

Acknowledgement and General Information for 2022 **Entities That File Returns Electronically** Name(s) as shown on return Employer Identification Number Konbit Sante Cap Haitien Health Partnership **-***0292 Entity address 362 US Route 1 Falmouth, ME 04105 Thank you for participating in IRS e-file. income tax return for Federal was filed electronically. 1. x 2022 990 The electronic filing services were provided by Abercrombie and Associates LLC 2. **x** income tax return was accepted on 08-15-2024 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 2747252024228phwqddk PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service For the 2022 calendar year, or tax year beginning 10-01 2022, and ending 09-30 2023 Check if applicable: C Name of organization Konbit Sante Cap Haitien Health Partnership D Employer identification number Address change Doing business as 01-0540292 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 362 US Route 1 (207)247-6733 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Falmouth, ME 04105 897,177 Application pending F Name and address of principal officer: Tezita Negussie **H(a)** Is this a group return for subordinates? X No Same as C above H(b) Are all subordinates included? **X** 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions) (insert no.) www.konbitsante.org Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 2000 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Our mission is to support the development of sustainable health system to meet the needs of the Cap-Haitien community in Haiti with maximum Activities & Governance local direction and support. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 8 4 8 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 25 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 683,319 851,386 Revenue 35,021 10 774 5,275 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,495 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 684,093 897,177 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 24,000 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 334,511 159,650 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 517,081 597,466 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 875,592 757,116 Revenue less expenses. Subtract line 18 from line 12 (191,499)140,061 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 535,368 382,545 21 Total liabilities (Part X, line 26) 38,104 50,866 Net assets or fund balances. Subtract line 21 from line 20 344,441 484,502 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Perry Newman Sign Signature of officer Date Here Perry Newman, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check **Paid** Tim Abercrombie 09-09-2024 Tim Abercrombie self-employed P01254858 **Preparer** Firm's name Abercrombie and Associates LLC Firm's EIN **Use Only** 8609 Second Avenue 507B Firm's address Phone no. Silver Spring MD 20910 301-585-5050

May the IRS discuss this return with the preparer shown above? See instructions

No

Yes

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			Λ
·	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	1 Ia	Х	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			Λ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	х	
IJ	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		Λ	
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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	24-		
A	to defease any tax-exempt bonds?	24c 24d		_
d 250	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		_
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		X
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part.II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
07	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	0.7		
20	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	20	•	
Don	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Officerial Officeria a response of hole to any line in this part v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
•	reportable gaming (gambling) winnings to prize winners?	1c	х	

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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
b	If "Yes," enter the name of the foreign countryHA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	01		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		77
h	and services provided to the payor?	7a 7b		Х
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	710		
С	required to file Form 8282?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
•	the organization is licensed to issue qualified health plans			
C 1/1a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		v
14a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O </i>	14a 14b		Х
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			2.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Section A. Governing Body and Management

X

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, prod	cesses, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part	VI

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
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			
200	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		<u> </u>
J C U	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
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		x
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	
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.			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4Ch		
200	organization's exempt status with respect to such arrangements?	16b		
5e 0	List the states with which a copy of this Form 990 is required to be filed			
1 <i>1</i> 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
. 0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Z Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
-	and financial 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.			
	Tezita Negussie (207)247-6733, 362 US Route 1, Falmouth, ME 04105			

-orm	990	(2022)

Konbit Sante Cap Haitien Health Partnership

01-0540292

Page 7

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

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

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

- **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, box 6 of 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.

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

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

				((C)	,				
(A)	(B)	Position			(D)	(E)	(F)			
Name and title	Average	(do not check more than one						Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	of other	
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	Individual trustee or director	Inst	Office	Ke)	Hig	Former	1099-MISC/	1099-MISC/	organization and
	related	vidu	itutio	er	Key employee	hest	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	al tru	nal		oloye	e com				
	below	istee	Institutional trustee		e	pens				
	dotted line)		ee			Highest compensated employee				
						٦				
(1) Tezita Negussie	40.00									
Executive Director				х				66,558	0	0
(2) Manuchca Alcime	1.00									
Director		х						0	0	0
(3) Pascale S Gaetjens	1.00									
Director		х						0	0	0
(4) Wendy Taylor	1.00									
Director		х						0	0	0
(5) Adam Silverman	1.00									
Director		х						0	0	0
(6) Youseline Telemaque	1.00									
Vice President		х		х				0	0	0
(7) Eva Lathrop	1.00									
President		х		х				0	0	0
(8) Ryan Denison	1.00									
Treasurer		х		х				0	0	0
(9) Sarah Meyer	1.00									
Secretary		х		х				0	0	0
(10)										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										
	1								1	

EEA Form **990** (2022)

	(A) Name and title	(B) Average hours per week	box	, unles	Po: leck m ss pe	rson i	han one s both a r/trustee	n	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amour of other compensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orgai	om the nization and I organizations
<u>(15)</u>												
(16)												
<u>(17)</u>												
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Subtotal											
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)							•	66,558	0		0
2	Total number of individuals (including but not limit											
	reportable compensation from the organization											
•	Bid the constitution list and former of the discount											Yes No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>		-				-				3	х
4	For any individual listed on line 1a, is the sum of re											A
	organization and related organizations greater th											
	individual										4	х
5	Did any person listed on line 1a receive or accrue			-			-				_	
Section	for services rendered to the organization? If "Yes on B. Independent Contractors	s, complete	Scned	iuie .	J TO	suc	n pers	son .			5	X
1	Complete this table for your five highest compensa	ited independ	dent co	ntra	ctors	s tha	t recei	ived	more than \$100.00	10 of		
•	compensation from the organization. Report comp											
	(A)				,				(B)		(C)	
	Name and business address	ss							Description of service	es	Compens	ation
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-			se lis	sted a	above) wh	0			

01-0540292

		Check if Schedule O co	ontains a response	e or n	ote to any line in this	Part VIII			
			·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
		Membership dues	İ	1b					
nts its	b	·	İ	1c					
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	l						
	d	Related organizations .	i	1d					
	e	Government grants (contr	· · · · · · · · · · · · · · · · · · ·	1e					
Sim,	T	All other contributions, gif	-	4.					
er is		and similar amounts not in	ľ	1f	851,386				
┋흏	g	Noncash contributions inc							
and	١.	lines 1a-1f	·	1g	'				
	h	Total. Add lines 1a-1f				851,386			
	_				Business Code				
ø		Program Payments	Income		900099	35,021	35,021		
Program Service Revenue	b								
Se	С								
yram Serv Revenue	d								
og R	е								
<u>r</u>		All other program service i							
	g	Total. Add lines 2a-2f .				35,021			
	3	Investment income (includi							
		other similar amounts) .			-	5,275			5,275
	4	Income from investment of		•	F				
	5	Royalties							
			(i) Real		(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7a	Gross amount from	(i) Securitie	s	(ii) Other				
		sales of assets							
		other than inventory	7a						
	b	Less: cost or other basis							
Ō		and sales expenses	7b						
venue	С	Gain or (loss)	7c						
		Net gain or (loss)							
Other Re		Gross income from fundrai							
Ħ,	•	events (not including \$	ion ig						
O		of contributions reported o	n line						
		1c). See Part IV, line 18		8a					
	h	Less: direct expenses .		8b					
		Net income or (loss) from f			-				
		Gross income from gaming	-	, <u> </u>					
	9a			00					
		activities, See Part IV, line		9a					
		Less: direct expenses .		9b					
		Net income or (loss) from	_						
	10a	Gross sales of inventory, le							
	١.	returns and allowances .		10a					
		Less: cost of goods sold		10b					
	С	Net income or (loss) from s	sales of inventory	• •					
					Business Code				
Sm.		Metal Art Revenue			900099	5,362	5,362		
ano nue	b	Other Miscellaneo	ous Inc		900099	133	133		
Miscellanous Revenue	С								
Alisc R		All other revenue							
		Total. Add lines 11a-11d				5,495			
	12	Total revenue. See instru	ictions			897,177	40,516	0	5,275

Part IX

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 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 136,317 8,119 59,850 68,348 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 11,833 705 5,195 5,933 10 11,500 685 5,049 5,766 11 Fees for services (nonemployees): b Legal...... Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 31,807 1,269 26,915 3,623 12 27,936 27,936 13 12,805 8,358 4,447 14 15 16 12,800 25,400 12,600 17 10,372 10,372 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 6,891 6,891 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 O.) Supply Chain Expenses 191,415 191,415 Healthcare Program 135,945 135,945 C Infrastructure Program 10,994 10,994 d Other Program Expenses 143,901 113,668 30,233 е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 757,116 494,330 151,180 111,606 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note	e to ar	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing		307,056	1	319,390	
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			75,489	4	215,978
	5	Loans and other receivables from any current or former	officer,	director,			
		trustee, key employee, creator or founder, substantial co					
		controlled entity or family member of any of these perso			5		
	6	Loans and other receivables from other disqualified pers	ons (a	s defined			
		under section 4958(f)(1)), and persons described in sec	tion 49	58(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
ets	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges				9	
·	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	29,000			
	b	•	10b	29,000		10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11 .		12			
	13	Investments - program-related. See Part IV, line 11.		F		13	
	14	Intangible assets		F		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 3		F	382,545	16	535,368
	17	Accounts payable and accrued expenses			38,104	17	50,866
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of				21	
(0	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co					
abil		controlled entity or family member of any of these perso				22	
Ë	23	Secured mortgages and notes payable to unrelated thir		es		23	
	24	Unsecured notes and loans payable to unrelated third p		F		24	
	25	Other liabilities (including federal income tax, payables t		F			
		parties, and other liabilities not included on lines 17-24).	Comp	lete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			38,104	26	50,866
		Organizations that follow FASB ASC 958, check here					
"		and complete lines 27, 28, 32, and 33.					
Čė	27	Net assets without donor restrictions			324,809	27	461,264
alar	28	Net assets with donor restrictions			19,632	28	23,238
Ä		Organizations that do not follow FASB ASC 958, che	ck he	·e □			
<u>ب</u>		and complete lines 29 through 33.					
or F	29					29	
sts (30	Paid-in or capital surplus, or land, building, or equipment				30	
SSE	31	Retained earnings, endowment, accumulated income, o	funds		31		
Net Assets or Fund Balances	32	Total net assets or fund balances			344,441	32	484,502
Ž	33	Total liabilities and net assets/fund balances		F	382,545	33	535,368

Form **990** (2022) EEA

2c

3a

3b

х

Form 990 (2022)

Х

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .

If the organization changed either its oversight process or selection process during the tax year, explain on

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

EEA

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

_		Sante Cap Haitien Heal			t comple	oto thio n	01-054029					
Par		Reason for Public Char					an.) See instruction	אוס.				
	_	ization is not a private foundation be	`	o ,	,	,						
1	_	A church, convention of churches,				D)(1)(A)(I)) .					
2	=	A school described in section 170	,,,,,,,,	,	, ,	(A)(:::)						
3	=	A hospital or a cooperative hospita	•				(L)(A)(A)(!!!) Fatasilia					
4		A medical research organization of	perated in conjunct	ion with a nospital descr	ribea in se	ction 170((b)(1)(A)(III). Enter the					
_		hospital's name, city, and state:					antalit alan asilan di in					
5		An organization operated for the be	_	r university owned or ope	erated by a	a governme	ental unit described in					
		section 170(b)(1)(A)(iv). (Complet	,	unit described in eastic	n 470/h)/	4\/ A \/\						
6												
′	7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
8	described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)											
9	=	An agricultural research organization			nerated in	conjunctio	n with a land-grant coll	000				
3		or university or a non-land-grant col				•	•	ege				
		university:	lege of agriculture	(See mandelons). Enter	tric riarric,	oity, and s	late of the conege of					
10		An organization that normally receive	es: (1) more than '	33 1/3% of its support from	om contribi	ıtions mer	mhershin fees, and gros	:0				
		receipts from activities related to its	exempt functions,	subject to certain except	tions; and	(2) no mor	e than 33 1/3% of its					
		support from gross investment inco- acquired by the organization after) from businesses					
11							1).					
12												
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check											
	the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the											
		supporting organization. You n	nust complete Pa	rt IV, Sections A and B								
b		Type II. A supporting organization	ion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g				
		control or management of the s	upporting organiza	tion vested in the same p	persons tha	at control o	r manage the supporte	d				
		organization(s). You must con	nplete Part IV, Se	ctions A and C.								
С		Type III functionally integrate	ed. A supporting or	ganization operated in o	connection	with, and	functionally integrated	with,				
		its supported organization(s) (s	ee instructions). Y	ou must complete Par	t IV, Secti	ons A, D,	and E.					
d		Type III non-functionally inte	grated. A supporti	ng organization operate	d in conne	ction with	its supported organizat	ion(s)				
		that is not functionally integrate	d. The organization	generally must satisfy a	distributio	n requirem	ent and an attentivenes	S				
		requirement (see instructions).	You must comple	ete Part IV, Sections A	and D, an	d Part V.						
е		Check this box if the organization	on received a writte	n determination from the	IRS that it	is a Type	I, Type II, Type III					
		functionally integrated, or Type	•	integrated supporting or	rganizatior).						
f		nter the number of supported organi										
g		rovide the following information about		` ,	1		I					
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization ir governing	(v) Amount of monetary support (see) Amount of r support (see			
				above (see instructions))	docum		instructions)		nstructions)			
					Vaa	Na	_					
					Yes	No						
(A)												
(B)												
.												
(C)	<i>)</i>											
(D)												
-/												
(E)												
Total												

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

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

	on A. Public Support	1					
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	725,848	833,192	977,233	643,840	683,319	3,863,432
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	725,848	833,192	977,233	643,840	683,319	3,863,432
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						3,863,432
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	725,848	833,192	977,233	643,840	683,319	3,863,432
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	4,667	3,147	909	774	774	10,271
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,873,703
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he	re					
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line 6					14	99.73 %
15	Public support percentage from 2021 Sch					15	%
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua		• • • •	•			_
b	33 1/3% support test - 2021. If the organ						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization mee					-	
	Part VI how the organization meets the fa			-	· ·	a publicly supp	orted
	organization						
b	10%-facts-and-circumstances test - 20	_					
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets the	facts-and-circu	umstances test	t. The organiza	tion qualifies a	s a publicly su	pported
	organization						_
18	Private foundation. If the organization di	id not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	see
	instructions						<u> </u>

Schedule A (Form 990) 2022

01-0540292

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.)

Secti	on A. Public Support			•	•		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
<i>i</i> a	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
D							
	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						
8	Public support. (Subtract line 7c from						
Saati	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2024	(a) 2022	(f) Total
9	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
์ 10a	Gross income from interest, dividends,						
IUa							
	payments received on securities loans, rents,						
b	royalties, and income from similar sources . Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
C 44							
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
42	(Explain in Part VI.)			1			
13	Total support. (Add lines 9, 10c, 11, and 12)						
4.4	and 12.)	raoni=stic=!= "	rot occer-1 4 :	rd formula "	fth tox	2 000tion F011	(2)
14	First 5 years. If the Form 990 is for the or						
Saati	organization, check this box and stop her on C. Computation of Public Support					<u> </u>	
	Public support percentage for 2022 (line 8			12 column (f))		15	0/
15 16							<u>%</u> %
16 Socti	Public support percentage from 2021 Schoon D. Computation of Investment Inc					16	
				v line 12 colu	mn (f))	17	0/
17 10	Investment income percentage for 2022 (-		17	<u>%</u> %
18 102	Investment income percentage from 2021					_	
19a	33 1/3% support tests - 2022. If the orga						
h	17 is not more than 33 1/3%, check this b	=	-		-		
b	33 1/3% support tests - 2021. If the organizat						
20	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of 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	Section	A. All	Supporting	Organizations
---	---------	--------	------------	----------------------

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
Ů	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
-	answer 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	- Ou		
~	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(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? <i>If</i> "Yes," <i>complete Part I of Schedule L (Form 990)</i> .	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ju	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	Ja		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
^	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	an		
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	00		
۱۸۰		9с		
I0a	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	100		
h	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	10a		
	DIG THE VIGEOUS BUILDINGS BUY EAGES DUSINESS HORONGS IN THE LAX YEAR CHOSE SCHEIDIE G. FORM 477H TO			

determine whether the organization had excess business holdings.)

raiti	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
·	provide detail in Part VI.	11c		
Section	on 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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	Mana a majority of the averaginations discording to a function of the factors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
Ocolic	71 D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst:	ructio	ons).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	1		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Test. Appropriate 22 and 25 below.	tions)	Yes	Na
2	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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? <i>If</i>			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
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.	3b		

	RONDIT Sante Cap Haitien Health Partner			292 Page
Part	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(expla</i>	nin in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Section	ns A through E.
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

EEA Schedule A (Form 990) 2022

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

6

emergency temporary reduction (see instructions).

(see instructions).

7

Schedule A (Form 990) 2022 Konbit Sante Cap Haitien Health Partnership 01-054029							
Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	4 Amounts paid to acquire exempt-use assets						
5	5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)						
6	6 Other distributions (describe in Part VI). See instructions.						
7 Total annual distributions. Add lines 1 through 6.				7			
8	8 Distributions to attentive supported organizations to which the organization is responsive						
	(provide details in Part VI). See instructions.						
9 Distributable amount for 2022 from Section C, line 6				9			
10	10 Line 8 amount divided by line 9 amount						
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022		

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
C	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022 EEA

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	f the organization	Employer identification number	
Konbi	t Sante Cap Haitien Health Partnership		01-0540292
Pai			counts.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
	funds are the organization's property, subject to the organiz	-	
6	Did the organization inform all grantees, donors, and donor		
	only for charitable purposes and not for the benefit of the do		
	conferring impermissible private benefit?		
Part			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (for example, recreati		historically important land area
	Protection of natural habitat	· —	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	tax year	,	
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ration easements during the year
	5. , 5.		Ç ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
			- ,
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva	ition easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.		
Part	t III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	958, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pu	ublic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its final	ancial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tree		
	following amounts required to be reported under FASB ASC		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
			<u> </u>

3 Using the organization's acquisition, accession, and other records, check any of the following that make agnificant use of its collection tames (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research c Preservation for knurse generations c Preservation for knurse generations c Preservation for knurse generations collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicid or receive donations of art, historical freasures, or other similar assets to be add to raise funds rather than to be maintened as part of the organization's collection?. Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization an asswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an apent, trussee, outstodian or other intermediary for contributions or other assets not included on Form 990, Part X Yes No If Yes, "explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c Amount C Beginning of year part 1c C Beginning of year part 1c C Beginning of year balance 1c Amount D Braft V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prox year (c) Two years base C Not investment earlings, gains, and losses C Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beand designated or quale-actions (b) Court part IVI, line linear (b) D Hart Y Endowment Funds (c) Accumulation (d) Recentage D Hart Y Endowment Funds (d) Recenta	3	Using the organization's acquisition accession		•						,
a Public exhibition d Learn or exchange program b Scholarly research e Other c Presentation for future generations description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to riside funds rather than to be mainteined as part of the organization's collection?.	3		on, and other records	s, crieck	arry or trie it	Silowing that the	ike significant use of its			
b Scholarly research e Other Scholarly research e Other Scholarly research e Other Scholarly research e Other Scholarly research e Other Scholarly research of future generations description of the organization solicit or receive donestors of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No Part IV Scholarly Research 190, part X, line 21. 1a Is Scholarly research and a search future of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent futures, custodial or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1 E Distributions of the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 Beginning of year belance 2 Provide the estimated percentage of the current year on balance (line 1g, column (a)) held as: a Board designated or quasis-endowment 9 E End of year balance 2 Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as: a Board designated or quasis-endowment 9 E Hondowment E St. 1 E Hondowment E St. 1 Carmibility, are the related organizations listed as required on Schedule R? 3 Board designated or quasis-endowment 9 E Hondowment E Part XIII in the prosession of the organization has a required on Schedule R? 1 Describe in Part XIII the independence of a provided in providing the part of property. (a) Conserved the same and providing the part of property. (b) Conserved the same and providing the part of property. (c) Conserved these schedule R? 3 Board designated or quasis-e	_					r avabanga nra	aro			
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.		=			=	r exchange pro	gram			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?				е	☐ Other					
Sulfry the year, did the organization solicit or receive donations of art, historical freasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	_									
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Complete if the organization of the part of the custodian of the part of the organization of the part of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account tability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V	4	-	ollections and explair	n how the	y further th	e organization's	exempt purpose in Par	Į		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is Is the organization an agent trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No	5	During the year, did the organization solicit or	receive donations of	of art, his	orical treas	ures, or other s	imilar			
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance				oart of the	e organizati	on's collection?.		. Yes	s 🗌	No
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No	Part	IV Escrow and Custodial Arrai	ngements.							
included on Form 990, Part X? Segment Description D		•	answered "Yes"	on For	m 990, P	art IV, line 9	, or reported an an	nount on	Form	1
b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for co	ntributions	or other assets	not			
c Beginning balance d Additions during the year e Distributions during the year 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 to		included on Form 990, Part X?						. Yes	š 🗌	No
c Beginning balance d Additions during the year 1e India I	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:					
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?							An	nount		
e Distributions during the year f Ending balance f Ending balance f Ending balance f Ending balance The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years back (b) Prior years back (d) Three years back (e) Four years back The percentages of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y C Term endowment y C Term endowment 1	C	Beginning balance					1c			
Ending balance 1	d	Additions during the year					1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year					1e			
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (or Four years back (d) Three years back (e) Four years back (e) Contributions (e) Contributions (for the investment earnings, gains, and losses (for expenditures for facilities and programs (for expenditures for expenditures for facilities and programs (for expenditures for expe	f	Ending balance					1f			
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years hack years hack years hack years hack years hack years hack years hack years hack years hack years hack years hack years hack years hack years hack years hack years hack	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ıstodial account	liability?	. Yes	š 🗌	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions	b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	n has been	provided on Pa	rt XIII		. 🔲	
Seginning of year balance (a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years back	Part	V Endowment Funds.								
Beginning of year balance		Complete if the organization a	answered "Yes"	on For	m 990, P	art IV, line 1	0.			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations f Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment 5 Equipment 6 Equipment 9 Other 5 STMD1E 5 29,000 5 29,000			(a) Current year	(b) P	rior year	(c) Two years ba	ack (d) Three years back	(e) Four	years ba	ack
c Net investment earnings, gains, and losses	1a	Beginning of year balance								
losses	b	Contributions								
d Grants or scholarships	С									
e Other expenditures for facilities and programs	٨	 								
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		·								
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	-									
provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		·								
a Board designated or quasi-endowment		·	ant voor and balance	. /lina 1 a	aaluman (a	\\				
b Permanent endowment			-	e (line 19	, column (a)) neid as:				
c Term endowment			70							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iv) Unrelated organizations. (iv) Sadii) (iv) Related organizations. (iv) Unrelated organizations. (iv) Unrelated organizations. (iv) Unrelated organizations. (iv) Sadii) (iv) Sadii) (iv) Ves No (a) Cost or Schedule R? (b) Cost or Other basis (c) Accumulated depreciation (c) Accumulated depreciation (d) Book value										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iv) In related organizations. (iv) Related organizations. (iv) Related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other STMD1E 29,000 29,000	C		del e en rel 4000/							
organization by: (i) Unrelated organizations . 3a(i)	20			atian that	ara bald ar	ad administared	for the			
(i) Unrelated organizations	Ja		SSIOTI OF THE OTGATILE	alion mai	are neiu ai	iu auminisiereu	TOI THE	1	Vaa	Na
(ii) Related organizations								20(1)	res	NO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		,,						``		
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (other) (other) (other) (d) Book value depreciation 1a Land (b) Buildings (other)	L	• •								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (other) (other) (other) (d) Book value (d		-						. 30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Buildings (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Cost or other basis (other) (f) Accumulated depreciation (g) Accumulated depreciation (h) Book value (h) Bo				owment t	unas.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Cost or other basis (other) (ot	Pari			on For	000 D	ort IV/ line 1	10 Coo Form 000	Dort V	lina 1	^
C Leasehold improvements C Leasehold		· · · · · · · · · · · · · · · · · · ·								υ.
1a Land b Buildings c Leasehold improvements d Equipment e Other 29,000 29,000		Description of property			1 ' '			(d) Bool	κ value	
b Buildings		Lead	,	()	+ (ouiei)	чергестаноп			
c Leasehold improvements										
d Equipment		· ·								
e Other STMD1E. 29,000 29,000										
	d									
	e				(5) ::	10.)	29,000			

Schedule D (For Part VII	m 990) 2022 Konbit Sante Cap Haities Investments - Other Securities.			01-0540292 Page
i ait vii	Complete if the organization answered "Yes" o	n Form 990, Part I	V, line 11b. See	e Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	•	(c) Method of valuation: Cost or end-of-year market value
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	n (h) must aqual Form 000. Port V. aal. (P) lina 12.)			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)	• •		
I alt VIII	Complete if the organization answered "Yes" o	n Form 990 Part I	V line 11c See	Form 990 Part X line 13
-	<u>-</u>			
	(a) Description of investment	(b) Book value		(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered "Yes" o	n Form 000 Dort I	V line 11d Cod	Form 000 Bort V line 15
		11 F01111 990, Fait 1	v, iiile 11a. See	
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" o line 25.	n Form 990, Part l	V, line 11e or 1	1f. See Form 990, Part X,
1.		b) Book value		
(1) Federal i				
(2)				
(3)				
(4)				

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).	

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.

Schedul	e D (Form 990) 2022 Konbit Sante Cap Haitien Health Partnership	01-0540292	Page
Part		r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
		-	
C		_	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	- C	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b	4c	
		5	
5 Dort	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3	
Part		D () / !'	
	e 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 D (Form 990) 2022 EEA

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

onb	it Sante Cap Haitien H	ealth Par	tnership		01-05402	292
Part		n Activities		Inited States. Complete if	the organization answered	"Yes" on
1	For grantmakers. Does the org		itain records to si	ubstantiate the amount of its o	rants and	
•	other assistance, the grantees' eli			-		
	award the grants or assistance?	-	-			x Yes No
	awara the grants of accidance.					<u> </u>
2	For grantmakers. Describe in P	Part V the orga	nization's proced	ures for monitoring the use of	its grants and other assistance	7
_	outside the United States.	art v ino orga	inzation o proced	area for mornioning the dee of	no granto ana otnor acciotance	
3	Activities per Region. (The follow	ing Part I. line	3 table can be du	uplicated if additional space is r	needed.)	
	(a) Region	(b) Number	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
		of offices in the region	employees, agents, and	region (by type) (such as, fundraising, program services,	a program service, describe specific type of	expenditures for and investments
		the region	independent	investments, grants to recipients	service(s) in the region	in the region
			contractors in the region	located in the region)		
~			in the region		+	
	entral America and	_	20			632 340
(1) 1	che Caribbean	1	39			632,340
(2)						
` ,						
(3)						
(4)						
(5)						
(0)						
(6)						
(7)						
(')						
(8)						
(9)						
10)						
11)						
11)						
12)						
13)						
14)						
45\						
15)						
16)						
10)					+	
17)						
3a	Subtotal	1	39			632,340
b	Total from continuation		33			332,310
-	sheets to Part I					
С	Totals (add lines 3a and 3b)	1	39			632,340

Schedule F (Form 990) 2022	Konbit :	Sante Cap Hait	ien Health Partr	nership			01-0540292	Page 2
Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,								
Part IV, lii	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.							
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central Americ	a and					
<u>(1)</u>		the Caribbean	Working Capital	20,000	Mo. bank			Book
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
	of recipient organiz	ations listed above th	⊥ at are recognized as cha	ırities by the foreign o	country, recognized as a	a tax	1	
exempt 501(c)(3)	organization by the I	RS, or for which the g	grantee or counsel has pro	ovided a section 501	(c)(3) equivalency lette	r		
3 Enter total number	of other organization	ons or entities					•	

Schedule F (Form 990) 2022

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (g) Description (h) Method of valuation (f) Amount of recipients cash grant cash noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)(13) (14)(15)(16)(17)(18)

6

Yes

X No

Part IV **Foreign Forms** 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 Yes X No 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a X No 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Yes X No 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing X No 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain X No

EEA Schedule F (Form 990) 2022

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

Schedule F (Form 990) 2022 Page **5**

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

EEA Schedule F (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

	it Sante Cap Haitien Healt.	h Partne	rship	01-0540	1292			
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Rent)	х	1	24,600				
26	Other (Container Value)	х	1	100,176				
27	Other ()				<u> </u>			
28	Other (
29	Number of Forms 8283 received by the	•	•	tions for				
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29			
							Yes	No
30a	During the year, did the organization rece	-						
	28, that it must hold for at least three year							
	used for exempt purposes for the entire		d?			30a		х
b	If "Yes," describe the arrangement in Pa							
31	Does the organization have a gift accept		·					
					• • • • •	31		X
32a	Does the organization hire or use third p							
					• • • • • •	32a		Х
b	If "Yes," describe in Part II.		(a) fam a truma af = =====t+ f	iah aahuman (a) is sheedeed				
33	If the organization didn't report an amoun	il in column	(c) for a type of property for wh	ich column (a) is checked,				
	describe in Part II.							

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number 01-0540292 Konbit Sante Cap Haitien Health Partnership 01. Form 990 governing body review (Part VI, line 11) No review was conducted or will be conducted. 02. Conflict of interest policy compliance (Part VI, line 12c) Konbit Sante requires each member of its Governing Board and each key Staff member to disclose to the Board of Directors and/or the Executive Director any personal or financial interests that have the potential to cause a conflict of interest in the course of performing a job or administrative function. 03. CEO, executive director, top management comp (Part VI, line 15a) Executive director's salary is determined by the finance committee and recommended to the board of directors for approval. 04. Governing documents, etc, available to public (Part VI, 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.

Form 8938 (Rev. November 2021) Department of the Treasury Internal Revenue Service

Statement of Specified Foreign Financial Assets

► Go to www.irs.gov/Form8938 for instructions and the latest information.

Attach to your tax return.

For calendar year 2022 or tax year beginning 10-01

01 , 2022, and ending

9-30 _{, 20} 23

Attachment Sequence No. 938

OMB No. 1545-2195

If y	ou have attached additi	onal statements, check	here X Num	ber of additional statemer	nts2	
1	Name(s) shown on return		2 Taxpayer Identification Number (TIN)			
Konbi	it Sante Cap Haitie	en Health Partnersh	ip	01-0540292		
3	Type of filer					
	a Specified individual	b Partn		I	Trust	
4	closely holds the partner current beneficiary of the specified person to list.)	rship or corporation. If you	u checked box 3d, enter the	e name and TIN of the spece e name and TIN of the spece do if you have more than on	cified person who is a	
D 4	a Name			b TIN		
Part		t and Custodial Accor	•			
5	Number of deposit accounts					
6	Maximum value of all depos					
7	Number of custodial accour					
8	Maximum value of all custo	dial accounts				
9			uring the tax year?		Yes 🗴 No	
Part	II Other Foreign A	Assets Summary				
10	Number of foreign assets (r	·				
11	Maximum value of all asset	· '				
12		quired or sold during the tax y				
Part	III Summary of Ta	x Items Attributable t		nancial Assets (see ins	tructions)	
	(a) Asset category	(b) Tax item	(c) Amount reported on	Where re	ported	
	(L) Thouse during only	(2)	form or schedule	(d) Form and line	(e) Schedule and line	
	Foreign deposit and	a Interest	\$			
C	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		\$				
Part	IV Excepted Spec	ified Foreign Financia	al Assets (see instruction	ons)		
If you r		<u>`</u>	,	e number of such forms filed. Yo	ou do	
-	ed to include these assets on		•			
	Number of Forms 3520	•	mber of Forms 3520-A	17 Number	r of Forms 5471	
	Number of Forms 8621		mber of Forms 8865			

_	rt V Detailed Information for Each Fo	reign Deposit and Custodi	al Accor	unt Included in the Part I Summary	raye
ı u.	(see instructions)	roigii Dopooli alla Gaotoal	ui 710000	and moradod in the Fart Fourmary	
If you	u have more than one account to report in Part \	/. attach a separate statement fo	r each add	ditional account. See instructions.	
	Type of account X Deposit	,		21 Account number or other designation	
	Custodial			0000454775	
22	Check all that apply a Account open	ed during tax year b	, '	closed during tax year	
		owned with spouse d		em reported in Part III with respect to this asse	t
23	Maximum value of account during tax year			\$	8,500
24	Did you use a foreign currency exchange rate			_	☐ No
25	If you answered "Yes" to line 24, complete all	that apply.			
	(a) Foreign currency in which account is maintained	(b) Foreign currency exchange used to convert to U.S. do		(c) Source of exchange rate used if not from Treasury Department's Bureau of the Fi	
	Hiati Gourde		1		
26a	Name of financial institution in which account i	s maintained	b Globa	al Intermediary Identification Number (GIIN) (Op	otional)
	Capital Bank				
27	Mailing address of financial institution in which	account is maintained. Number,	street, and	d room or suite no.	
	38 Rue Faubert				
28	City or town, state or province, country, and ZI	P or foreign postal code			
	Port-au-Prince, Haiti Haiti			1: 4 5 4 6	
				ed in the Part II Summary (see instr	uctions)
	u have more than one asset to report in Part VI,	,			
29	Description of asset	30	Identifying	g number or other designation	
31	Complete all that apply. See instructions for rep	oorting of multiple acquisition or o	disposition	dates.	
а					
	Date asset disposed of during tax year, if appli				
С			no tax ite	em reported in Part III with respect to this asset	
32	Maximum value of asset during tax year (chec				
а					
е	If more than \$200,000, list value			\$	
33					
34					
	(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange used to convert to U.S. do		(c) Source of exchange rate used if not from Treasury Department's Bureau of the Fi	
35	If asset reported on line 29 is stock of a foreign	n entity or an interest in a foreign	entity, ent	ter the following information for the asset.	
	**************************************			(Optional)	
				(
С	Type of foreign entity (1) Partner	ership (2) Corporation	n (3	3) Trust (4) Estate	
d	Mailing address of foreign entity. Number, stre	et, and room or suite no.	,	,	
е	City or town, state or province, country, and ZI	P or foreign postal code			
36	If asset reported on line 29 is not stock of a for	reign entity or an interest in a fore	eign entity,	, enter the following information for	
	the asset.				
	Note: If this asset has more than one issuer of		te stateme	ent with the same information for each	
	additional issuer or counterparty. See instruction	ons.			
а	· /				
		suer Cour	terparty		
b	,,	_		_	
			oration	(4) Trust (5)	Estate
С	Check if issuer or counterparty is a		ign person		
d	Mailing address of issuer or counterparty. Nur	nber, street, and room or suite no).		
6	City or town state or province country and ZI	P or foreign postal code			

Form 8938 Rev. 11-2021) EEA

Form	8938 (2022)	Page
	(Continuation Statem	ent)
	,	TIN
Name	e(s) shown on return oit Sante Cap Haitien Health Partnership	01-0540292
_	t V Detailed Information for Each Foreign Deposit and Custodial Acc	
	(see instructions)	,
If you	have more than one account to report in Part V, attach a separate statement for each	additional account. See instructions.
20	Type of account	21 Account number or other designation
	Custodial	0001791954
22	Check all that apply a Account opened during tax year b Account	unt closed during tax year
		x item reported in Part III with respect to this asset
23	Maximum value of account during tax year	\$ 5,200
24	Did you use a foreign currency exchange rate to convert the value of the account into	U.S. dollars? <u>x</u> Yes
25	If you answered "Yes" to line 24, complete all that apply.	
	(a) Foreign currency in which (b) Foreign currency exchange rate	(c) Source of exchange rate used if not from U.S.
	account is maintained used to convert to U.S. dollars	Treasury Department's Bureau of the Fiscal Service
	Haiti, Gourde	
26a	Name of financial institution in which account is maintained b Glo	obal Intermediary Identification Number (GIIN) (Optional)
	Capital Bank	
27	Mailing address of financial institution in which account is maintained. Number, street,	and room or suite no.
	38 Rue Faubert	
28	City or town, state or province, country, and ZIP or foreign postal code	
Dor	Port-au-Prince, Haiti Haiti t VI Detailed Information for Each "Other Foreign Asset" Inclu	uded in the Part II Summary (and instructions)
29	have more than one asset to report in Part VI, attach a separate statement for each act Description of asset 30 Identify	ving number or other designation
23	30 Identity	ing number of other designation
31	Complete all that apply. See instructions for reporting of multiple acquisition or disposit	ion dates
a	Date asset acquired during tax year, if applicable	
b	Date asset disposed of during tax year, if applicable	
С		item reported in Part III with respect to this asset
32	Maximum value of asset during tax year (check box that applies)	·
а	□ \$0 - \$50,000 b □ \$50,001 - \$100,000 c □ \$1	00,001 - \$150,000 d 3150,001 - \$200,000
е	If more than \$200,000, list value	\$
33	Did you use a foreign currency exchange rate to convert the value of the asset into U.	S. dollars? Yes No
34	If you answered "Yes" to line 33, complete all that apply.	
	(a) Foreign currency in which asset (b) Foreign currency exchange rate	(c) Source of exchange rate used if not from U.S.
	is denominated used to convert to U.S. dollars	Treasury Department's Bureau of the Fiscal Service
35	If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity,	
а	Name of foreign entity b GI	IN (Optional)
•	Type of foreign entity (1) Partnership (2) Corporation	(3) Trust (4) Estate
c d	Mailing address of foreign entity. Number, street, and room or suite no.	(3) Trust (4) Estate
u	maining address of foleign entity. Number, street, and footh of suite no.	
е	City or town, state or province, country, and ZIP or foreign postal code	
·		
36	If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign en	tity, enter the following information for
	the asset.	,,
	Note: If this asset has more than one issuer or counterparty, attach a separate state	ement with the same information for each
	additional issuer or counterparty. See instructions.	
а	Name of issuer or counterparty	
	Check if information is for Suer Counterpart	у
b	Type of issuer or counterparty	
	(1) Individual (2) Partnership (3) Corporation	(4) Trust (5) Estate
С	Check if issuer or counterparty is a U.S. person Foreign person	son
d	Mailing address of issuer or counterparty. Number, street, and room or suite no.	
е	City or town, state or province, country, and ZIP or foreign postal code	

EEA Form **8938** (2022)

Form	8938 (2022)	Page
	(Continuation Statem	ent)
	· · · · · · · · · · · · · · · · · · ·	TIN
Name	e(s) shown on return oit Sante Cap Haitien Health Partnership	01-0540292
_	t V Detailed Information for Each Foreign Deposit and Custodial Acc	
	(see instructions)	,
If you	have more than one account to report in Part V, attach a separate statement for each a	additional account. See instructions.
20	Type of account <u>x</u> Deposit	21 Account number or other designation
	Custodial	0001805840
22	Check all that apply a Account opened during tax year b Account	unt closed during tax year
		k item reported in Part III with respect to this asset
23	Maximum value of account during tax year	
24	Did you use a foreign currency exchange rate to convert the value of the account into	U.S. dollars? X Yes No
25	If you answered "Yes" to line 24, complete all that apply.	
	(a) Foreign currency in which (b) Foreign currency exchange rate	(c) Source of exchange rate used if not from U.S.
	account is maintained used to convert to U.S. dollars	Treasury Department's Bureau of the Fiscal Service
	Haiti, Gourde	
26a	Name of financial institution in which account is maintained b Glo	obal Intermediary Identification Number (GIIN) (Optional)
	Capital Bank	
27	Mailing address of financial institution in which account is maintained. Number, street,	and room or suite no.
	38 Rue Faubert	
28	City or town, state or province, country, and ZIP or foreign postal code	
D	Port-au-Prince, Haiti Haiti	La Lin the Double Commonweal (see See to all see)
	t VI Detailed Information for Each "Other Foreign Asset" Inclu	
	have more than one asset to report in Part VI, attach a separate statement for each ac	
29	Description of asset 30 Identify	ring number or other designation
21	Complete all that apply. See instructions for reporting of multiple acquisition or dispositi	ion dates
31 a		on dates.
	Date asset disposed of during tax year, if applicable	
C		item reported in Part III with respect to this asset
32	Maximum value of asset during tax year (check box that applies)	non reported in rait in with respect to this asset
a		00,001 - \$150,000 d \$150,001 - \$200,000
	If more than \$200,000, list value	-
33	Did you use a foreign currency exchange rate to convert the value of the asset into U.	
34	If you answered "Yes" to line 33, complete all that apply.	
	(a) Foreign currency in which asset (b) Foreign currency exchange rate	(c) Source of exchange rate used if not from U.S.
	is denominated used to convert to U.S. dollars	Treasury Department's Bureau of the Fiscal Service
35	If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity,	
а	Name of foreign entity b GII	IN (Optional)
		🗆 -
C	Type of foreign entity (1) Partnership (2) Corporation	(3) Trust (4) Estate
d	Mailing address of foreign entity. Number, street, and room or suite no.	
_	City on town state or manifes a sound 71D on four improved and	
е	City or town, state or province, country, and ZIP or foreign postal code	
36	If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign ent	ity, onter the following information for
30	the asset.	ary, enter the following information for
	Note: If this asset has more than one issuer or counterparty, attach a separate state	ment with the same information for each
	additional issuer or counterparty. See instructions.	ment with the same infollitation for each
а	Name of issuer or counterparty	
u	Check if information is for Issuer Counterparty	V
b	Type of issuer or counterparty	
~	(1) Individual (2) Partnership (3) Corporation	(4) Trust (5) Estate
С	Check if issuer or counterparty is a U.S. person Foreign pers	
d	Mailing address of issuer or counterparty. Number, street, and room or suite no.	
е	City or town, state or province, country, and ZIP or foreign postal code	

EEA Form **8938** (2022)

Eorm 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

10-01 , 2022, and ending 09-30 , 2023

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN 01-0540292 Konbit Sante Cap Haitien Health Partnership Name and title of officer or person subject to tax Perry Newman, Executive Director Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here x **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)..... Form 990-EZ check here . . . Form 1120-POL check here. . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). 4a Form 8868 check here 6a Form 990-T check here 7a Form 4720 check here Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here 10a Form 8038-CP check here . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or Under penalties of perjury, I declare that I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize Abercrombie and Associates 40292 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 08-15-2024 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 274725 16770 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Tim Abercrombie 09-09-2024 Date **ERO Must Retain This Form - See Instructions**