation from the organization. Report compen	sated inde sation for	epeno the ca	dent alenc	cor dar y	ntrao /ear	ctors endii	tha ng w	t received more tl vith or within the or	nan \$100,000 of ganization's tax year	
	(A) Name and business add	ress							(B) Description of	of services	(C) Compensation
2	Total number of independent contractors (including b	out not lim	ited to	o tho	se li	istec	d abov	ve) v	who received more	than	
	\$100,000 of compensation from the organization	▶ 0									

Form 990 (2017) Konbit Sante Cap Haitien Health Partners 01-0540292 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. Check if Schedule O contains a response or note to any line in this Part VIII. (B) (C) (D) Revenue Revenue Related or function revenue Revenue Revenue Revenue Revenue Revenue Schuded from tax under sections 512-514 state 1a 1b 1b 1a 1a 1a 1a

_					
ts ts	1 a Federated campaigns 1a				
un al	b Membership dues 1b				
Contributions, Gifts, Grants and Other Similar Amounts					
Υ <mark>ν</mark>					
ar	d Related organizations 1d				
o iii	e Government grants (contributions) 1 e				
Sin					
9 L	f All other contributions, gifts, grants, and similar amounts not included above 1 f 672.383.				
The second	similar amounts not included above 1f 672, 383.				
Ξō	g Noncash contributions included in lines 1a-1f: \$ 137,759.				
N P					
	h Total. Add lines 1a-1f►	937,660.			
Program Service Revenue	Business Code				
G	2a				
Š					
Ξ.	b				
<u>S</u>	с				
N.					
പ്പ	Ч				
E	e				
- Dia	f All other program service revenue				
ĕ					
<u> </u>	g rotal / dd intos Ed Er				
	3 Investment income (including dividends, interest and				
	other similar amounts)	1,514.	1,514.		
	4 Income from investment of tax-exempt bond proceeds .	-/0110	-,0-11		
	5 Royalties				
	(i) Real (ii) Personal				
	6 a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)►				
	7 a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	b Less: cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)►				
a	8 a Gross income from fundraising events				
ž	(not including. \$ 265,277.				
e.	of contributions reported on line 1c).				
Š					
č	See Part IV, line 18 a				
2	b Less: direct expenses b				
Other Revenue					
ð	c Net income or (loss) from fundraising events►				
	9 a Gross income from gaming activities				
	9a Gross income from gaming activities. See Part IV, line 19a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ►				
	10a Gross sales of inventory, less returns and allowancesa				
	· · · · · · · · ·				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory►				
	Miscellaneous Revenue Business Code				
	11a <u>Donated Rent</u> 721000	24,600.	24,600.		
	b Unreimbursed Vol. Travel 561500	10,470.	10,470.		
		10,110.	10,110.		
	C				
	d All other revenue				
	e Total. Add lines 11a-11d	35,070.			
				^	^
	12 Total revenue. See instructions	974,244.	36,584.	0.	υ.
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Form 990 (2017) Konbit Sante Cap Haitien Health Partners Part IX Statement of Functional Expenses

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Do 1 6b, 1	not include amounts reported on lines 7b, 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 for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	25,000.	22,500.	1,750.	750
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages	190,741.	123,982.	47,685.	19,074
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				- , -
9	Other employee benefits	34,009.	24,486.	6,462.	3,061
10	Payroll taxes				
	Fees for services (non-employees):			T	
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	5,122.		5,122.	
12	Advertising and promotion.	28,411.			28,411
13	Office expenses	24,229.	13,572.	10,657.	
14	Information technology				
15	Royalties				
16	Occupancy	12,600.		12,600.	
17	Travel				
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				
23 24	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MCH Facility Based Programs	233,721.	233,721.		
	Supply Chain Expenses	186,770.	186,770.		
	Infrastructure Expenses	148,172.	148,172.		
	MCH Community Based Programs	68,145.	68,145.		
	All other expenses.	51,374.	47,261.	4,113.	
	Total functional expenses. Add lines 1 through 24e	1,008,294.	868,609.	88,389.	51,296
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Form 990 (2017) Konbit Sante Cap Haitien Health Partners Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	527,680.	1	487,602
2	Savings and temporary cash investments.	327,000.	2	407,002
3	Pledges and grants receivable, net.		3	
4	Accounts receivable, net	24,949.	4	18,292
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	21,919.	5	10,232
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
7 8 9	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	1,271.	9	
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation 10b		10 c	
11	Investments – publicly traded securities		11	
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets.		14	
15	Other assets. See Part IV, line 11	1,551.	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	555,451.	16	505,894
17	Accounts payable and accrued expenses	41,424.	17	25,917
18	Grants payable		18	,
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
3 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23			23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
26		41,424.	26	25,917
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	428,405.	27	88,315
28	Temporarily restricted net assets	85,622.	28	391,662
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	514,027.	33	479,977
1 .	Total liabilities and net assets/fund balances	555,451.	34	505,894

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Forn	1990 (2017) Konbit Sante Cap Haitien Health Partners 01-	05402	92	Р	age 12
	t 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		974,	244.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	008,	294.
3	Revenue less expenses. Subtract line 2 from line 1	3		-34,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		514,	
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10		479,	977.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				🔲
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
ł	Were the organization's financial statements audited by an independent accountant?		2	b X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	,	2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3	a	Х
ł	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	ь	
BAA			Fo	m 990	(2017)

SCHEDULE A
(Form 990 or 990-EZ

Public Charity Status and Public Support

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

OMB No. 1545-0047 2017

Open	to	Public
		ction

► Attach to Form 990 or Form 990-EZ.						Open to Public				
Department of the Treasury Internal Revenue Service			► (Go to <i>www.irs.gov/Fo</i>	Inspection					
Name o	f the	organization						Employer identifica	ation number	
Konl	oit	t Sante C	ap Haitier	n Health Partr	ners			01-054029	2	
Part	I	Reason fo	r Public Cha	rity Status (All o	rganizations must o	comple	te this	part.) See instruc	tions.	
The o	rga				For lines 1 through 12,					
1		A church, conv	vention of church	es, or association of c	hurches described in sec	tion 1 70(b)(1)(A)	(i).		
2		A school desci	ribed in section 1	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	r 990-EZ)).)	.,		
3		A hospital or	a cooperative h	iospital service organ	ization described in se	ction 17) (b)(1)(A	A)(iii).		
4			•		unction with a hospital				inter the hospital's	
		name, city, a	nd state:							
5		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, sta	ite, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).		
7	Х	An organizatio in section 17	on that normally r 0(b)(1)(A)(vi). (eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	blic described	
8		A community	trust described	in section 170(b)(1)(A)(vi). (Complete Part	ll.)				
9					ction 170(b)(1)(A)(ix) oper					
		or university o	r a non-land-grai	nt college of agriculture	e (see instructions). Enter	r the nam	ne, city,	and state of the college of	or	
		university:								
10		from activities investment in	s related to its e come and unre	exempt functions-sul	a 33-1/3% of its support fibject to certain exception le income (less section	ons, and	(2) no	more than 33-1/3% of i	ts support from gross	
11					ely to test for public saf	etv. See	section	n 509(a)(4)		
12	-	0	0	•	ely for the benefit of, to	-			ut the nurneses of one	
12		or more publi	cly supported o	rganizations describe	ed in section 509(a)(1) o	or sectio	n 509(a)(2). See section 509(a	(3). Check the box in	
		lines 12a thro	ough 12d that de	escribes the type of s	upporting organization	and corr	iplete li	nes 12e, 12f, and 12g.		
а		Type I. A supp	orting organizati	on operated, supervise	d, or controlled by its sup t a majority of the directo	oported o	rganizat	ion(s), typically by giving	the supported	
		complete Par	t IV, Sections A	A and B.	t a majority of the unecto			the supporting organization	on. Tou must	
b		management of	oporting organiz of the supporting te Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You	
с		Type III functio	onally integrated	. A supporting organiza	tion operated in connectio	n with, ar	nd functi	onally integrated with, its	supported	
d		organization(s) (see instructi	ons). You must com	plete Part IV, Sections	A, D, an	d E.			
u		functionally ir instructions).	ntegrated. The of You must com	rated. A supporting org organization generally plete Part IV, Sectior	ganization operated in cor y must satisfy a distribu is A and D, and Part V.	nnection ition reqi	uiremen	t and an attentiveness	requirement (see	
е		Check this bo	x if the organiz	ation received a writt	en determination from	the IRS	that it is	s а Туре I, Туре II, Тур	e III functionally	
f	Fn	Integrated, or	r of supported	organizations	supporting organization	٦.				
				n about the supporte	d organization(s)					
		me of supported of	-	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other	
, v	,			(,	(described on lines 1-10 above (see instructions))	organizat	ion listed overning	support (see instructions)	support (see instructions)	
						docur	nent?			
_						Yes	No			
(A)										
(B)										
(C)										
(D)										
<u>(E)</u>										
Total										

Schedule A (Form 990 or 990-EZ) 2017 Konbit Sante Cap Haitien Health Partners 01-0540292

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.)

Section A. Public Support

	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	622,243.	1,306,511.	739,142.	863,953.	937,659.	4,469,508.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	622,243.	1,306,511.	739,142.	863,953.	937,659.	4,469,508.
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)						0.
6	Public support. Subtract line 5 from line 4						4,469,508.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	622,243.	1,306,511.	739,142.	863,953.	937,659.	4,469,508.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	387.	401.	349.	815.	1,514.	3,466.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	60,297.	53,618.	46,953.	34,385.	35,070.	230,323.
	Total support. Add lines 7 through 10						4,703,297.
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and						►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						95.03%
15	Public support percentage from a	2016 Schedule A,	Part II, line 14			15	0.00%
16a	33-1/3% support test-2017. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b blicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	3% or more, check	< this box ► X
b	33-1/3% support test-2016. If the and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	r e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as a	box and stop her a publicly support	re. Explain in Parl ed organization.	t VI how the
18	Private foundation. If the organi	zation did not che	eck a box on line 1	3, 16a, 16b, 17a,	or 17b, check th	is box and see ins	structions ►
BAA					Sel	hedule A (Earm 9	90 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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.) D. I.I.

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include						
•	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
-	its behalf.						
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons.						
b	Amounts included on lines 2				T	1	
	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.						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
1 0 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
b	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include				1		
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9,						
	10c, 11, and 12.)				C CL L		
14	First five years. If the Form 990 organization, check this box and						
Sec	tion C. Computation of Pu						
15	Public support percentage for 20)17 (line 8, colum	n (f) divided by lin	ne 13, column (f)))	15	00
16	Public support percentage from	2016 Schedule A	, Part III, line 15			16	0/0
Sec	tion D. Computation of Inv	estment Inco	me Percentage	е		•	
17	Investment income percentage f	or 2017 (line 10c	, column (f) divide	ed by line 13, colu	umn (f))	17	0/0
18	Investment income percentage f	-		-			0/0
19a	33-1/3% support tests-2017. If	the organization o	did not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, and	d line 17 🚬
	is not more than 33-1/3%, check	<pre>< this box and sto</pre>	p here. The organ	nization qualifies	as a publicly supp	orted organization	•
b	33-1/3% support tests -2016. If this 18 is not more than 23 1/2%	the organization of	lid not check a bo	ox on line 14 or line	ne 19a, and line 1	6 is more than 33-	1/3%, and
20	line 18 is not more than 33-1/3% Private foundation. If the organi		-				
20	i invate iounuation. It the organi		SUN A DUX UN INNE	1 4 , 190, 01 190, (CHECK THE DOX AND		······ • •

Schedule A (Form 990 or 990-EZ) 2017	Konbit Sant	e Car) Haitien	Health	Partners	01-0540292	Page 4
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 Part IV
 Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
			Tes	NO
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
U	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
~	Did the organization oncurs that all support to such organizations was used evaluationly for section $170(a)(2)(P)$			
	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.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and ElN 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
c	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
Ŭ		50		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
		,		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>	9a		
		Ja		
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? <i>If 'Yes,' provide detail in Part VI.</i>	9b		
С	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 .	9с		
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 10b below.	1 0 a		
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.)	10b		

Part IV Supporting Organizations (continued)		
	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		
governing body of a supported organization?		
b A family member of a person described in (a) above? 11	,	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	:	

Konbit Sante Cap Haitien Health Partners

Section B. Type I Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.*

Section C. Type II Supporting Organizations

		res	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		

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).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in 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 organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* 'Yes,' *explain in 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 (a) and (b) 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? *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.

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Page 5

Yes

Voc No

No

Yes

2a

2b

3a

3h

1

2

No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			<u>, 10292</u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20, 1970 (explain i t complete Sections A	n Part VI). See A through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
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		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally interview.	enrated	Type III supporting or	manization

Konbit Sante Cap Haitien Health Partners

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 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 Konbit Sante Cap Haitien Health Partners 01-0540292 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Par		upporting Organiza	luons (continueu)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity $% \left({{{\bf{n}}_{i}}} \right)$	of supported organization	S,	
3	Administrative expenses paid to accomplish exempt purposes of s			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizat in Part VI). See instructions.	ion is responsive (provide	details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
	From 2013			
C	From 2014			
d	From 2015			
e	PFrom 2016			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			
-				

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source		2017		2016		2015		2014		2013
Contributed Services In Kind Donations Total	\$ \$	10,470. 24,600. 35,070.	\$ \$	9,785. 24,600. 34,385.	\$ \$	22,353. 24,600. 46,953.	\$ \$	17,018. 36,600. 53,618.	\$ \$	23,697. 36,600. 60,297.

Additional Explanation of Other Income

Part II - Line 10: Other Income = \$35,070

\$10,470 - Contributed Services reflects the unreimbursed volunteer travel expenses paid by the volunteers providing program services and it is reported on the books of Konbit Sante as both revenue and expenses.

\$24,600 - In Kind Contributions reflects donated office and warehouse space occupied by Konbit Sante staff and it is reported on the books of Konbit Sante as both revenue and expenses.

SC	HEDULE D	Sup	plemental Financial	Statements			OMB No. 1	545-0	0047
	rm 990)	► Complet	te if the organization answere 5, 7, 8, 9, 10, 11a, 11b, 11c, 11	ed 'Yes' on Form 990 d, 11e, 11f, 12a, or 12	, 2b.		20	17	7
Depai	tment of the Treasury al Revenue Service	► Go to <i>www.irs</i>	Attach to Form 99 ► Attach to Form 99 gov/Form990 for instruction:		mation.		Open to Inspecti	Pul	blic
	of the organization					Employer i	dentification nu		
	Kanhit C	anta Can Unitian U	aalth Dantnana						
Pa		ante Cap Haitien He	or Advised Funds or Oth	oer Similar Fund	s or Acc	01-054	0292		
Fai	Complete	if the organization ans	wered 'Yes' on Form 99	0, Part IV, line 6.		Jounts.			
			(a) Donor advised	funds	(b) F	unds and	other accou	nts	
1		end of year							
2	55 5	ntributions to (during year)							
3 4		ants from (during year)							
5	Did the organizat	ion inform all donors and do	nor advisors in writing that the	e assets held in dono	r advised	funds	7.2		
~	•		organization's exclusive lega				Yes		No
6	for charitable pur	poses and not for the benefit	ors, and donor advisors in writ t of the donor or donor adviso	r, or for any other pu	irpose cor	nferring _	Yes		No
Pai		tion Easements.				_			
			wered 'Yes' on Form 99						
1		of land for public use (e.g., r	y the organization (check all t	nat apply).	historiaa	lly importo	nt land area		
		natural habitat		Preservation of a		5		1	
		of open space			certified		ucture		
2		through 2d if the organization I	held a qualified conservation co	ntribution in the form o	f a conser	vation ease	ment on the		
						leld at the	End of the	Tax	Year
			· · · · · · · · · · · · · · · · · · ·		2a				
	-	-	ments.		2b				
			fied historic structure included		2 c				
(structure listed in	rvation easements included i the National Register	n (c) acquired after 7/25/06, a	and not on a historic	2 d				
3	Number of conserv tax year ►	vation easements modified, tran	nsferred, released, extinguished	, or terminated by the	organizatio	on during th	e		
4	Number of states w	where property subject to conse	ervation easement is located ►						
5			garding the periodic monitorints it holds?				Yes		No
6	Staff and volunteer ►	r hours devoted to monitoring,	inspecting, handling of violation	s, and enforcing conse	rvation ea	sements dı	iring the yea	r	
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, ar	nd enforcing conservati	on easem	ents during	the year		
8	and section 170(h	ı)(4)(B)(ii)?	n line 2(d) above satisfy the r				Yes		No
9	In Part XIII, descril include, if applica conservation eas	able, the text of the footnote	s conservation easements in its to the organization's financial	revenue and expense statements that desc	statement cribes the	, and balan organizat	ce sheet, an on's accour	d nting	for
Pai	t III Organizat Complete	tions Maintaining Colle if the organization ans	ections of Art, Historical wered 'Yes' on Form 99	l Treasures, or O 0, Part IV, line 8.	ther Sin	nilar Ass	ets.		
1;	art, historical treas	sures, or other similar assets he	r SFAS 116 (ASC 958), not to eld for public exhibition, education ncial statements that describe	on, or research in furth	e stateme erance of	nt and bal public serv	ance sheet v ice, provide,	work	ks of
I	historical treasures following amount	s, or other similar assets held for s relating to these items:	r SFAS 116 (ASC 958), to report public exhibition, education, o	or research in furtherar	nce of pub	lic service,	e sheet work provide the	ks of	fart,
			line 1						
r	•••		aistoriaal traccurac, or other cim				lowing		
			nistorical treasures, or other sim 116 (ASC 958) relating to the 1				iowirig		
			·						
			e Instructions for Form 990.				ule D (Form	990	0) 2017

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Part III Organizations Mainta	ining Colle	ections	of Art, Histe	orical	Treasures, or	Other Similar Ass	ets (contin	ued)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other i	records, check a	any of t	he following that ar	e a significant use of its	collection	
a Public exhibition			d Loan	or exc	hange programs			
b Scholarly research			e Other					
c Preservation for future gene	rations		—					
4 Provide a description of the organiz Part XIII.	zation's collect	ions and	explain how the	y furthe	er the organization's	s exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather t							Yes	No
Part IV Escrow and Custodia line 9, or reported an	amount on	n ents. (Form 9	Complete if 990, Part X,	the or line 2	rganization ans 21.	swered 'Yes' on Fo	rm 990, Pa	art IV,
1 a Is the organization an agent, tru	stee, custodia	an or othe	er intermediary	for co	ntributions or othe	er assets not included	Yes	No
on Form 990, Part X? b If 'Yes,' explain the arrangement							Tes	
				ing tab			Amount	
c Beginning balance						1c		
d Additions during the year								
e Distributions during the year						1e		
f Ending balance						1f		
2 a Did the organization include an a	amount on Fo	rm 990, l	Part X, line 21	for es	crow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement	t in Part XIII.	Check he	ere if the expla	nation	has been provide	d on Part XIII		
Part V Endowment Funds. C	· · · · · · · · · · · · · · · · · · ·	Ĩ				· · · · · · · · · · · · · · · · · · ·		<u> </u>
1 - Deginning of year belongs	(a) Current	year	(b) Prior yea	ır	(c) Two years back	(d) Three years back	(e) Four yea	ars back
1 a Beginning of year balance b Contributions								
							+	
c Net investment earnings, gains, and losses								
d Grants or scholarships							+	
e Other expenditures for facilities								
and programs	-							
f Administrative expenses							<u> </u>	
g End of year balance								
2 Provide the estimated percentag		ent year e	end balance (III	ne Ig,	column (a)) held a	as:		
a Board designated or quasi-endown	ient 🕨		ð					
b Permanent endowment ► c Temporarily restricted endowme			0					
The percentages on lines 2a, 2b, a		aual 100						
3a Are there endowment funds not in organization by:	the possessior	n of the or	ganization that	are hel	d and administered	for the	Yes	No
(i) unrelated organizations							. 3a(i)	
(ii) related organizations							. 3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organiza	tions liste	ed as required	on Scł	nedule R?		. 3b	—
4 Describe in Part XIII the intende	d uses of the	organiza	tion's endowm	ent fur	nds.			
Part VI Land, Buildings, and	Equipmen	t.						
Complete if the organ	ization ans	wered	Yes' on For	m 990	0, Part IV, line	11a. See Form 99	0, Part X, I	line 10.
Description of property		(a) Cost (inv	or other basis vestment)	(b)	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	value
1 a Land								
b Buildings								
c Leasehold improvements								
d Equipment								
e Other								
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Forr	n 990, Part X,	columi	n (B), line 10c.)			0.
BAA						Schedu	ule D (Form 99	90) 2017

TEEA3302L 08/10/17

Schedule D (Form 990) 2017 Konbit Sante Cap H	laitien Health	Partners	01-0540292	Page 3
Part VII Investments – Other Securities. Complete if the organization answered		N/A		, line 12.
(a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end-of-year market va	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(E)				
(F)				
(G)				
(H)				
()				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►		21/2		
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	N/A Part IV line 11c	See Form 990 Part X	line 13
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year mark	ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets.	N/A			
Complete if the organization answered	'Yes' on Form 990). Part IV. line 11d.	See Form 990. Part X	. line 15.
· · · · · ·	scription	, ,	(b) Book	
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)		►	
Part X Other Liabilities.				
Complete if the organization answered 'Yes' on Fo (a) Description of liability	(b) Book value	le or 11f. See Form 990,	Part X, line 25	_
(1) Federal income taxes		_		
(2)		-		
(3)		-		
(4)				
(5)				
(6)				
(7)				
(8)		_		
(9)				
(10) (11)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	•			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foc		nancial statements that reports	s the organization's liability for unce	ertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote h				

Schedule D (Form 990) 2017 Konbit Sante Cap Haitien Health Partners)1-0540292	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	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	974,244.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1	. 3	974,244.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u>,</u>
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	974,244.
Part XII Reconciliation of Expenses per Audited Financial Statements 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	1,008,294.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u> </u>
a Donated services and use of facilities 2a		
b Prior year adjustments	-	
c Other losses.	-	
d Other (Describe in Part XIII.)	-	
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1.		
	. 3	1,008,294,
	. 3	1,008,294.
	. 3	1,008,294.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 3	1,008,294.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 a a Investment expenses not included on Form 990, Part VIII, line 7b 4 a b Other (Describe in Part XIII.) 4 b c Add lines 4a and 4b 4 b	. 4c	1,008,294.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b	4c	1,008,294.

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.

SCHEDULE F (Form 990)			es Outside the United ed 'Yes' on Form 990, Part IV, line ach to Form 990.		OMB No. 1545-0047
Department of the Treasury			ach to Form 990. instructions and the latest inform		Open to Public
Internal Revenue Service		•			Inspection dentification number
	it Sante Cap H			01-054	
Part I General Inform on Form 990,	nation on Activiti Part IV, line 14b.	es Outside the	e United States. Complet	e if the organiza	ation answered 'Yes'
			substantiate the amount of its e election criteria used to award		
2 For grantmakers. Descri United States.	be in Part V the organi	zation's procedures	s for monitoring the use of its gra	nts and other assista	nce outside the
3 Activities per Region.	The following Part I,	line 3 table can b	e duplicated if additional space	e is needed.)Part	V
(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, program services, investments, grants to recipients located in the region)	(e) If activity listed (d) is a program service, describ specific type of service(s) in the region	e expenditures for and investments
Central America & (1) Caribbean	1	39	Program Services	See Part IV	688,425.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
<u>(10)</u>					
<u>(11)</u>					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1	39			688,425.
b Total from continuation sheets to Part 1					
c Totals (add lines 3a and 3b) 1	39			688,425.

Schedule F (Form 990) 2017

01-0540292

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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ei th	 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 3 Enter total number of other organizations or entities 								
BAA									(Form 990) 2017

Schedule F (Form 990) 2017 Konbit Sante Cap Haitien Health Partners

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

01-0540292

		F (Form 990) 2017 Konbit Sante Cap Haitien Health Partners	01-0540292	Page 4
Pa	rt IV	Foreign Forms		
1	orgar	the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the nization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign oration (see Instructions for Form 926)	Yes	X No
2	requir of Ce	ne organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be red to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt ertain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. er (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	\ Yes	X No

			11 110
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; do not file with Form 990)	Yes	X No

TEEA3505L 08/10/17

Schedule F (Form 990) 2017

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 - Additional Supplemental Information

Schedul F - Part 1, Line 3 - Column E

This number includes funds spent for program services in Haiti from Konbit Sante's Haitian bank accounts and the value in-kind donations of supplies and equipment that are used exclusively in Haiti. It does not include certain other program related expenses made in Haiti such as U.S. staff time in and travel to Haiti, and volunteer travel costs to Haiti.

01-0540292

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury	Complete if the organizati organizatio	on answere n entered me Attach t	d 'Yes' on Fo ore than \$15, to Form 990 (undraising or Gamin orm 990, Part IV, line 17, 18, ,000 on Form 990-EZ, line 6a or Form 990-EZ. P for the latest instruction	, or 19, or if the a.	OMB No. 1545-0047 2017 Open to Public
Internal Revenue Service Name of the organization		ww.irs.yo	//F0/11990		Employer identific	Inspection ation number
Konbit Sante Cap Hait					01-054029	92
Part I Fundraising Activities. C Form 990-EZ filers are	complete if the organiza not required to comp	ation answe lete this p	ered 'Yes' o art.	on Form 990, Part IV, line	e 17.	
 Indicate whether the organiz Mail solicitations Internet and email solicit Phone solicitations In-person solicitations In-person solicitations Did the organization have a wr employees listed in Form 99 If 'Yes,' list the 10 highest part 	ation raised funds thr tations itten or oral agreement 0, Part VII) or entity i aid individuals or enti	ough any with any i n connect ties (fundi	of the follo e f g ndividual (i ion with p	Solicitation of non- Solicitation of gove Special fundraising ncluding officers, director rofessional fundraising	government grants rrnment grants events rs, trustees, or key services?	
(i) Name and address of individ or entity (fundraiser)		(iii) Did have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	No		column (i)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			►			0
S List all states in which the orgation of licensing. <u>ME</u>				ontributions or has been	I notified it is exempt fron	0. n registration

Schedule G (Form 990 or 990-EZ) 2017 Konbit Sante Cap Haitien Health Partners 01-0540292 Page 2

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		List events with gross receipts gro				•
P			(a) Event #1 <u>A Walk and a B</u> (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
Ē			(event type)	(event type)	(total number)	
REVENU	1	Gross receipts	265,277.			265,277.
Е	2	Less: Contributions	265,277.			265,277.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
D	5	Noncash prizes				
I R E C T	6	Rent/facility costs				
Ť	7	Food and beverages				
EXPENSES	8	Entertainment				
IN SEC	9	Other direct expenses				
3	10	Direct expense summary. Add lines 4 thr	ough 9 in column (d)			
	11	Net income summary. Subtract line 10 fr	om line 3, column (d).			
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' on Form 990, Par	rt IV, line 19, or re	ported more than
REVENU			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N U E	1	Gross revenue				
F	2	Cash prizes				
EXPENSES	3	Noncash prizes				
Č Š T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		••••••	
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
	i Is th	er the state(s) in which the organization co ne organization licensed to conduct gaming lo,' explain:	g activities in each of th			
		e any of the organization's gaming license 'es,' explain:				

Schedule G (Form 990 or 990-EZ) 2017

		-0540		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
		13a		00
Ł	b An outside facility	13b		010
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address ►			
Ł	a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party:			No
	Name ►			,
	Address ►			i
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the			
	state gaming license?		Yes	No
t	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e		
Dec	organization's own exempt activities during the tax year > \$		iii) and (<u>.</u>
Par	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions.	additi	onal	v);
	Part I, Line 2b - Fundraiser Additional Information Konbit Sante Walk raised \$36,880 and ULS Building event raised \$228,3	97.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

► C	omplete if the	organizations	answered 'Yes'	on Form 990.	Part IV, lines 29 or 30.
-----	----------------	---------------	----------------	--------------	--------------------------

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Konbit Sante Cap Haitien Health Partners

Employer identification number
01-0540292

Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	d of c contril	determir	ning mounts
1	Art – Works of art							
2	Art – Historical treasures							
3	Art – Fractional interests.							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities – Publicly traded							
10	Securities – Closely held stock							
11	Securities – Partnership, LLC, or trust interests .							
12	Securities – Miscellaneous							
13	Qualified conservation contribution – Historic structures							
14	Qualified conservation contribution – Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles.							
19	Food inventory.							
20	Drugs and medical supplies			137,759.				
21	Taxidermy.							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts.				-			
25	Other ► ()							
26	Other ► ()							
27 28	Other ► ()							
	Other ()	uning the text	unar far anntributions fo					
29	Number of Forms 8283 received by the organization du organization completed Form 8283, Part IV, Done				29			
							Yes	No
20-	During the upper did the execution tion receive her control	hution only n	enerth renerted in Dert	Lines 1 through 20 that				
508	During the year, did the organization receive by contril it must hold for at least three years from the date							
	for exempt purposes for the entire holding period?					30 a		Х
Ł	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance polic	cy that requi	res the review of any	nonstandard contributio	ns?	31		Х
32a	Does the organization hire or use third parties or r noncash contributions?					32 a		Х
b	If 'Yes,' describe in Part II.							
33	If the organization didn't report an amount in colur describe in Part II.	mn (c) for a	type of property for w	hich column (a) is chec	ked,			

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

Schedule M (Form 990) (2017)

Schedule M (Form 990) (2017)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service Name of the organ

Konbit S

Treasury Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
nization		Employer identifica	tion number
ante C	ap Haitien Health Partners	01-054029	2

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is prepared by the independent auditor and reviewed by senior

administration before filing.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Executive Director's salary is determined by the finance committee and recommended

to the Board of Directors for approval.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Konbit Sante makes its Form 990 and other documents available to the public upon

request and in the Guidestar website.

	Form	990									OMB No. 1545-0047
				Return of	ⁱ Organization	Exempt Fr	om Inc	ome Ta	ax		2016
					527, or 4947(a)(1) of the nter social security numb				idations)		Open to Public
Depa Inter	irtment of th nal Revenue	e Treasury Service		► Informatio	n about Form 990 and its	instructions is at w	ww.irs.gov	/form990.			Inspection
	For the 2	2016 calen		year, or tax year begir	nning 10/01	, 2016,	and endin	g 9/3			, 2017
в	Check if ap		C			th Denterer	· · ·				tification number
		ss change		nbit Sante Cap 0. Box 11281	Haitien Heal	th Partner	S	ł	E Telepho	0540	
	Initial I	change		rtland, ME 041	.04				•		47-6733
		urn/terminated	_	,				ł	(20	<u>1) 3</u>	147-0733
		led return							G Gross r	eceints	\$ 899,153.
		ation pending	F	Name and address of principa	al officer:		The second s	H(a) Is this a		· · · · · · · · · · · · · · · · · · ·	······································
								H(b) Are all s If 'No,' a	subordinates	include	
1	Tax-exen	npt status	X	501(c)(3) 501(c) ()⊲ (insert no.)	4947(a)(1) or	527	11 100, 6	attach a list.	(See in	50 000000
J	Websit	ie:► N/	A			N		H(c) Group e	exemption nu	umber I	>
К		organization:	X	Corporation Trust	Association Other P	LY	rear of formation	on: 2000) Mis	state of	legal domicile: ME
Pa	rt I	Summar	у								
				ne organization's miss							
e S				e health care			<u>s or tn</u>	e Cap-	Haitie	en_c	oummuntly
Activities & Governance	<u>_w</u> _		ΤЩC	<u>ım local direc</u>	CTOIL and Supp	<u>OTC.</u>					
Ver	2 Ch	eck this bo	X P	if the organization	on discontinued its op	erations or disp	osed of mo	re than 25	5% of its	net as	sets.
ဗီ	3 Nu	mber of vo	ting	members of the gove	rning body (Part VI, I	ine 1a)				3	14
су Со				endent voting member						4	14_
itie				ndividuals employed in olunteers (estimate if						5	5
cti				usiness revenue from						0 7a	0.
a				iness taxable income						7b	0.
					<u>áradta eta (m</u>			Pr	rior Year		Current Year
0				grants (Part VIII, line					739,1	42.	863,953.
Revenue		5		revenue (Part VIII, line							0.4 5
leve				ie (Part VIII, column (art VIII, column (A), li					46,9	49.	<u>815.</u> 34,385.
-				add lines 8 through 11					786,4		899,153.
				r amounts paid (Part					100,4	111	000,1000.
				r for members (Part I							
	15 Sal	laries, othe	er co	mpensation, employe	e benefits (Part IX, c	olumn (A), lines	5-10)		212,7	85.	199,591.
oenses	16a Pro	ofessional f	fund	raising fees (Part IX,	column (A), line 11e)						
ben	b Tot	al fundrais	ina	expenses (Part IX, co	lumn (D), line 25) 🕨	5	3,977.				
Щ				Part IX, column (A), li					583,1	59	563,088.
		•		dd lines 13-17 (must					795,9		762,679.
	19 Rev	venue less	exp	enses. Subtract line 1	8 from line 12				-9,5		136,474.
58				<u>, , , , , , , , , , , , , , , , , , , </u>				Beginning	g of Curren	t Year	End of Year
Net Assets or Fund Balances	20 Tot	al assets (Part	X, line 16)				•	391,7		555,451.
at As				art X, line 26)					14,2		41,424.
				l balances. Subtract l	ine 21 from line 20				377,5	53.	514,027.
Pa		Signatur									
Unde comp	r penalties o lete. Declar	of perjury, I de ation of prepa	clare rer (o	that I have examined this retu ther than officer) is based on	all information of which prep	schedules and staten barer has any knowled	nents, and to ti lge.	he best of my	/ knowledge	and bel	lef, it is true, correct, and
· · · ·								<u> </u>			
Sig	n	Signatur	e of c	officer				Date	e		
Hei	re			Nickerson				Execu	tive [Dire	C
·			· ······	name and title			1				
		Print/Type p			Preparer's signature	uch	Date		Check	_if	PTIN
Pai	d			McCallum	(former of		12/15/18	<u>}</u>	self-employe	d	P00908667
	parer	Firm's name		BLAKE HURLEY	MCCALLUM AND	CONLEY					0501507
US	e Only	Firm's addre	SS	► <u>344 MAIN ST</u>					Firm's EIN		-0531587
N A	the IDC	الم حيدة ما	0.75	WESTBROOK, M turn with the preparer		(netructions)			Phone no.	(20	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
				turn with the preparer				A0113L 11/10	in Legisland in the Conference in the		. X Yes No Form 990 (2016)
DAA	v ror Pa	perwork R	euu	LUON ALL NOUCE, SEE	me separate instruct	01131	ICE/	nuliar 11/10	0/10		10111 330 (2010)

	990 (2016) Konbit Sante Cap Haitien Health Partners	01-05402	292 Page 2
Part			
	Check if Schedule O contains a response or note to any line in this Part III		·····
	Briefly describe the organization's mission:		1.5
	To support the development of a sustainable health ca the Cap-Haitien coummuntly with maximum local directi		<u>e needs of</u>
2 D	Did the organization undertake any significant program services during the year which were	not listed on the prior	
	Form 990 or 990-EZ?		Yes X No
	Did the organization cease conducting, or make significant changes in how it conduct f 'Yes,' describe these changes on Schedule O.	s, any program services?	Yes 🛛 No
4 D S ai	Describe the organization's program service accomplishments for each of its three lar Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gra and revenue, if any, for each program service reported.	gest program services, as measu ants and allocations to others, th	ired by expenses. e total expenses,
4a (0	Code:) (Expenses \$ 632,990. including grants of \$) (Revenue \$)
n a c	we have done work to improve and strengthen the capac northern Haiti. We do this by providing a variety of and two health clinics, as well as supporting program communities in which they live. We are able to have and well-being of people in Cap-Haitien and the surro	ity of the health sys resources to two majo s to reach families i a lasting impact on t	or hospitals in the
and a			
4b (C	Code:) (Expenses \$ including grants of \$) (Revenue \$)
_			
	· · · · · · · · · · · · · · · · · · ·		
8 (0	Outre Manager Charles including graphs of C) (Deveryon ¢	
4 c (C	Code:) (Expenses \$ including grants of \$) (Revenue \$)
	. Los per les		
-		** ** ** ** ** ** ** ** ** ** ** ** **	
	ther program services (Describe in Schedule O.)		
	Expenses \$ including grants of \$) (Revenue \$)
	otal program service expenses 632,990.	957700000000000000000000000000000000000	Earm 000 (2016)
BAA	TEEA0102L 11/16/16		Form 990 (2016)

Form 990 (2016) Konbit Sante Cap Haitien Health Partners Part IV Checklist of Required Schedules

01	(05	4(12	92	

Page 3

			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	X	140
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 Revenue Procedure 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 Il	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.	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	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.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		<u>X</u>
I	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	11 b		х
(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	11 c		X
(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	11 d		х
(Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
í	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	11 f		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
ł	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	12 b		X
13	5	13		<u>X</u>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
k	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	x	
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		X
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, 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		Х
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
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			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	Tes	X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		X
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? <i>If 'Yes,' complete Schedule J</i> .	23		x
24	a 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
I	b 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 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		
25	a 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
l	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? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete</i> <i>Schedule L, Part IV.</i>	28b		X
(c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes</i> ,' <i>complete Schedule L, Part IV</i>	28c		X
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? <i>If 'Yes,' complete Schedule M</i>	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
	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
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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 in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
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Part V Statements Regarding Other IRS Filings and Tax Compliance		_
Check if Schedule O contains a response or note to any line in this Part V		·····
		Yes No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a	0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. <u>1</u> c	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a	5	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		<u> </u>
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	. <u>3</u> b	
 4 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)? b If 'Yes,' enter the name of the foreign country: ► HA 	. 4a	X
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	Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	. 5 c	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a	<u> </u>
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	. <u>6 b</u>	
7 Organizations that may receive deductible contributions under section 170(c).		
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?	. 7a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	. 7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. 7c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	- 7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8	
9 Sponsoring organizations maintaining donor advised funds.		
a 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?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	_	
b Gross income from other sources (Do not net amounts due or paid to other sources		
against amounts due or received from them.)	. 12a	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128	
	-	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.a 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 c Enter the amount of reserves on hand 13c	_	
c Enter the amount of reserves on hand	- 1/-	X
		^^
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	<u> </u>	

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Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be	low,	and	for
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	ges i	in	
	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
1:	a 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 in Schedule O.			
1	Enter the number of voting members included in 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, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
F	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization sussets	6		X
	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		<u>X</u>
i	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
I	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
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? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	event	ie Co	ode.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		X
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	2014-0212	X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		v	
	Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	12a	X	
	to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c	X	
	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	<u>X</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?			
	The organization's CEO, Executive Director, or top management official. See . Schedule. 0	15 a	X	<u> </u>
ł	Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		x
ł	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 exempt status with respect to such arrangements?	16 u		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► <u>None</u>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.			able
	X Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year. See Schedule O	le to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Richard Williams, Operations 362 US Route 1 Falmouth ME 04105 (207) 347-673		000	0010
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated Employed	es, 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 Compensat	ted Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the	

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

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		Τ	-	(C))					
(A) Name and Title	(B) Average hours per	-i:	s both dir	n an e	officei /trust	eck mo ss pers r and a ee)	3	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Andre Jean-Pierre	0									
Director	0	X			ļ	ļ		0.	0.	0.
(2) EJ Lovett III, PhD								_		_
Director	0	X		X	ļ	ļ		0.	0.	0.
(3) Michael P. Dubois										
Treasurer	0	X		X	ļ	ļ		0.	0.	0.
(4) Marianne Ringel	0									<u>_</u>
Director	0	X		X			 	0.	0.	0.
(5) Robert N. MacKinnon, Jr.	0									0
President	0	X		X	ļ			0.	0.	0.
_(6) Eva Lathrop, MD. MPH								0	0	0
Director	0	X						0.	0.	0.
(7) Nancy Martz	0	x						0.	0.	0.
Secretary	0	<u> </u>						<u> </u>	<u>U.</u>	<u> </u>
(8) Jeffrey Musich, P.E.		x						0.	0.	0.
(9) Marion Knox	0								<u></u> ,	0.
the set one one the set one and the set one over set the set and set one the set of the set over set		x					.	0.	0.	0.
Director (10) Dr. Marie Leconte	0									0.
Director		x						0.	0.	0.
(11) Jonathon Simon DSc, MPH	0							<u>.</u>		<u>v.</u>
Director	0	x						0.	ο.	0.
(12) Hugh Tozer P.E.	0									
Director	0	X						0.	0.	0.
(13) Manuchca Alcime	0				 					
Vice President	0	X						0.	0.	0.
(14) Kate Geason Healy	0		1							
Vice President	0	X						0.	0.	0.
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Part VII Section A. Onicers, Directors, Tr	(B)	Tey	CII		C)	es,	an	a righest con	ipensateu cinp	
		(1)				e than		(D)	(E)	(F)
(A) Name and title	Average hours per	bo)	i, unle	ess p	erson	is bo tor/tru	th an	Reportable compensation from	Reportable compensation from	Estimated amount of other
	week (list any hours	oro	Inst	Officer	S	emp	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	for related	or director	lution	icer	Key employee	yloyed	mer			and related organizations
	organiza - tions below	or director	nstitutional trustee		loyee	ompe				-
	dotted line)	lee	Istee			employee				
(15) Nathan Nickerson								25.000		
Executive Director (16)	0	 			X			25,988.	0.	0
(17)	<u> </u>									
(18)							 			
(19)							ļ			
(20)										
(21)										
(22)									nan an	
(23)										
(24)		<u>}</u>								
(25)										
1 b Sub-total	<u> </u>		L		L			25,988.	0.	0
c Total from continuation sheets to Part VII, Sect							▶	0.	0.	0 .
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited								25,988.	0.	0.
from the organization b 0		ISICU	auuv	ve) v	MIU	recei	veu			Jensation
3 Did the organization list any former officer, direct	stor or tru	staa	kov		nlo		or h	and the st compensation	ed employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for suc	ch individu	iai	• • • •	• • •		• • • •	• • • •			. <mark>3</mark> X
4 For any individual listed on line 1a, is the sum o the organization and related organizations great such individual.	f reportab er than \$1	le co 50,00	mpe 00?	ensa /f 'γ	tion 'es,	and ' <i>con</i>	oth 1ple	te Schedule J for	trom	. 4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Ye	ie compen s,' <i>comple</i>	isatio te Sc	n fro ched	om : lule	any <i>J fo</i>	unre <i>r su</i> a	elate	ed organization or erson	individual	. 5 X
Section B. Independent Contractors 1 Complete this table for your five highest comper	sated ind	enen	dent	cor	ntrad	ctors	tha	t received more th	nan \$100.000 of	
compensation from the organization. Report compen-	nsation for	the c	alenc	dar y	year	endi	ng v	vith or within the or	ganization's tax year	
(A) Name and business add	ress							(B) Description c	of services	(C) Compensation
2 Total number of independent contractors (including	but not limi	ited to	tho	se l	ister	l abo	ve) v	who received more	than	
\$100,000 of compensation from the organization				•			- / '			

Check if Schedule O contains a response or note to any line in this Part VIII..... (B) (C) (D) (A) Total revenue Related or Unrelated Revenue business exempt excluded from tax function revenue under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1 a b Membership dues..... 1bc Fundraising events..... 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 11 863,953 g Noncash contributions included in lines 1a-1f: \$ 115,718 h Total. Add lines 1a-1f 863,953 **Business Code** Program Service Revenue 2a h C e f All other program service revenue.... g Total. Add lines 2a-2f Investment income (including dividends, interest and 3 other similar amounts) 815 815 Income from investment of tax-exempt bond proceeds... 4 Royalties 5 (ii) Personal (i) Real 6 a Gross rents..... b Less: rental expenses 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 b Less: cost or other basis and sales expenses c Gain or (loss)..... d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including.. \$ of contributions reported on line 1c). See Part IV, line 18..... a **b** Less: direct expenses..... **b** c Net income or (loss) from fundraising events ₽ 9 a Gross income from gaming activities. See Part IV, line 19..... a b c Net income or (loss) from gaming activities..... P 10a Gross sales of inventory, less returns and allowances..... 2 b Less: cost of goods sold..... b c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code** 721000 24,600 24,600 11a Donated Rent 561500 9,785 9,785 **b** Unreimbursed Vol. Travel С d All other revenue e Total. Add lines 11a-11d..... 34,385

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Part VIII Statement of Revenue

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0. Form 990 (2016)

0

35,200

899,153

TEEA0109L 11/16/16

12 Total revenue. See instructions

Form 990 (2016) Konbit Sante Cap Haitien Health Partners Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a r	esponse or note to any	line in this Part IX		
Do not include amounts reported on lines 6b, 7b, 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 for- eign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	25,988.	23,389.	1,819.	780.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	136,600.	88,790.	34,150.	13,660
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	37,003.	26,642.	7,075.	3,286.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal		·		
c Accounting				

2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for-				
	eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	25,988.	23,389.	1,819.	780.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	136,600.	88,790.	34,150.	13,660.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	37,003.	26,642.	7,075.	3,286.
10	Payroll taxes				07,2000
	Fees for services (non-employees):				
	Management			-	
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	······································			
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
~	(A) amount, list line 11g expenses on Schedule 0.)	5,060.		5,060.	
12	Advertising and promotion	36,251.			36,251.
13	Office expenses	17,104.	6,312.	10,792.	
14	Information technology	1			
15	Royalties				
16	Occupancy	12,600.		12,600.	
17	Travel				
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				
23 24	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Supply Chain Expenses	154,743.	154,743.		
	MCH Facility Based Programs	150,342.	150,342.		
	MCH Community Based Programs	111,631.	111,631.	·	
	General Travel & Training	39,119.	39,119.		
	All other expenses.	36,238.	32,022.	4,216.	
25	Total functional expenses. Add lines 1 through 24e	762,679.	632,990.	75,712.	53,977.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				Form 990 (2016)
DAA					

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Form 990 (2016) Konbit Sante Cap Haitien Health Partners Part X Balance Sheet

01-0540292

Page 11

	Check if Schedule O contains a response or note to any line in this Part X			· · · · · · · · · · · · · · · · · · ·
		(A) Beginning of year		(B) End of year
1.	Cash – non-interest-bearing.	317,411.	1	527,680
	5 1 5		2	
	B Pledges and grants receivable, net		3	
	Accounts receivable, net	47,358.	4	24,949
	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
្ព រ	Notes and loans receivable, net	,	7	
Assets	Inventories for sale or use		8	
× s	Prepaid expenses and deferred charges	1,380.	9	1,271
1	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation 10b	endelen weinelen eine nommen under sichen sichen eine der der der die sicher eine der die sicher die sicher die	10 c	
1	i		11	
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets.		14	
1	ů –	25,637.	15	1,551
16		391,786.	16	555,451
17		14,233.	17	41,424
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
<u>ဖွ</u> 21			21	
Liabilities	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23			23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
26		14,233.	26	41,424
lces	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	210,042	07	400 405
		319,942.	27	428,405
		57,611.	28 29	85,622
29			23	
Net Assets or Fund Balan 55 55 55 55 55 55 55 55 55 55 55 55 55	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
<u>y</u> 30			30	
8 31			31	
a 32			32	
u 33	4	377,553.	33	514,027
34	Total liabilities and net assets/fund balances	391,786.	34	555,451.

BAA

Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI. Total expenses (must equal Part XI, column (A), line 12). Total expenses (must equal Part XI, column (A), line 25). Total expenses (must equal Part XI, column (A), line 25). Total expenses (must equal Part XI, column (A), line 25). Total expenses (must equal Part X, column (A)). A stasets or fund balances at beginning of year (must equal Part X, line 33, column (A)). A stasets or fund balances at beginning of year (must equal Part X, line 33, column (A)). A stasets or fund balances at equine the expenses. For period adjustments. Donated services and use of facilities. Investment expenses. Prior period adjustments. Other changes in net assets or fund balances (explain in Schedule 0). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Check if Schedule O contains a response or note to any line in this Part XII. Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: Cash X Accrual Other 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	Forr		0540292	; F	Page 12
1 Total revenue (must equal Part XII, column (A), line 12)	Pa				
2 Total expenses (must equal Part IX, column (A), line 25)				• • • • • • • • • • • • •	
3 Revenue less expenses. Subtract line 2 from line 1	1			899,	153.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2		2	762,	679.
5 Net unrealized gains (losses) on investments. 6 Donated services and use of facilities. 7 7 8 9 9 0. 10 Net assets or fund balances (explain in Schedule O). 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)). 10 S14, 027. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 11 Accounting method used to prepare the Form 990: 12 Cash 14 Yees 15 Schedule O. 2a X 16 Treview do a separate basis, consolidated basis, or both: 17 Separate basis 17 Consolidated basis, or both: 18 Yees to below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 17 Yees to below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 16 Yees to below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 17 Yees to below to indicate whether the financial statements for the year were audited o	3	Revenue less expenses. Subtract line 2 from line 1	3	136,	474.
5 Net unrealized gains (losses) on investments. 5 6 6 7 Investment expenses. 8 7 8 9 9 Other changes in net assets or fund balances (explain in Schedule O). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 ft regranization changed its method of accounting from a prior year or checked 'Other,' explain 2a X 11 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: 2a X 11 Yes, onsolidated basis, or both: 2b X 11 Yes, onsolidated basis, or both: 2b X 11 Separate basis Consolidated basis Both consolidated and separate basis 11 Yes, or	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	377,	553.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (E)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (E)) 10 S14, 027. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: 1 Cash X Accrual If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a X 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 B Were the organization's financial statements and led by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis b Were the organization's financial statements and selection of an independent accountant? If Yes' to line 2a r 2b, does the organization area a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If Yes' to line 2a r 2b, does the organization new a committee that assumes responsibility for oversight of the audit, review, or compilation of a tederal award, was the	5		5		
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 11 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 514, 027. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 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 12 a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements audited basis Both consolidated basis Both consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated basis Both consolidated basis C if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth	6	Donated services and use of facilities	6		
9 Other changes in net assets or fund balances (explain in Schedule O)	7		7		<u></u>
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 514, 027. Part XII Financial Statements and Reporting	8		8		
column (8) 10 514,027. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: Cash X Accrual Other Yes I 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 in Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Separate basis Consolidated basis, or both: 2b X If 'Yes,' check a box below to indicate whether the financial statements accountant? Zb X Zb X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If 'Yes,' check a box below to indicate basis Both consolidated and separate basis 2b X If 'Yes', 'check a basis Consolidated basis Both consolidated and separate basis 2b X	9		9		0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Image: Check if Schedule O contains a response or note to any line in this Part XII. 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 in Schedule O. 2a X 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: Both consolidated and separate basis 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If 'Yes,' check a box below to indicate whether the financial statements accountant? 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or c	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	514	027
Check if Schedule O contains a response or note to any line in this Part XII. 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 in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements addited basis Both consolidated and separate basis b Were the organization's financial statements addited by an independent accountant? 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were addited on a separate basis, consolidated basis, or both: X If 'Yes,' check a box below to indicate whether the financial statements for the year were addited on a separate basis C If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Pai				027.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No If the organization changed its method of accounting from a prior year or checked 'Other,' explain					
If the organization changed its method of accounting from a prior year or checked 'Other,' explain 2a If the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: 2a 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 basis, consolidated basis, or both: 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis C If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c </td <td></td> <td></td> <td></td> <td></td> <td></td>					
If the organization changed its method of accounting from a prior year or checked 'Other,' explain Image: Complete Comp	1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
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?. If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Con		If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
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? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis C If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolid		separate basis, consolidated basis, or both:	ed on a		
basis, consolidated basis, or both: Image: Separate basis Consolidated basis Both consolidated and separate basis Image: Separate basis	Ł	Were the organization's financial statements audited by an independent accountant?		2b X	
review, or compilation of its financial statements and selection of an independent accountant?		basis, consolidated basis, or both:	te		
in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c X	
Audit Act and OMB Circular A-133? 3a X b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		in Schedule O.			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<i>.</i>	3 a	x
	b			36	
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SCHEDULE A (Form 990 or 990-EZ)	port I or a section	OMB No. 1545-0047					
Department of the Treasury Internal Revenue Service	► In	formation about Sch	edule A (Form 990 or 9 at www.irs.gov/form9	90-EZ) a 90.	ind its ii	nstructions is	Open to Public Inspection
Name of the organization	**************************************		anakuran digina munameran kana munameran kana daga kaya			Employer identifie	
Konbit Sante Ca Part I Reason for				comple	ate this	01-054029	
The organization is not							
1 A church, conv	ention of churc	hes, or association of c	hurches described in se	ction 170	(b)(1)(A)	(i).	
and a second	ibed in section	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).)		
and a second	earch organiza		ization described in se unction with a hospital				Enter the hospital's
5 An organizatio	n operated fo	r the benefit of a colle omplete Part II.)	ege or university owned	d or oper	ated by	a governmental unit d	escribed in
6 🗌 A federal, stat	e, or local gov	vernment or governme	ental unit described in	section ⁻	l 70(b)(1))(A)(∨).	
in section 170	(b)(1)(A)(vi).	(Complete Part II.)	part of its support from a	•	iental un	it or from the general pu	blic described
			A)(vi). (Complete Part				
9 An agricultural or university or university:	research organ a non-land-gra	ization described in sec nt college of agriculture	c tion 170(b)(1)(A)(ix) ope e (see instructions). Ente	rated in c r the nan	onjunctione, city,	on with a land-grant coll and state of the college	ege or
from activities investment inc	related to its come and unre	receives: (1) more than exempt functions—sul lated business taxabl 509(a)(2). (Complete l	33-1/3% of its support to bject to certain excepti e income (less section Part III.)	rom cont ons, and 511 tax)	ributions (2) no i from bi	, membership fees, and more than 33-1/3% of usinesses acquired by	gross receipts its support from gross the organization after
11 An organizatio	n organized a	nd operated exclusive	ely to test for public sat	fety. See	section	n 509(a)(4).	
ines 12a throu	ly supported out of the support of t	organizations describe escribes the type of s	ed in section 509(a)(1) upporting organization	or section and com	n 509(a) plete lir)(2). See section 509(a nes 12e, 12f, and 12g.	
a Type I. A suppo organization(s) complete Part	the power to re	equiarly appoint or elect	d, or controlled by its su a majority of the directo	pported o ors or trus	rganizati stees of t	ion(s), typically by giving he supporting organizati	g the supported on. You must
b Display Type II. A support of management of must complete	the supporting	organization vested in	ontrolled in connectior the same persons that o	n with its control or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You
			ion operated in connection blete Part IV, Sections anization operated in co				
functionally int instructions). Y	egrated. The of the of the of the of the of the of the office off	organization generally plete Part IV, Section	must satisfy a distribution of a set of the	ution requ	uiremen	t and an attentiveness	requirement (see
integrated, or	Type III non-fu	inctionally integrated	en determination from supporting organizatio	n.			
		organizations n about the supported	d organization(a)		•••••	•••••••••••••••••••••••••••••••••••••••	
(i) Name of supported org	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your g docun	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
<u>(A)</u>							
(B)							
(C)							vana and a state of the second state of the se
(D)						*****	
<u>(E)</u>							
Total BAA For Paperwork Re	duction Act N	otice, see the Instruct	tions for Form 990 or 9	90-EZ.		Schedule A (For	m 990 or 990-EZ) 2016

ucuo TEEA0401L 09/28/16

Schedule A (Form 990 or 990-EZ) 2016 Konbit Sante Cap Haitien Health Partners 01-0540292 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Page 2

artn	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(b) and 170(b)(1)(A)(b)
	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
	rganization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,215,540.	622,243.	1,306,511.	739,142.	863,953.	4,747,389.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 5	Total. Add lines 1 through 3 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)	1,215,540.	622,243.	1,306,511.	739,142.	863,953.	4,747,389.
6	Public support. Subtract line 5 from line 4						4,747,389.
Sec	tion B. Total Support	<u>Se pilo de la contra de la pour de la contra </u>	**************************************		-		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,215,540.	622,243.	1,306,511.	739,142.	863,953.	4,747,389.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	381.	387.	401.	349.	815.	2,333.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	68,163.	60,297.	53,618.	46,953.	34,385.	263,416.
11	Total support. Add lines 7 through 10						5,013,138.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20	16 (line 6, column	n (f) divided by lir	ie 11, column (f)).	••••••		94.70 %
	Public support percentage from 2					L	94.43 %
	33-1/3% support test2016. If the and stop here. The organization	qualifies as a put	licly supported or	rganization	•••••		► <u>X</u>
b	33-1/3% support test—2015. If th and stop here. The organization	e organization did qualifies as a pul	I not check a box olicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, c	heck this box ·····►
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organiz	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	s' test, check this ition qualifies as a	box and stop her a publicly supporte	e. Explain in Part ed organization	VI how the

Schedule A (Form 990 or 990-EZ) 2016

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	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🖻	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions,		<u>`</u>				
	and membership fees received. (Do not include						
	any 'unusual grants.')						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is						
	related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						
R	Tax revenues levied for the						
64	organization's benefit and						
	either paid to or expended on						
	its behalf.		-				
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1,						
	2, and 3 received from disgualified persons.						
h	Amounts included on lines 2		······				
u	and 3 received from other than						
	disgualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year.						
с	Add lines 7a and 7b						
8	Public support. (Subtract line						
0	7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(4) 2012	(0) 2010	(0)2011	(4) 2010	(0) _0.10	
-		<u> </u>			.		
TUa	Gross income from interest, dividends, payments received on securities loans,		14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -				
	rents, royalties and income from						
	similar sources			-			·
α	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						and a state of the second state
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part VI.).						
13	Total support. (Add lines 9,						And a second
	10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990	is for the organiza	ation's first, secon	d, third, fourth, o	or fifth tax year as	a section 501(c)(3)	▶□
~	organization, check this box and						······
	tion C. Computation of Pul			- 10 1 (^)			0
	Public support percentage for 20						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Public support percentage from 2					16	જ
	tion D. Computation of Inv						
17	Investment income percentage for	or 2016 (line 10c,	column (f) divide	d by line 13, colu	ımn (f))	17	00
18	Investment income percentage fi	rom 2015 Schedul	le A, Part III, line	17			00
	33-1/3% support tests-2016. If t	the organization d	id not check the b	ox on line 14, ar	nd line 15 is more	than 33-1/3%, and	line 17
	is not more than 33-1/3%, check	; this box and sto	here. The organ	ization qualifies a	as a publicly supp	orted organization.	· · · · · · · · · · · P
b	33-1/3% support tests-2015. If t	he organization d	id not check a bo	on line 14 or lin	ne 19a, and line 16	5 is more than 33-1	/3%, and
	line 18 is not more than 33-1/3%	, check this box a	and stop here. The	e organization qu	alifies as a public	ly supported organi	zation 🏲 📘
	Private foundation. If the organiz	zation did not che	ck a box on line 1	4, 19a, or 19b, c	heck this box and	see instructions	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 01-0540292 Konbit Sante Cap Haitien Health Partners

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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 1 the designation. If historic and continuing relationship, explain. 1 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 2 2 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 (b) and (c) below. 3a **b** Did the organization confirm that each supported organization gualified 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. 3b 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. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b 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. Ac 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in 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 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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**. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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). 7 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). 8 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a b Did one or more disgualified 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. 9b 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. 9c 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 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine 10h whether the organization had excess business holdings.) BAA

Schedule A (Form 990 or 990-EZ) 2016

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No Yes

Schedule A (Form 990 or 990-EZ) 2016 Konbit Sante Cap Haitien Health Partners 01-0540292 Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons?a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the
 - governing body of a supported organization?
 - **b** A family member of a person described in (a) above?
 - c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section C. Type II Supporting Organizations

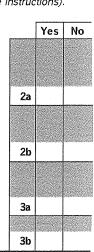
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 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?
- 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).
- **3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in **Part VI** the role the organization's supported organizations played in this regard.

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).
 - The organization satisfied the Activities Test. *Complete line 2 below*.
 - The organization is the parent of each of its supported organizations. *Complete line 3 below*.
 - The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* 'Yes,' explain in **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 (a) and (b) 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? 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.



Schedule A (Form 990 or 990-EZ) 2016

Yes No

1

2

Page 5

Yes No

а

h

Schedule A (Form 990 or 990-EZ) 2016Konbit Sante Cap Haitien Health PartnersPart VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations 01-0540292 Page 6

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. 1

Sec	tion 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	an a	
Sec	tion 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):			
ä	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c	:	
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inter	arated	Type III supporting org	nization

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

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Konbit Sante Cap Haitien Health Partners 01-0540292

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	tion D – Distributions	Current Year						
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.	1 0000						
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.							
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
<u>a</u>			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016

Konbit Sante Cap Haitien Health Partners 01-0540292

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

Part II, Line 10 - Other Income

Nature and Source	. <u></u>	2016	 2015		2014		2013		2012
Contributed Services In Kind Donations Total	\$	9,785. 24,600. 34,385.	\$ 22,353. 24,600. 46,953.	\$	17,018. <u>36,600.</u> 53,618.	\$	23,697. 36,600. 60,297.	\$ <u>s</u>	31,563. 36,600. 68,163.
IOTAL	<u>Ş</u>		\$ 40,955.	<u>></u>	53,010.	ş	00,297.	<u>ə</u>	00,103.

Additional Explanation of Other Income

Part II - Line 10: Other Income = \$34,385

\$9,785 - Contributed Services reflects the unreimbursed volunteer travel expenses paid by the volunteers providing program services and it is reported on the books of Konbit Sante as both revenue and expenses.

\$24,600 - In Kind Contributions reflects donated office and warehouse space occupied by Konbit Sante staff and it is reported on the books of Konbit Sante as both revenue and expenses.

SCHEDULE F (Form 990)		rganization answer	ed 'Yes' on Form 990, Part IV, lin		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	► Informa	tion about Sched	ach to Form 990. ule F (Form 990) and its instru v.irs.gov/form990.	ictions is	Open to Public Inspection
Name of the organization	***		enningeningen Scheiningen einen erspeinnen sonnen sinder in sonnen sinder einen sonnen einen einen sonnen eine		lification number
		ies Outside th	e United States. Comple	01-0540 te if the organizatio	
			substantiate the amount of its election criteria used to awarc		
2 For grantmakers. Descr United States.	ibe in Part V the organ	ization's procedure	s for monitoring the use of its gra	ants and other assistance	e outside the
3 Activities per Region.	(The following Part I,	line 3 table can b	e duplicated if additional space	e is needed.)Part V	
(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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America & (1) Caribbean	1	31	Program Services	See Part IV	0.
(2)					
(3)					
_(4)		χ			
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					·
(15)					
(16)					
(17)					
3 a Sub-total b Total from continuatior sheets to Part I		31			
c Totals (add lines 3a and 3b)		31			0.

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 Konbit Sante Cap Haitien Health Partners 01-0540292 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)
(1)							· · · · · · · · · · · · · · · · · · ·		
(2)									
(3)								· ·	
(4)									
(5)									
(6)			*						
Ø			- -						
(8)					· . ·				
(9)									
(10)									
(11)									
(12)			•		-				
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

0 Enter total number of other organizations or entities 3 0 Schedule F (Form 990) 2016 BAA

TEEA3502L 09/26/16

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Schedule F (Form 990) 2016 Konbit	Sante Cap Haiti	en Health P	artners			0540292	Page
Part III Grants and Other Assistan Part IV, line 16. Part III car	nce to Individuals O n be duplicated if ad	utside the Uni ditional space	ted States. Compl is needed.	ete if the organi	zation answered 'Y	es' on Form 990,	
(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)
(1)							
(2)		-					
(3)				-			
(4)							
(5)				-			
(6)			· · ·				
(7)			· · · · · · · · · · · · · · · · · · ·				
(8)							
(9)							
0)						· · · · · · · · · · · · · · · · · · ·	
1)							
2)		-	· · · · · · · · · · · · · · · · · · ·			·	
3)							·
4)		· · · · · · · · · · · · · · · · · · ·				· · ·	
5)	,			·		a data an internet and a sum and	
6)							
7)							·
18) AA						Palasi-I-P	(Form 990) 2016

TEEA3503L 09/26/16

Schedule F (Form 990) 2016	Konbit	Sante Cap	Haitien	Health	Partners	01-0540292	Page 4
Part IV Foreign Forms	5						

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; do not 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; do not file with Form 990)	Yes	X No

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Schedule F (Form 990) 2016

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 - Additional Supplemental Information

Schedul F - Part 1, Line 3 - Column E

This number includes funds spent for program services in Haiti from Konbit Sante's Haitian bank accounts and the value in-kind donations of supplies and equipment that are used exclusively in Haiti. It does not include certain other program related expenses made in Haiti such as U.S. staff time in and travel to Haiti, and volunteer travel costs to Haiti.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Kor	nbit Sante Cap Haitien Health Pa	rtners		01-	0540292
Pa	rt I Types of Property				
12400000		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art – Works of art				
2	Art – Historical treasures				
3	Art – Fractional interests.				· · · · · · · · · · · · · · · · · · ·
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities – Publicly traded				
10	Securities – Closely held stock				-
11	Securities – Partnership, LLC, or trust interests.				
12	Securities – Miscellaneous				
13	Qualified conservation contribution – Historic structures				
14	Qualified conservation contribution – Other		· ·		
15	Real estate – Residential				
16	Real estate – Commercial				
17	Real estate – Other				
18	Collectibles.				
19	Food inventory				
20	Drugs and medical supplies			115,718.	
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
27	Other ► ()				
28	Other ► ()				
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part IV, Doned	uring the tax e Acknowled	year for contributions for lgement	r which the	29 Yes No
	During the year, did the organization receive by contril it must hold for at least three years from the date for exempt purposes for the entire holding period? If 'Yes,' describe the arrangement in Part II.	of the initial	contribution, and whic	h isn't required to be us	sed
	Does the organization have a gift acceptance polic	cv that requi	res the review of any n	ionstandard contribution	ns? 31 X
	Does the organization hire or use third parties or r	elated organ	nizations to solicit, proc	cess, or sell	
F	noncash contributions? If 'Yes,' describe in Part II.			• • • • • • • • • • • • • • • • • • • •	
	If the organization didn't report an amount in colur	mn (c) for a	type of property for wh	hich column (a) is about	red line
	describe in Part II.				
BAA	For Paperwork Reduction Act Notice, see the Inst	tructions for	r Form 990.		Schedule M (Form 990) (2016)

Schedule M (Form 990) (2016) Konbit Sante Cap Haitien Health Partners

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA

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

	OMB No. 1545-0047
	2016
	Open to Public Inspection
ca	tion number

Name of the organization Konbit Sante Cap Haitien Health Partners

Employer identification 01-0540292

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is prepared by the independent auditor and reviewed by senior

administration before filing.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Executive Director's salary is determined by the finance committee and recommended

to the Board of Directors for approval.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Konbit Sante makes its Form 990 and other documents available to the public on its

website and on the Guidestar and Charity Navigator websites.