

Short Form

Return of Organization Exempt From Income Tax

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

2017

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	partment of the Treasury ernal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.									
ĀI	For the	ne 2017 calendar year, or tax year beginning , 2017, and ending								
В	Check if ap	pplicable	D Empl	Employer identification number						
	Address change Alliance for Haiti's Children					7-1780946				
	Name cha	ange	phone number							
$\overline{}$	Initial retu		1820 Elgin Drive	703-242-4330						
$\overline{}$	Final retur Amended	m/terminated	City or town, state or province, country, and ZID or foreign postal code	F Grou	Group Exemption					
=		on pending	Vienna, VA 22182	Num	ber I	•				
G	Account	ting Method		Check I	• 🔲	f the organization is not				
1.1	Nebsite	e: 🕨 www.				ach Schedule B				
J T	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3)	(Form 99	90, 99	0-EZ, or 990-PF)				
		organization.								
LA	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets						
(Pa	rt II, col	lumn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$					
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		tions	for Part I)				
		Check if	the organization used Schedule O to respond to any question in this Part I			🗸				
	1	Contribution	ons, gifts, grants, and similar amounts received		1	99,614				
	2	Program s	ervice revenue including government fees and contracts	.	2					
	3	Membersh	up dues and assessments		3					
	4	Investment		.	4	42				
	5a		ount from sale of assets other than inventory . 5a							
	b		or other basis and sales expenses							
	С	•	aain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
	6	_	aming and fundraising events ross income from gaming (attach Schedule G if greater than							
ine	а	Gross inc. \$15,000)								
Revenue	b	from fundr	of contribution saling events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) 6b	s	,					
	С	Less: direc	et expenses from gaming and fundraising events 6c		. '					
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract						
		line 6c) .		.	6d					
	7a	Gross sale	s of inventory, less returns and allowances							
	b		of goods sold							
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c					
	8		nue (describe in Schedule O)	- ;- -	8					
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>.</u>	9	99,656				
	10		d similar amounts paid (list in Schedule O)	∸ ;;}	10	77,850				
10	11	•	aid to or for members	· [4]	11	40.770				
Ses	12 13		ther compensation, and employee benefits	ומו	13	13,519				
Expense	14		y, rent, utilities, and maintenance	<u> </u>	14	2 404				
Ä	15			7	15	2,424 634				
	16		enses (describe in Schedule O)		16	1,695				
	17	•	enses. Add lines 10 through 16		17	96,122				
	18		(deficit) for the year (Subtract line 17 from line 9)	· -	18	3,534				
ets	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree	with						
SS	-		ar figure reported on prior year's return)		19	83,960				
Net Assets	20	-	nges in net assets or fund balances (explain in Schedule O)	.	20	1,740				
ž	21		or fund balances at end of year. Combine lines 18 through 20	. ▶	21	89,234				
For			ion Act Notice, see the separate instructions. Cat No 10642			Form 990-EZ (2017)				





•						
Form	990-EZ (2017)					Page 2
Pa	Balance Sheets (see the instructions	for Part II)	-			
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
		 		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[83,960	22	89,234
23	Land and buildings		[23	
24	Other assets (describe in Schedule O) .		[24	
25	Total assets			83,960	-	89,234
26	Total liabilities (describe in Schedule O) .				26	-
27	Net assets or fund balances (line 27 of column			83,960	27	89,234
Par		•		•	İ	_
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗸	J (D-	Expenses
Wha	is the organization's primary exempt purpose?	See Schedule O				quired for section (c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplieasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the			orga othe	anizations, optional for ers)
28	Academic Enrichment Program : Includes an after-s schools and a two-week summer enrichment camp I schools. See Schedule O (Grants \$ 0) If this amount Student Sponsorship: Provides tuition support and 16 primary and secondary schools and 5 post-seco	ed by local principals t includes foreign gra uniforms and books, :	and teachers for stu ants, check here . as needed, for 317 s	idents from 15	28a	26,442
	* 	includes foreign gra			29a	21,440
30	Other program services (describe in Schedule O)	ch and gardens prog	ram; supports teach	ers through	30a	20,950
		t includes foreign gra			31a	 -,,,,,,,,,,
32	Total program service expenses (add lines 28a				32	,000
Par	• • • • • • • • • • • • • • • • • • • •				nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a		7	., .	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		1, 9	Estimated amount of other compensation
Anto	nica Payen					
Prog	am Manager	25	9,600		0	C
	K. Bazzarone					
Boar	i Member	15				
Marc	y Rehberger		1		- [
	d Member	15	(\perp	
Patri	ia Vaughn	_]		i	
Boar	1 Member	5	(
Kımb	erly Burnett	_				
Boar	d Member	5	(
Mildr	ed Secor	_				
Boar	d Member	5	9)		
Kare	n Bybee	_			- [
Boar	d Member	5	9	<u> </u>	\perp	
		-				
		ļ	_			-
	•••••	-				
		 		-	+	
		-				





Part	Uther Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Fait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<u></u> ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		· ·
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	\$ 3.0		
b	Did the organization file Form 1120-POL for this year?	37b	78.7827°27	√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	7 /4		
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	Rena	"#% <u>"</u> "
ь 39	Section 501(c)(7) organizations. Enter:	1		3
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities		1	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u>₩</u> .
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	14.00		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
ь	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	√
	If "Yes," enter the name of the foreign country: ▶	17.25		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		٠ ا	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		★
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d	The state of the s	/
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	.2.4.4.255.3335***	√
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		_✓

Form 99	i0-EZ (2017)					F	age 4	
	()					Yes	 _	
46	Did the organization engage, directly or ii	ndırectly, ın political c	ampaign activities on	behalf of or in opposi	tion	1.03		
	to candidates for public office? If "Yes,"					-	7	
Part	VI Section 501(c)(3) organizations	s only						
	All section 501(c)(3) organization		stions 47-49b and	52, and complete th	e tables f	or lin	es	
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	I to any question in the	his Part VI	·		_ 🗆	
						Yes	No	
47	Did the organization engage in lobbying		section 501(h) electio	n in effect during the	tax			
	year? If "Yes," complete Schedule C, Par				47	_	✓	
48	Is the organization a school as described i					<u> </u>	√	
49a	Did the organization make any transfers t	·	_			+	✓	
ь	If "Yes," was the related organization a se				49b		- l l	
50	Complete this table for the organization's employees) who each received more that							
	employees) who each received more than	T	T	(d) Health benefits,	ie, citter i	vone.		
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee		Estimated amount of		
	(-,	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other con	npensa	tion	
				, 				
	·					_		
		A	<u> </u>		<u></u>			
51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization	's five highest compo	ensated independent	contractors who eac	h received	more	thar	
			1	100	· Component			
	(a) Name and business address of each independent	dent contractor	(b) Type of serv	ice (c) Compensat	1011		
			_					
			-					
		•••	†					
			1					
d	Total number of other independent contri	actors each receiving	over \$100,000	>	0			
52	Did the organization complete Sched	_		nizations must attac	h a			
	completed Schedule A	<u> </u>	<u> </u>		.► ✓ Yes	!	No	
Under p	enalties of perjury, I declare that I have examined this	return, including accompan	ying schedules and stateme	ents, and to the best of my k	nowledge and	d belief,	ıt ıs	
true, co	rrect, and complete Declaration of preparer (other tha	n oπicer) is based on all info	ormation of which preparer h	nas any knowledge	1/2-	 0′		
0:	-in ouricia	vauju			3/20	18	_	
Sign Here	Signature of officer	U		Date /	,			
11616	M. Patricia Vaughn, Treasurer Type or print name and title							
	1 , .,,							

Preparer's signature

Pnnt/Type preparer's name

Firm's address ►

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

Firm's name

Paid Preparer

Use Only

PTIN

Check if self-employed

Firm's EIN ▶

Phone no

Date

SCHEDULE A (Form 990 or 990-EZ)

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 chantable trust. ▶ Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	of the organization					Employer identification	number		
Alliance for Haiti's Children 27-1780946									
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The 6									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public		
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete l	Part II.)					
9	An agricultural research organ or university or a non-land-grauniversity:	nt college of agn	iculture (see instruction	ons) Ente	r the nan	ne, city, and state of	the college or		
	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt fui t income and uni ifter June 30, 197	nctions—subject to co related business taxal 75. See section 509(a	ertain exc ole incom i)(2). (Cor	ceptions, le (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	n 33¹/₃% of its		
	☐ An organization organized and								
12	An organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	inctions of, or to car	ry out the purposes		
	of one or more publicly support Check the box in lines 12a thro	ough 12d that des	scribes the type of sup	porting o	rganızatı	on and complete line	s 12e, 12f, and 12g.		
а	Type I. A supporting organization supporting organization. You	n(s) the power to	regularly appoint or e	lect a ma	jority of t				
b	 Type II. A supporting orgal control or management of organization(s). You must 	the supporting o	rganization vested in	the same					
C	Type III functionally integ its supported organization						ally integrated with,		
d	Type III non-functionally that is not functionally integree requirement (see instructional see instruction)	grated The orga	nızatıon generally mu	st satisfy	a distribi	ution requirement an	orted organization(s) id an attentiveness		
е	Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from tl oporting (ne IRS th	at it is a Type I, Type ion.	e II, Type III		
f	Enter the number of supported of								
g	Provide the following information	n about the supp				r			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No	_			
(A)									
(B)									
(C)									
(D)							_		
(E)						_			

18

Part							
	(Complete only if you checked the						alify under
Socti	Part III. If the organization fails to on A. Public Support	o quality unde	er the tests iis	stea below, p	iease comple	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	65,858				99,613	535,834
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	65,858	85,251	155,855	129,257	99,613	535,834
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)	(forfact succession of The Saling St. (1977) and the Saling St. (1977)		AND AND STREET	north Section		110,489
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support	Mindel & J. See a Charles and Co.	THE THE PERSON AND THE TAX AND THE TAX	VIRTURE ENGINEE	\$97,5036.0.5.1463.48710F180.		425,345
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	65,858				1	535,834
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8	292	1,425	64	42	1,831
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1010101					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11		first of the control					537,665
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere				ear as a sectio	
	on C. Computation of Public Suppo			11 001,100 (6)		14	70 44 9/
14	Public support percentage for 2017 (line Public support percentage from 2016 Sc					15	79.11 % 78.76 %
15 16a	331/3% support test—2017. If the organ box and stop here. The organization qua	ization did not	check the box		nd line 14 is 3	31/3% or more,	check this
b	331/2% support test — 2016. If the organ this box and stop here. The organization	ization did not	check a box o	on line 13 or 16	Sa, and line 15		
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts	-and-circumst	ances" test, cl	heck this box	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization	ation meets the meets the	e "facts-and-o ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and so non qualifies as	a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

SCHEDULE O (Form 990 or 990-EZ)

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

Alliance for Haiti's Children

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

27-1780946

Part 1 Line 10 – Grants and similar amounts paid	
1. Program expenses for Academic Enrichment: After-school interscholastic competition, summer camp and other academ	nic enrichment
activities.	\$26,442
2. Program expenses for Student Sponsorship: Tuition, uniforms and textbooks	\$21,440
3. Program expenses for School and Community Support:	•••••
-Hurricane relief, emergency food supplies and school garden program \$15,132	•
-Teacher support and training \$ 5,818	
Total School and Community Support	\$20,950
4. Program expenses for Community Library and Computer Lab	\$ 9,018
Total Line 10	\$77,850
Part 1 Line 16: Other expenses include bank charges, donor communications, corporate license fees and fundraising costs	\$ 1,695
Part 1 Line 20: Includes \$1,740 in accrued December expenses paid in January, 2018	
Part III – Primary exempt purpose: The mission of Alliance for Haiti's children is to partner with rural communities in Haiti to	o provide a quality
education for their children by building education capacity throughout local schools. Our replicable model improves education	ation through
seven integrated programs: an academic enrichment program comprised of an interscholastic academic competition and a	summer
enrichment camp, student sponsorships for students attending 15 local primary and secondary schools; school support the	rough building
improvements and academic resources; teacher training; assistance for the community vocational school, which provides	training to
enhance student job placement opportunities; all supported by a community library and computer lab. The program operations of the program operation operation operation operation of the program operation ope	tes ın
La Vallee Jacmel, Haiti	
Line 28 In 2017 the Academic Enrichment program provided an after-school interscholastic competition for area students a	and a summer
enrichment camp. Approximately 4000 students from 15 local schools benefited from these programs. The academic comp	petition among 15
schools provided weekly quiz contests based on the Haitian national curriculum. Students competed for placement on sch	ool teams which

		•
'an	e	Z

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization

Name of the organization	Employer identification number
Alliance for Haiti's Children	27-1780946
then competed against each other. The competition has had demonstrable results, raising passing rates or	n National exams by 5-30%.
The 2017 summer enrichment camp for 135 students from 15 schools included instruction in basic comput	ter literacy, English, arts and
athletics The two-week camp employed 12 local teachers as classroom leaders and eight local students as	s counselors and translators
The camp also provided daily hot lunch and potable water Five U.S. teachers mentored and instructed 12	local teachers and principals in a
3-day workshop prior to the start of camp. Through this collaboration with U.S. teaching professionals, 12	Haitian teachers learned new
new pedagogical methods, instructional planning techniques and classroom management strategies. Inter	active classroom materials, books,
computers, software, art materials and athletic equipment were also provided for the camp. These material	s were donated to local schools
and the community library after the camp concluded.	
Line 29: In 2017 the Student Sponsorship program provided tuition support for 317 students attending 16 J	primary and secondary schools an
5 post-secondary schools. These sponsorships also provided uniforms, books and supplies as needed	
Line 30: School and Community Support: In 2017, the Alliance provided support to the La Vallee community	ty and 6 schools that were
catastrophically impacted by Hurricane Mathew in late 2016 In the first few months of 2017, the Alliance p	rovided 66,250 school lunches;
seeds and materials to create school gardens at 6 schools, and replacement of damaged school supplies	and academic materials for 10
schools. The Alliance also supported teachers at 6 schools through a teacher mentoring program with the	Centre D'Apprentissage et De
De Formation Pour La Transformation (CAFT). Additional teacher training was provided through the summ	ner enrichment camp via a 3-day
workshop led by volunteer U.S. teachers in support of 12 local teachers	
·	
Line 31: Other Program Services provided in 2017 included continued support for the only community libration	ary and public computer lab in the
region. It afforded the community of more than 40,000 people access to computer training and the world of	f online learning for the first time.
In addition, the Alliance purchased hundreds of books in Kreyol and French, including textbooks, research	n materials and books for pleasure
reading. In 2017, more than 500 students and community members visited the library each month. The Alli	ance paid salaries for two
librarians, who assisted students with computer training, research, typing and copying services	