			** PUBLIC DISCLOSURE CO	OPY **								
	Ω	00	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047						
For	m 🕽	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	Code (exc	cept private foundation	ns) 2021						
-		(H) T	Do not enter social security numbers on this form a	as it may l	be made public.	Open to Public						
Inter	nal Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and			Inspection						
Α	For th			ending S	EP 30, 2022							
Β	Check if applicat		forganization		D Employer identific	cation number						
, 	⊐Addr	Kond	it Sante Cap Haitien Health									
	chan	ge Part	nership									
	Name change Doing business as 01-0540292											
	returi Final	n Number		Room/suite	E Telephone number							
	returi termi	n –	US Route 1		207-347-							
	ated Ame		own, state or province, country, and ZIP or foreign postal code outh, ME 04105		G Gross receipts \$	688,900.						
-	_lreturi ∏AppI	п гатш	nd address of principal officer: Tezita Negussie		H(a) Is this a group re							
	tion pend		as C above		for subordinates							
<u> </u>		kempt status:		or 527	H(b) Are all subordinates in	list. See instructions						
			konbitsante.org		H(c) Group exemption							
-		of organization:		I Year		State of legal domicile: ME						
	art I			Liou		otato or logar dormono,						
-	1		be the organization's mission or most significant activities: ${{{ m To}}}$ su	apport	the develo	pment of a						
nce		sustain	able health care system to meet th	ne nee	ds of the Ca	ap-Hatien						
Governance	2	Check this bo	than 25% of its net as	sets.								
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)			14						
ۍ م	4	Number of ind	14									
Activities &	5	Total number	<u> </u>									
iţi	6	Total number	otal number of volunteers (estimate if necessary)									
Acti			d business revenue from Part VIII, column (C), line 12			0.						
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.						
					Prior Year	Current Year						
ne	8		and grants (Part VIII, line 1h)		977,233.	683,319.						
Revenue	9		ce revenue (Part VIII, line 2g)		0. 909.	0.						
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		909.	774.						
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		978,142.	684,093.						
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		24,000.	24,000.						
	14				0.	0.						
		•			387,647.	334,511.						
Ise	16a	Professional fi	undraising fees (Part IX, column (A), line 11e)	·····	0.	0.						
Expenses	h	Total fundraisi	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 55,25	52.								
ы	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		526,152.	517,081.						
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		937,799.	875,592.						
	19		expenses. Subtract line 18 from line 12		40,343.	-191,499.						
Net Assets or Fund Balances					ginning of Current Year	End of Year						
sets	20	Total assets (F	Part X, line 16)		571,890.	382,545.						
t As	21		(Part X, line 26)		35,950.	38,104.						
			fund balances. Subtract line 21 from line 20		535,940.	344,441.						
Pa	art II	Signature	e Block									
			I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is						
true	, corre	ect, and complete	. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.							

Sign Here	Signature of officer Tezita Negussie, Interim Executive Director Type or print name and title	Date							
Paid		/23							
Preparer	Firm's name 🕨 Purdy Powers & Company /	Firm's EIN 01-0463013							
Use Only	Firm's address 130 Middle Street								
	Portland, ME 04101	Phone no. 207 – 775 – 3496							
May the I	May the IRS discuss this return with the preparer shown above? See instructions								

13200112-09-21LHA For Paperwork Reduction Act Notice, see the separate instructions.SeeSchedule 0 for Organization Mission Statement Continuation

Form	990 (2021)

	Konbit Sante Cap Haitien Health		
	I	40292 Pa	age 2
Par	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1			
	To support the development of a sustainable health care syste	m to mee	<u>र</u> ज्र
	the needs of the Cap-Hatien community with maximum local dire	ction an	<u>a</u>
	support.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Yes X	No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tota		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$653,603. including grants of \$24,000.) (Revenue \$)
	Konbit Sante is a global health non-profit organization that	supports	
	the delivery of quality health services in northern Haiti. Fo		
	2001, the organization strives to impact the "building blocks		
	essential functions, of a health system by working with partn ensure that they have a well-trained workforce, reliable data		
	well-maintained facilities, access to essential medication, s		
	and equipment, adequate financing, and strong management prac		
	Konbit Sante believes that supporting the capacity of local h		
	systems is the path to ensuring sustainable quality, accessib		
	efficient health care for all.	<u>107 ana</u>	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			/
4d	Other program services (Describe on Schedule O.)		
		\ \	
4e	(Expenses \$ including grants of \$) (Revenue \$)	

 Konbit Sante Cap Haitien Health

 Form 990 (2021)

 Partnership

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
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	<u> </u>		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		- 23
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	/		- 23
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 23
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximant on Part IX, column (A) line 12 If "Yes," complete Schedule I, Parts I and II.	04		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Form 990 (2021) Partnership
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
~	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
b	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Fal				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in box 2 of Earm 1006. Enter 0, if not employed		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a3Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	Х	
	(ganioning) within go to prize with or the			<u>ــــــــــــــــــــــــــــــــــــ</u>

Konbit Sante Cap Haitien Health

Form	990 (2021) Partnership	01-0540	292	P	age 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 6								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned		2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S							
			3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other								
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	X					
b	If "Yes," enter the name of the foreign country Haiti								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				37				
	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 transa		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				37				
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	-							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).				37				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	_						
	to file Form 8282?		7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year		_						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		•						
•			8						
9	Sponsoring organizations maintaining donor advised funds.		•						
a			9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	10-							
	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	10b							
11	Section 501(c)(12) organizations. Enter:	44.							
a L	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	116							
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZa						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
a	Note: See the instructions for additional information the organization must report on Schedule O.		154						
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans	13b							
~	Enter the amount of reserves on hand	13c							
с 14а			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
15			15		x				
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		13						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	t income?	16		x				
10	If "Yes," complete Form 4720, Schedule O.		10						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes " complete Form 6069		17						

Konbit Sante Cap Haitien Health Partnership

Form 990 (2021)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.											
	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 14											
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?											
3												
	of officers, directors, trustees, or key employees to a management company or other person?											
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?	6		Х								
7a												
	more members of the governing body?	7a		Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b		Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	Х									
b	Each committee with authority to act on behalf of the governing body?	8b	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? If "Yes," provide the names and addresses on Schedule O	9		Х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х								
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
12a	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									
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	on Schedule O how this was done	12c		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	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?											
а	The organization's CEO, Executive Director, or top management official	15a	Х	77								
b	Other officers or key employees of the organization	15b		Х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v								
	taxable entity during the year?	16a		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											
0	exempt status with respect to such arrangements?	16b										
	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed None			- l- l -								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	availa	able								
	for public inspection. Indicate how you made these available. Check all that apply.											
40	X Own website Another's website I Upon request Other (<i>explain on Schedule O</i>)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	a tinar	icial									
00	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► Konbit Sante - 207-347-6733											
	$\frac{\text{Kondit Sante - 207-347-6735}}{362 \text{ US-1, Falmouth, ME 04105}}$											
	JUZ UD I, FAIMOUCH, ME VEIVJ											

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one			l than	one	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week				from	from related	other				
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	e or d	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related	
	below	Individual trustee or director	Institutional trustee	er	emplo	Highest compensated employee	Ter			organizations	
	line)	Indiv	Insti	Officer	Key e	High emp	Form				
(1) Tezita Negussie	40.00										
Executive Director				х				30,724.	0.	1,246.	
(2) Barbara Ginley	5.00										
President		Х		Х				0.	0.	0.	
(3) John Wipfler	5.00										
Vice President		Х		х				0.	0.	0.	
(4) Manuchca Marc Alcime	5.00										
Vice President		Х		Х				0.	0.	0.	
(5) Frank Feeley	5.00										
Treasurer		X		х				0.	0.	0.	
(6) Jeffrey Musich	5.00										
Secretary		х		х				0.	0.	0.	
(7) Kathleen G. Healy	1.00									_	
Board Member		Х						0.	0.	0.	
(8) Bob MacKinnon	1.00									_	
Board Member		X						0.	0.	0.	
(9) Pascale S Gaetjens	1.00										
Board Member		X						0.	0.	0.	
(10) Andre Jean-Pierre	1.00										
Board Member		X						0.	0.	0.	
(11) Eva Lathrop MD	1.00										
Board Member		X						0.	0.	0.	
(12) Jonathon Simon DSc, MPH	1.00										
Board Member		X						0.	0.	0.	
(13) Hugh Tozer	1.00										
Board Member		X						0.	0.	0.	
(14) Youseline Telemaque	1.00									•	
Board Member		X						0.	0.	0.	
(15) Adam Silverman, MD	1.00										
Board Member		X						0.	0.	0.	
		<u> </u>					<u> </u>				

Form 990 (2021)

D	bit Sante Cap tnership	ρH	lai	iti	ler	n I	le	alth	01-0	540	२ ०२	D	
Form 990 (2021) Par Part VII Section A. Officers, Dire	-		005	200	4 Hi	aho	et (Compensated Employe		540	292	Pa	age 8
(A)	(B)			, and (C Posi)		st	(D)	(E)		E-	(F)	
Name and title	Average hours per week (list any hours for related organizations below line)	tee or director official of the ordination of the ordinatio ordination of the ordination of the ordination of the ordina	not c , unle	POS heck ss pei id a di	more rson i irecto	than is bot	h an tee)	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	on d is SC/	am com fro orga and	timate ount o other oensa om the anizati d relate nizatio	of tion e ion ed
		-											
		-											
		-											
1b Subtotal	I	<u> </u>	L	L		L	►	30,724.		0.	-	1,2	
c Total from continuation sheet								0.		0.		1 0	0.
d Total (add lines 1b and 1c)								30,724.		0.		1,2	46.
2 Total number of individuals (incl compensation from the organiza	•	lose	liste	ed ar	0006	e) wr	10 r	eceived more than \$100	1,000 of reportab				0
										I		Yes	No
3 Did the organization list any form line 1a? If "Yes," complete Sche			-	•	•			ghest compensated emp	-		3		х
4 For any individual listed on line and related organizations greated									the organization		4		Х
5 Did any person listed on line 1a	receive or accrue compe	nsati	ion f	rom	any	/ unr	elat	ted organization or indiv					
rendered to the organization? If Section B. Independent Contractor		e J fe	or si	uch	oers	son .					5		X
1 Complete this table for your five		depe	ende	ent c	ontr	racto	ors	that received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report compe	nsation for the calendar y (A)	ear e	endi	ng v	/ith	or w	rithii	n the organization's tax (B)	year.		(C	;)	
Name an	d business address	NC	ONE	2				Description of s	ervices	C	omper		1
2 Total number of independent co \$100,000 of compensation from		iot lir	mite	d to		se li:)	steo	d above) who received m	nore than				

Konbit Sante Cap Haitien Health

		(2021) Partnership		01-0540292	Page 9
Ра	rt VI				
		Check if Schedule O contains a response or note to any lin	e in this Part VIII (A) (B) (B) Total revenue Function rev	kempt Unrelated Reven enue business revenue from	(D) nue excluded n tax under ns 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	t c c f	a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c c Fundraising events 1d d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 6884,176. g Noncash contributions included in lines 1a-1f 1g \$ 124,741.	683,319.		
Program Service Revenue	2 a k c c f	Business Code			
Other Revenue	3 4 5 6 8 8 8 7 8 8 8 8 9 7 8 8 8 9 9 8 9 8 9 8	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal	774.		774.
	9 a k 0 10 a k	Part IV, line 18 8a 4,807. b Less: direct expenses 8b 4,807. c Net income or (loss) from fundraising events > a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities. > a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory >	0.		
Miscellaneous Revenue	c	b d All other revenue e Total. Add lines 11a-11d			
	12	Total revenue. See instructions	684,093.	0. 0.	774.

Konbit Sante Cap Haitien Health

	Konbit Sante	Cap Haitien	Health						
	Partnership	-		01-					
Part IX Statement of F	unctional Expenses	3							
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column									

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2					
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	24,000.	24,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	74,654.	40,164.	26,045.	8,445
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	194,975.	104,898.	68,022.	22,055
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	48,279.	15,026.	29,399.	3,854
10	Payroll taxes	16,603.	3,088.	11,020.	3,854 2,495
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	6,500.		6,500.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	4,678.	2,404.	2,274.	
12	Advertising and promotion	15,653.			15,653
13	Office expenses	19,555.	15,054.	4,501.	
14	Information technology				
15	Royalties				
16	Occupancy	25,075.	12,475.	12,600.	
17	Travel	21,065.	21,065.		
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	2,750.			2,750
23		6,376.		6,376.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Supply Chain Expenses	163,112.	163,112.		
b	Healthcare Program	123,605.	123,605.		
с	Infrastructure Program	93,456.	93,456.		
d	Other Program Expenses	22,119.	22,119.		
е	All other expenses	13,137.	13,137.		
25	Total functional expenses. Add lines 1 through 24e	875,592.	653,603.	166,737.	55,252
26	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)				

Konbit	Sante	Cap	Haitien	Health
Partnei	rship	_		

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			544,380.	1	307,056.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			22,631.	4	75,489
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descr	bed in se	ection 4958(c)(3)(B)		6	
ŝts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
∢	9	Prepaid expenses and deferred charges		·····		9	
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		29,000.	0 550		
	b	Less: accumulated depreciation			2,750.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets	0 1 0 0	14			
	15	Other assets. See Part IV, line 11	2,129.	15	0		
	16	Total assets. Add lines 1 through 15 (must e	571,890.	16	382,545		
	17	Accounts payable and accrued expenses \dots	35,950.	17	38,104		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
Lia		controlled entity or family member of any of t				22	
	23	Secured mortgages and notes payable to un		F		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li of Schedule D				25	
	26				35,950.	25 26	38,104
	20	Organizations that follow FASB ASC 958, o		re 🕨 X	5575501	20	50,101
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			494,189.	27	324,809
Bal	28	Net assets with donor restrictions			41,751.	28	19,632.
pu		Organizations that do not follow FASB AS					•
Ë.		and complete lines 29 through 33.	,	······································			
s or	29	Capital stock or trust principal, or current fur	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			535,940.	32	344,441.
_	33	Total liabilities and net assets/fund balances			571,890.	33	382,545.

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

Konbit	Sante	Cap	Haitien	Health
Partnei	rship			

Form	1990 (2021) Partnership	01-	0540292	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.,093.
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,592.
3	Revenue less expenses. Subtract line 2 from line 1	3		.,499.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	535	5,940.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	344	441.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.		
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 reviewer	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule (D.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit	
	Act and OMB Circular A-133?			X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2021)

SCHEDULE A (Form 990)			omplete if the organ	rity Status an	l(c)(3) org	anization			омв №. 1545-0047
	of the Treasury venue Service		4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. • Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
	the organizati		-	ap Haitien H			nformation.	Employer	identification number
	0		nership	-F					1-0540292
Part I	Reason	for Public	Charity Status.	(All organizations must c	omplete tl	nis part.) S	See instruction	ıs.	
The orga	nization is not a	private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1 🖳	A church, cor	nvention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)([.]	1)(A)(i).		
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3 🔄	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and stat	-							
5 📖				llege or university owned	d or opera	ted by a g	overnmental (unit descrik	bed in
	1		Complete Part II.)						
6 7 X	1 .			nental unit described in s			.,		and the state of the set for
7 <u>X</u>	0		•	ntial part of its support f	rom a gov	ernmental	unit or from t	ne general	public described in
8	-		omplete Part II.)	(1)(A)(vi). (Complete Par	ылу				
8 9	1			in section 170(b)(1)(A)		ed in coniu	Inction with a	land-grant	college
5				ulture (see instructions).					
	university:		grant conege er agne		Linton the	name, en	y, and otato o		
10	1	on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
	-		•	t to certain exceptions;				-	•
	income and u	inrelated busii	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11	An organizati	on organized a	and operated exclus	ively to test for public sa	ifety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
Г		•	• •	of supporting organizatio		-		-	
a∟			-	upervised, or controlled	•	-			
		-		gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
ь Г	~		complete Part IV, Se		tion with it		ad arganizati	na (n) hu ha	wing
b∟				l or controlled in connec anization vested in the s					
		-	t complete Part IV,		ame perso			age the sup	ported
c [~	. ,	•	g organization operated	in connec	tion with	and functiona	llv integrate	ed with
		-	•	b). You must complete I					
d 🗌		•	. , .	orting organization oper				rted organi	ization(s)
	that is not f	unctionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
	requiremen	t (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
e	Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III	
	•	-	• •	nally integrated support	ing organi:	zation.			
	ter the number								
g Pro	ovide the followi (i) Name of supp		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	fmonotony	(vi) Amount of other
	organization			(described on lines 1-10	in your governi Yes	ng document? No	support (see in		support (see instructions)
				above (see instructions))	103			-	
Total									

Konbit	Sante	Cap	Haitien	Health
Partner	ship	_		

			oup murorom mourom	
Schedule A	A (Form 990) 2021	Partnership	01-0540292	Page 2
Part II	Support Schedule f	or Organizations Des	scribed in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you che	cked the box on line 5, 7, o	r 8 of Part I or if the organization failed to qualify under Part III. If the organiza	tion
	fails to qualify under the t	ests listed below, please co	omplete Part III.)	

Gleidar year (of fixel year beginning in) (a) Gits, grants, contributions, and membership fees needed. (b) on the organization without charge virtual grants.) (b) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (c) 2020 (f) 2020 (f) 2020 (f) Total (c) 2020 (f) 20		ction A. Public Support								
membership fees received. (Do not include any 'unusual grants.") 937, 659. 725, 848. 833, 192. 977, 233. 643, 840. 4117772. 2 Tax revenues levied for the organization's benefit and ether pad to or expended on its behalt 937, 659. 725, 848. 833, 192. 977, 233. 643, 840. 4117772. 3 The value of services or facilities turnished by a governmental unit to the organization without charge 937, 659. 725, 848. 833, 192. 977, 233. 643, 840. 4117772. 4 Total. Add lines 1 through 3 937, 659. 725, 848. 833, 192. 977, 233. 643, 840. 4117772. 5 reported organization without charge government lumit or publicly supported organization in the 4 937, 659. 725, 848. 833, 192. 977, 233. 643, 840. 4117772. 6 Public support. Softed the 8 form in et and income from intersat, dividends, payments received on securities loss, rents, regulary, organization is 1. 937, 659. 725, 848. 833, 192. 977, 233. 643, 840. 4117772. 9 Net income from intersat, dividends, payments received on securities loss, rents, regulary caried on or loss from the sate of capital asset (Fey)hain Par V). 1, 514. 4, 667. 3, 147. 909. 774. 11, 011. 9 Trots segular hore mathere anot the b	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
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		-								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	▶∐		
	18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s ►		

Schedule A (Form 990) 2021

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Konbit Sante Cap Haitien Health Partnership

Schedule A (Form 990) 2021 Partnership Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
Ŭ	are not an unrelated trade or bus-							
	iness under section 513							
4								
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
_	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge \dots							
	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6							
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
r	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired offer June 20 107E							
	• • • • • • • • • • • • • • • • • • • •							
	Add lines 10a and 10b Net income from unrelated business							
••	activities not included on line 10b,							
	whether or not the business is							
40	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.)							
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section !	501(c)(3	8) organizati	ion,
	check this box and stop here							
	ction C. Computation of Pub							
15	Public support percentage for 2021 (line 8, column (f), d	divided by line 13,	column (f))		15		%
16	Public support percentage from 2020	· · · · ·				16		%
Se	ction D. Computation of Inve	stment Incom	e Percentage					
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17		%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18		%
19 a	a 33 1/3% support tests - 2021. If the					33 1/3%	, and line 1	7 is not
	more than 33 1/3%, check this box a	-						
k	33 1/3% support tests - 2020. If the							
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
	in autom in the organization			, c				····· 🖌 🖵

Yes

No

Schedule A (Form 990) 2021 Part Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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No

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type II Supporting Organizations	

Schedule A (Form 990) 2021

 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
 1

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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 L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

За

Yes No

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Schedule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2021

Schedule A ((Form 990)) 2021

Konbit Sante Cap Haitien Health Partnership

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		······	Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns 3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e				
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2021 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
с	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2017						
b	Excess from 2018						
С	Excess from 2019						
d	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	Partner	ship	cap	narcien	mearch		01-0540292	Page 8
Part VI	Supplemental Inform			anations	required by Pa	rt II. line 10: Par	t II. line 17a or		Tage U
	Part IV. Section A. lines 1.	2. 3b. 3c. 4b. 4	4c. 5a. 6. 9a	a. 9b. 9c.	11a. 11b. and	11c: Part IV. Sec	ction B. lines 1	and 2: Part IV. Sectio	n C,
	line 1; Part IV, Section D, I Section D, lines 5, 6, and 8	ines 2 and 3; P 3: and Part V_S	art IV, Sect	ion E, line	es 1c, 2a, 2b, 3a and 6, Also con	a, and 3b; Part V Inlete this part f	/, line 1; Part \ or any additio	/, Section B, line 1e; Pa nal information	art V,
	(See instructions.)	s, and r art v, c		100 2, 0,			or any additio	na momaton.	

Schedule of Contributors

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

2021

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Department of the Treasury Internal Revenue Service		
Name of the organization	nbit Sante Cap Haitien Health	Employer identification num
	rtnership	01-0540292
Organization type (check on	e):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special nules		
sections 509(a)(1) a contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ar the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) line 1. Complete Parts I and II.	nd that received from any one
contributor, during t literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, so nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (instead of the contributor name and address), II, and III.	cientific,
year, contributions of is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled mere the total contributions that were received during the year for an <i>exclusively</i> religious uplete any of the parts unless the General Rule applies to this organization because it , etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF	

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B

(Form 990)

NO.	Name, address, and ZIP + 4	I otal contributions	Type of contribution
<u> 1 </u>		\$162,522.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 		\$54,204.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$21,034.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11-21	23		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Part I

(a)

No.

Name of organization Konbit Sante Cap Haitien Health Partnership

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

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

01 - 0540292

(c)

Total contributions

Schedule	B (Form 990) (2021)		Page 3
Name of o Konbi	^{rganization} t Sante Cap Haitien Health ership		Employer identification number $01 - 0540292$
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		_ _ _ \$	

Page 3

Schedule E	3 (Form 990) (2021)		Page 4
Name of or	-		Employer identification number
	t Sante Cap Haitien Hea	lth	01 05 40000
Partne	ership	viene te enneninetiene descuibed in e	01-0540292 ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
Part III	from any one contributor. Complete columns (a) through (e) and the following line ent	ny For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)
(a) No.	· · ·	•	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ŀ			
		(e) Transfer of gift	
	Transferee's name, address, a	nd $7IP \pm 4$	Relationship of transferor to transferee
F			
(a) No. from	(b) Purpose of gift (c) Use of gi		(d) Description of how gift is held
Part I			
		(e) Transfer of gift	:
F	Transferee's name, address, a	Relationship of transferor to transferee	
		[
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(2)	(0) 000 0. g	(,
Γ		(e) Transfer of gift	· · · · · · · · · · · · · · · · · · ·
Ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from		(c) Use of gift	(d) Deceminities of how sift is hold
Part I	(b) Purpose of gift	(C) Use of gift	(d) Description of how gift is held
		<u></u>	
ŀ		e) Transfer of gifl	I
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
Γ			

SC	HEDULE D	Supplementa	al Financial Statements			OMB No. 1545-0047			
	n 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.							
Depart	ment of the Treasury		Open to Public						
Interna	Revenue Service		90 for instructions and the latest informa			Inspection			
Nam	e of the organizati	on Konbit Sante Cap H Partnership	aitien Health			identification number 1-0540292			
Pa	rt I Organiza		ed Funds or Other Similar Funds	or Acc					
		n answered "Yes" on Form 990, Part IV, lir							
-			(a) Donor advised funds	(b)	Funds and	d other accounts			
1	Total number at er	nd of year							
2		f contributions to (during year)							
3		f grants from (during year)							
4		t end of year							
5	-		writing that the assets held in donor advise						
6			exclusive legal control?			Yes No			
6			or donor advisor, or for any other purpose of						
	impermissible priva				-	Yes No			
Pa			ganization answered "Yes" on Form 990, P						
1		servation easements held by the organizat	-						
	Preservation	n of land for public use (for example, recrea	ation or education) 📃 Preservation of a	a historic	ally impor	tant land area			
	Protection o	f natural habitat	Preservation of a	a certifie	d historic	structure			
	Preservation	n of open space							
2			fied conservation contribution in the form c	of a cons					
	day of the tax year					at the End of the Tax Year			
					2a				
b			unturo included in (o)		2b 2c				
c d			ucture included in (a) after 7/25/06, and not on a historic structu		20				
u					2d				
3			leased, extinguished, or terminated by the			a the tax			
	year 🕨	, , ,	, , , ,	5		5			
4	Number of states	where property subject to conservation ea	sement is located						
5		tion have a written policy regarding the pe							
	violations, and enf	orcement of the conservation easements i	t holds?			Yes No			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation	easement	ts during the year			
_		<u> </u>							
7	Amount of expens ► \$	ies incurred in monitoring, inspecting, nand	dling of violations, and enforcing conservat	ion ease	ments du	ring the year			
8	-	wation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)	1				
Ū						Yes No			
9			ion easements in its revenue and expense						
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's financial stateme	nts that	describes	the			
		ounting for conservation easements.							
Pa		_	f Art, Historical Treasures, or Ot	her Si	milar As	ssets.			
		the organization answered "Yes" on Form							
1 a			58, not to report in its revenue statement ar						
			blic exhibition, education, or research in fur		e of public				
b			ncial statements that describes these items 58, to report in its revenue statement and b		sheet work	re of			
D			c exhibition, education, or research in furthe						
		ng amounts relating to these items:							
	-				▶ \$				
					▶ \$				
2	If the organization		asures, or other similar assets for financial		ovide				
		unts required to be reported under FASB A							
а					► \$				
					► \$	· · · · · · · · · · · · · · · · · · ·			
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.		Schee	dule D (Form 990) 2021			

		Sante Cap	Hait	ien He	ealth				-
	dule D (Form 990) 2021 Partner			<u> </u>				054029	
	t III Organizations Maintaining C								nued)
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	e following tha	it make sigr	nificant use of	its	
	collection items (check all that apply):								
а	Public exhibition	d			change progra				
b	Scholarly research	e		Other					
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how th	ney further t	the organizati	on's exemp	t purpose in I	Part XIII.	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m							Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod								
	on Form 990, Part X?							Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					
								Amoun	t
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liability	?	Yes	No No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	÷							
		(a) Current year	(b) F	rior year	(c) I wo year	rs back (d)	Three years ba	ick (e) Four	years back
	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	at are held a	and administe	ered for the	organization		
	by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization				?			3b	
	Describe in Part XIII the intended uses of the		owment	funds.					
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	V, line 11a.	See Form 990), Part X, lin	e 10.		
	Description of property	(a) Cost or o		(b) Cos	t or other	• •	umulated	(d) Boo	k value
		basis (investr	nent)	basis	(other)	depre	ciation		
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment				6,500.		6,500.		0.
-	Other				2,500.		2,500.		0.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line	10c.)		►		0.

Schedule D (Form 990) 2021

Konbit	Sante	Cap	Haitien	Health
Partner	ship			

	(Form 990) 2021 Partnership)	01	1-0540292 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes	on Form 990, Part IV, line		
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financi	al derivatives			
	held equity interests			
(3) Other	······			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VII	Investments - Program Related.			
	Complete if the organization answered "Yes			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
		Description		(b) Book value
(4)	(~,			
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		•
Part X	Other Liabilities.			
	Complete if the organization answered "Yes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
1.	(a) Description of liability			(b) Book value
(1) Fea	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		05)		
I otal. (Colu	ımn (b) must equal Form 990, Part X, col. (B) lir	ie ∠ɔ.)	Þ	•

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

Schedule D (Form 990) 2021

Konbit	Sante	Cap	Haitien	Health
Partner	rshin	_		

Sche	dule D (Form 990) 2021 Partnership		01-0540292	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial S	tatements With Reve	nue 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			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
Pa	t XII Reconciliation of Expenses per Audited Financial S	-	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		
Pa	t XIII Supplemental Information.			

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

SCHEDULE F (Form 990)	ates	OMB No. 1545-0047				
Department of the Treasury	b a .	. –	Attach to Form 990.			Open to Public
Internal Revenue Service Name of the organization		www.irs.gov/Fo	rm990 for instructions and the latest	information.		Inspection dentification number
Konbit Sante		n Health	L .			
Partnership					01-054	0292
Part I General I	nformation on A	Activities Ou	tside the United States. Comple	te if the orgar	ization answe	red "Yes" on
Form 990, P	art IV, line 14b.					
-	-		ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
2 For grantmakers. I United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistanc	e outside the
3 Activities per Regio			an be duplicated if additional space is r	eeded.)		
(a) Region	(b) Number of	(c) Number of employees,			vity listed in (c	l) (f) Total expenditures
	offices in the region	agents and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	for and
	in the region	contractors	recipients located in the region)		(s) in the regio	I investments
		in the region	· · · · · · · · · · · · · · · · · · ·		· · · · ·	
Central America and						
the Caribbean	1	37				531,394.
						, ,
3 a Subtotal	1	37				531,394.
b Total from continua						
sheets to Part I) C				0.
c Totals (add lines 3a	a					504.001
and 3b)	1 1	37				531,394.

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

Schedule F (Form 990) 2021

Konbit Sante Cap Haitien Health Partnership

Schedule F (Form 990) 2021

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 Part II 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)
			Working Capital	24,000.	Mo. Bank	0.		Book
			recognized as charities by the					
			or counsel has provided a sec					

01-0540292

Konbit Sante Cap Haitien Health Partnership

01-0540292

Page 3

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.

(a) Type of grant or assistance	(b) Region	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

Konbit	Sante	Cap	Haitien	Health
Partner	ship			

Scheo	dule F (Form 990) 2021 Partnership	01-0540292 _{Pac}	ge 4
	t IV Foreign Forms		<u></u>
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 N	lo
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 N	lo
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 N	lo
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 🔀 N	10
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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 N	lo
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 N	lo

Schedule F (Form 990) 2021

		Konbit :	Sante C	an Hait	tien H	ealth					
Schedule F	(Form 990) 2021	Partner	ship	up nur		curcm		0	1-0540	292	Page 5
Part V	Supplementa										
	Provide the inform investments vs. ex	xpenditures per	region); Part II	I, line 1 (acco	ounting met	hod); Part III	(accounting	method); a	nd Part III, co	olumn (c)	
	(estimated numbe	er of recipients),	as applicable.	Also comple	ete this part	to provide a	iny additiona	li informatio	1. See Instruc	ctions.	

	Complete if the or	ganizations a	answered "Yes" o	n Form 990, Part IV, lines 29	or 30.	LU		1
	tment of the Treasury Attach to Form 990	0.		I the latest information.		Open to Inspe		ic
Nam	e of the organization Konbit Sante	е Сар Н	aitien He	alth	Employer id	dentificatio	on nu	mber
	Partnership				01	-0540	292	
Pa	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	Method o noncash con	(d) of determin tribution ar	•	s
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		1	100 000				
20	Drugs and medical supplies		L	100,000.				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	v	1	24 600				
25	Other (Rent)	X X		24,600. 141.				
26	Other (Volunteer Tra)	X		141.				
27	Other ()							
28	Other ()	<u> </u>						
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part V, L	Jonee Acknowledg	ement 29			Vee	Na
20-	During the upper did the evenesiseties received	ha a na tuilea atia		antad in David Linea 1 thursuals	00 that it		Yes	No
30a	During the year, did the organization receive I	-		· · · · ·				
	must hold for at least three years from the da					200		x
L-	exempt purposes for the entire holding period	ur				<u>30a</u>		Δ
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance	nolicy that -	aquires the review	of any nonstandard contributio	ane?	24		x
31 222			-	•		31		
s∠a	Does the organization hire or use third parties		-			200		x
L.	contributions?					32a		- 22
	If "Yes," describe in Part II. If the organization didn't report an amount in	column (c) fo	r a type of proport	v for which column (a) is check	red.			
33			a type of propert	y for which column (a) is check	eu,			
	describe in Part II.							

Noncash Contributions

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

Schedule M (Form 990) 2021

OMB No. 1545-0047

2021

SCHEDULE M

(Form 990)

		Konbit	Sante	Cap	Haitien	Health	ı			
Schedule M	(Form 990) 2021	Partner	ship	-				01-	-0540292	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Informatio	on. Provide the number	the infoi of contr	rmation require ibutions, the n	d by Part I, lin umber of item	es 30b, 32b, and s received, or a c	33, and w	hether the organiz	ation

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization



Form 990, Part I, Line 1, Description of Organization Mission:

community with maximum local direction and support.

Form 990, Part VI, Section B, line 11b:

Form 990 is prepared by independent Reviewer/Tax Preparer and reviewed by

senior administration before filing. The executive director and the chair

of the board's finance committee will review the 990 before it is filed.

Form 990, Part VI, Section B, Line 15a:

Executive director's salary is determined by the finance committee and

recommended to the board of directors for approval.

Form 990, Part VI, Section C, Line 19:

Konbit Sante makes its form 990 and other documents available fo the public

upon request, in the guidestar website, and on the organization's own

website.

For			nent of Specified Fore ww.irs.gov/Form8938 for instruct			OMB No. 1545-2195						
•	v. November 2021)		Attach to your tag	Attachment								
	artment of the Treasury nal Revenue Service	Sequence No. 938										
	lf vou	For calendar year have attached addition	or tax year beginning 10 onal statements, check here \boxed{X}		ditional statements	 }						
1												
3	Type of filer	-		ł								
	a Specified in	idividual b	Partnership c	Corporation	d 🗌	Trust						
4	1		ou checked box 3b or 3c, enter the	•	ecified individual wh	o closely holds the						
	-		box 3d, enter the name and TIN of	-		•						
		•	o do if you have more than one spe									
	a Name			-	TIN							
Ρ	art I Foreign De	eposit and Custo	dial Accounts Summary									
5	Number of deposit a	ccounts (reported in F	art V)		►	3						
6	Maximum value of all	I deposit accounts	· · · · · · · · · · · · · · · · · · ·		\$	17,504.						
7	Number of custodial	accounts (reported in	Part V)		►							
8	Maximum value of all	l custodial accounts	· · · · · · · · · · · · · · · · · · ·		\$							
9	Were any foreign dep	posit or custodial acco	ounts closed during the tax year?		Ye	es X No						
Ρ	art II Other Fore											
10	Number of foreign as	ssets (reported in Part	VI)		►							
11		l assets (reported in P			\$							
12	Were any foreign ass	sets acquired or sold c	luring the tax year?		Ye	es X No						
Pa	art III Summary	of Tax Items Attr	ibutable to Specified Forei	gn Financial Asse	ts (see instructio	ns)						
	(a) Asset category	(b) Tax item	(c) Amount reported on		Where reported							
	(a) Assel Calegoly		form or schedule	(d) Form and lin	e (e)	Schedule and line						
13	Foreign deposit and	a Interest	\$									
	custodial accounts	b Dividends	\$									
		c Royalties	\$									
		d Other income	\$									
		e Gains (losses)	\$									
		f Deductions	\$									
		g Credits	\$									
14	Other foreign assets	a Interest	\$									
		b Dividends	\$									
		c Royalties	\$									
		d Other income	\$									
		e Gains (losses)	\$									
		f Deductions	\$									
		g Credits	\$									
Pa	art IV Excepted	Specified Foreig	n Financial Assets (see instr	uctions)								
lf yo	ou reported specified f	oreign financial assets	on one or more of the following for	ms, enter the number of	such forms filed. Yo	ou do not need to						
incl	ude these assets on F	orm 8938 for the tax y	ear.									
15	Number of Forms 352		16 Number of Forms 3520-A	۸	17 Number of F	orms 5471						
18	18 Number of Forms 8621 19 Number of Forms 8865											

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

Form 8938 (Rev. 11-2021)

	(see instruc		,										_
lf you	I have more than one			-	Part V, attach a sepa	arate sta	atement	or each ad	ditional account	t. See instruc	ctions.		
20	Type of account	a b	X	Deposit Custodial									
22	Check all that apply	а		Account op	Account opened during tax year b Account closed during tax year								
	c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset												
23	10 / 00												
24	Did you use a foreigr	n cur	renc	y exchange ı	rate to convert the v	alue of	the acco	unt into U.S	S. dollars?	X	Yes		No
25	If you answered "Ye	s" to	line	24, complete	e all that apply.								
	(a) Foreign currency in which account is maintained(b) Foreign currency exchange rate used to convert to U.S. dollars(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service												
	lti, Gourde												
26a	Name of financial ins Capital Ba		ion ir	which acco	unt is maintained			b Glo	bal Intermedian	y Identificatio	on Number (G	ilin) (Optional)
27	Mailing address of fine 38 Rue Fau			stitution in w	hich account is ma	intained	l. Numbe	r, street, an	d room or suite	no.			
28	City or town, state o Port-au-Pr	ind	ce		Haiti								
	rt VI Detailed In										- \	truc	tions)
lf you	I have more than one	asse	et to i	report in Par	t VI, attach a separa	ate state	ement for	each addit	ional asset. See	e instructions	S.		
29	Description of asset						30	Identifyin	g number or oth	ner designati	on		
31	Complete all that ap	ply. S	See ir	nstructions f	or reporting of multi	ple acq	uisition o	r dispositio	n dates.				
а	Date asset acquired	duri	ng ta	x year, if app	blicable								
b	Date asset disposed	l of d	luring) tax year, if a	applicable		. <u></u>						
C	Check if asse	et joir	ntly o	wned with s	pouse	d	L Cł	eck if no ta	ix item reported	l in Part III wi	ith respect to	this	asset
32	Maximum value of a	sset	durin	g tax year (c	heck box that appli	es)							
а	\$0 - \$50,000		b	\$50,0	001 - \$100,000	С	L \$1	00,001 - \$1	50,000	d 🗔 💲	6150,001 - \$2	00,00	00
e	If more than \$200,00												
33	Did you use a foreigr					alue of	the asse	into U.S. d	dollars?		L Ye	es	No No
34	If you answered "Ye	s" to	line	33, complete					_				
	(a) Foreign currency denominated	/ in w	/hich	asset is	(b) Foreign curren convert to U.S. do		nange rat	e used to	(c) Source o				
35	If asset reported on	line 2	9 is	stock of a fo	reign entity or an in:	terest ir	a foreia	n entity, en	ter the following	information	for the asset		
	Name of foreign enti						- a rereig		N (Optional)	,			
		-,							. (-				
с	Type of foreign entity	v		(1)	Partnership	(2	2)	Corporation	1 (3)	Trust	(4)		Estate
	Mailing address of fo		n ent	ity. Number,	•	r suite n	,						
	-	-		-									
е	City or town, state o	r pro	vince	e, country, ar	nd ZIP or foreign po	stal coo	le						
36	If asset reported on	line 2	29 is	not stock of	a foreign entity or a	n intere	st in a fo	eign entity	, enter the follow	wing information	tion for the as	sset.	
	Note: If this asset has or counterparty. See				er or counterparty, a	attach a	ı separat	e statemen	t with the same	information	for each addi	tiona	l issuer
а	Name of issuer or co	ounte	erpart	.y									
	Check if information		•		Issuer	Coun	terparty						
b	Type of issuer or council (1) Individual		party	, (2)	Partnership	(3	a 🗌 .	Corporatior	(4)	Trust	(5)		Estate
с	Check if issuer or co		rpart		U.S. person			n person	() -		X-7		
	Mailing address of is				•	d room		•					

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	Name or Organization Name Ibit Sante Cap Haitier	Health		Identification Number 01-0540292	Form 8938						
	t V Foreign Deposit and Custo			01 0010292							
	Type of account a X Deposit b Custodial			Account number or other designation 01791954							
22											
	,			ported in Part III with respect to this as	set						
23	Maximum value of account during tax yea				3,753.						
24	Did you use a foreign currency exchange				No						
25	If you answered "Yes" to line 24, complet										
	(1) Foreign currency in which account	(2) Foreign currency exchange rate u	sed to	(3) Source of exchange rate used if n	ot from U.S.						
	is maintained	convert to U.S. dollars		Treasury Department's Bureau of the							
F	Iaiti, Gourde										
26a	Name of financial institution in which acco	ount is maintained	b Glob	al Intermediary Identification Number (0	GIIN) (Optional)						
					, , , ,						
	Capital Bank										
27	Mailing address of financial institution in v	which account is maintained. Number, s	treet, and	l room or suite no.							
	C C										
	38 Rue Faubert										
28	City or town, state or province, country, a	nd ZIP or foreign postal code									
	Port-au-Prince										
	Haiti										
20	Type of account a X Deposit			Account number or other designation							
	b Custodial		00	01805840							
22	Check all that apply a Account op	bened during tax year 🛛 b 🗔 Acco	ount close	ed during tax year							
	c 🗌 Account joi	ntly owned with spouse d	ax item re	ported in Part III with respect to this as	set						
23	Maximum value of account during tax year	ar		\$	1,329.						
24	Did you use a foreign currency exchange				No						
25	If you answered "Yes" to line 24, complet	e all that apply.									
	(1) Foreign currency in which account (2) Foreign currency exchange rate used to (3) Source of exchange rate used if not from U.S.										
	is maintained	convert to U.S. dollars		Treasury Department's Bureau of the	Fiscal Service						
F	Iaiti, Gourde										
2 6a	Name of financial institution in which acco	ount is maintained	b Glob	al Intermediary Identification Number (C	AIIN) (Optional)						
	Capital Bank										
27	Mailing address of financial institution in v	which account is maintained. Number, s	troot and	l room or suito po							
21		which account is maintained. Number, s	treet, and	Toom of suite no.							
	38 Rue Faubert										
28	City or town, state or province, country, a	nd ZIP or foreign postal code									
20	Port-au-Prince										
	Haiti										
20	Type of account a Deposit		21	Account number or other designation							
	b Custodial										
22		pened during tax year b Acco	ount close	ed during tax year							
	,			ported in Part III with respect to this as	set						
23	Maximum value of account during tax yea	•									
24	Did you use a foreign currency exchange				No						
25	If you answered "Yes" to line 24, complet										
	(1) Foreign currency in which account	(2) Foreign currency exchange rate u	sed to	(3) Source of exchange rate used if no	ot from U.S.						
	is maintained	convert to U.S. dollars		Treasury Department's Bureau of the							
26a	Name of financial institution in which acco	ount is maintained	b Glob	al Intermediary Identification Number (0	GIIN) (Optional)						
			5	,	, (= [
27	Mailing address of financial institution in	which account is maintained. Number. s	treet. and	room or suite no.							
-	5		,								

28 City or town, state or province, country, and ZIP or foreign postal code

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Filo a	sonarato	application	for	oach	roturn

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o print	Name of exempt organization or other filer, see ins Konbit Sante Cap Haitien Partnership	Taxpaye	Taxpayer identification number (TIN) $01 - 0540292$									
File by th due date filing you return. So	for Number, street, and room or suite no. If a P.O. box											
instructio		a foreign adc	Iress, see instructions.									
Enter t	he Return Code for the return that this application is for	(file a separa	ate application for each return)			0 1						
Applic	ation			Return								
ls For		Code	Is For			Code						
Form 9	90 or Form 990-EZ	01	Form 1041-A			08						
Form 4	720 (individual)	03	Form 4720 (other than individual)			09						
Form 9	90-PF	04	Form 5227			10						
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11						
Form 9	90-T (trust other than above)	06	Form 8870			12						
Form 9	190-T (corporation) Konbit Sante	07										
• If th • If th box • 1 I 1 2 I	apphone No. ▶ 207-347-6733 e organization does not have an office or place of busin is is for a Group Return, enter the organization's four di If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until he organization named above. The extension is for the office calendar year or Calendar year or X tax year beginning OCT 1, 2021 f the tax year entered in line 1 is for less than 12 months Change in accounting period f this application is for Forms 990-PF, 990-T, 4720, or 60 	git Group Exe and atta 	emption Number (GEN) I ach a list with the names and TINs of st 15, 2023 , to file s return for: ad endingSEP 30, 2022 on: Initial return	f this is fo f all memb e the exen	r the whole ers the ext npt organiz: 							
4	any nonrefundable credits. See instructions.			3a	\$	0.						
	bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.3b											
-												
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.						
	n: If you are going to make an electronic funds withdraw	wal (direct de	bit) with this Form 8868, see Form 8	453-TE ar		79-TE for payment 8868 (Rev. 1-2022)						