Click on the question-mark icons to display help windows. The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

Form **990-EZ**

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)

2019

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service			► Go to www.irs.gov/Form990EZ for instructions and the latest information.		inspection					
A For the 2019 calend		2019 calend	ar year, or tax year beginning January 1 , 2019, and ending D	ecembe	r 31 , 20					
B Check if applicable. C Name of organization				D Employer identification numb						
	Address c	hange	<u>Hait</u> ian Educational Initiatives	27-425063 4						
	Name cha	ınge	Number and street (or P O. box if mail is not delivered to street address) Room/suite E Te	E Telephone number						
_	nitial retur		203-512-1774							
=	tinal retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption						
=		n pending	Fairfield, CT 06890 UC N	Number ▶ 🔐						
G /	Account	ting Method:	☐ Cash ☑ Accrual Other (specify) ► H Chec	k ▶ 🔲	if the organization is not					
IV	Vebsite	:► www	haitied.org requi	red to att	ach Schedule B					
J T	ах-ехеп	npt status (che	eck only one) — ☑ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 ☐ (Form	1 990, 99	0-EZ, or 990-PF).					
KF	orm of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other							
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ts						
(Pa	t II, col	<u> </u>	6500,000 or more, file Form 990 instead of Form 990-EZ	- ▶ \$	84,106					
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst							
_			the organization used Schedule O to respond to any question in this Part I							
h	1		ons, gifts, grants, and similar amounts received	-	57,534					
hi	2	_	ervice revenue including government fees and contracts	2						
ΗŒ	3		ıp dues and assessments	3						
hī	4	investment		4	5					
	5a		ount from sale of assets other than inventory	_						
	Ь	Less: cost	<u> </u>							
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)								
	6	•	Gaming and fundraising events:							
9	a		Gross income from gaming (attach Schedule G if greater than \$15,000)							
Revenue	ь		me from fundraising events (not including \$ of contributions							
Š	ן י		aising events reported on line 1) (attach Schedule G if the							
Œ	1		th gross income and contributions exceeds \$15,000) 6b 26,5	67						
	ြင		t expenses from gaming and fundraising events 6c 3,1	→ :						
	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac							
		line 6c)		6d	23,398					
	7a	Gross sale	s of inventory, less returns and allowances 7a							
	ь		of goods sold	7						
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a)	7c						
	8		nue (describe in Schedule O)	8						
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	80,937					
	10		I similar amounts paid (list in Schedule O)	10	70,980					
	11		aid to or for members	11						
S O	12	Salaries, of	ther compensation, and employee benefits 🍱	12	·					
Expenses	13		al fees and other payments to independent contractors	13	5,946					
ğ	14		y, rent, utilities, and maintenance	14						
ш	15		ublications, postage, and shipping	- 15	1,741					
•	16	•	enses (describe in Schedule O)	16	2,689					
—	17				81,356					
Š (18		(deficit) for the year (subtract line 17 from line 9)	<u>0</u> /18	(418)					
380	19		or fund balances at beginning of year (from line 27, belumn (A)) (must agree with	17-						
Net Assets	امد	-	r figure reported on prior year's return)	/19	23,701					
	20		ages in net assets or fund balances (explain in Schedule 0)	20	20.000					
_	21		or fund balances at end of year. Combine lines 18 through 20	21	23,283 Form 990-EZ (2019)					
ror	rapen	work Reduct	ion Act Notice, see the separate instructions. Cat. No 10642i		готи: ээр у Б.А. (2019)					

Pa								
	art II	Balance Sheets (see the instructions	for Part II)					
	Check if the organization used Schedule O to respond to any question in this Part II					<u></u>		
					(A) Beginning of year	L	(B) End of year	
22	Cas	h, savings, and investments		[24,619	22	20,201	
23	Land	d and buildings		[23		
24	Othe	er assets (describe in Schedule O)		[200	24	3,097	
25		al assets		[24,819	25	23,298	
26	Tota	al liabilities (describe in Schedule O)			1,118	-	15	
27		assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	23,701		23,283	
Pa	rt III	Statement of Program Service Accom						
		Check if the organization used Schedule	•			ł	Expenses	
Mhs	at is the	organization's primary exempt purpose?	Education	iy quodadii iii dilo			equired for section	
							1(c)(3) and 501(c)(4)	
		ne organization's program service accompli					janizations; optional for iers.)	
		ed by expenses. In a clear and concise mefited, and other relevant information for ea		e services provided	, the number of	"		
		· · · · · · · · · · · · · · · · · · ·				-	<u> </u>	
28		D: Tuition scholarships, uniforms, books and						
		dents in partnershp with Cercle Amis des Enf		cile in Jacmel, Haiti.	98% students	l		
		leted their school year and 93% were promote				1		
hċ						28	a 20,960	
29	FJBJ:	Tuition scholarships, uniforms, books, schoo	l supplies, weekly me	als and job training f	or 65 children in			
	partne	ership with Fondation Jean Bellande Joseph in	Cayes-Jacmel, Haiti	98% of children com	pleted their		İ	
	schoo	ol year and 95% were promoted to the next gra-	de.			1		
	(Grant	ts \$ 45,970) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29	a 45,970	
30	Pasqu	ette Middle School: Purchased 1,374 books a					* ''	
		rural middle school grades 7-9.						
	(Grant	s \$ 4,050) If this amount	includes femige are	ente check hore		30	a 4,050	
24		program services (describe in Schedule O)			· · · - <u></u>	30	4,050	
31						مما	_	
20	(Grant	is \$ in this amount	includes foreign gra	ints, check here .	<u> ▶ U</u>	31:		
		program service expenses (add lines 28a				32		
- ai	rt IV	List of Officers, Directors, Trustees, and Key	v Emplovees (list each					
							_	
	(c) Reportable by (d) Health benefits						<u> </u>	
		Check if the organization used Schedule	O to respond to a	ny question in this	Part IV (d) Health benefits,	÷	🗀	
		Check if the organization used Schedule (a) Name and title	(b) Average hours per week	ny question in this	Part IV	. (6	🗀	
			O to respond to a	(c) Reportable compensation	Part IV) Estimated amount of	
Jam	es Whit		(b) Average hours per week devoted to position	(c) Reportable ht compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and) Estimated amount of	
Jam	es Whit	ht (a) Name and title	(b) Average hours per week	(c) Reportable ht compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and		b) Estimated amount of other compensation	
		ncomb, President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	199 (6	b) Estimated amount of other compensation	
		ht (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable (c) Reportable (compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) Estimated amount of other compensation	
Will	iam Dun	tcomb, President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	199 (6) Estimated amount or other compensation	
Will	iam Dun	ncomb, President	(b) Average hours per week devoted to position	(c) Reportable of compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	1999 (69 10	e) Estimated amount or other compensation	
Will Abiç	lam Dun gail Fran	ncan II, Treasurer	(b) Average hours per week devoted to position 3	(c) Reportable (c) Reportable (compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e	e) Estimated amount or other compensation	
Will	lam Dun gail Fran	tcomb, President	(b) Average hours per week devoted to position 3	ny question in this (c) Reportable not compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e n 0	b) Estimated amount of other compensation	
Will Abig Gera	lam Dun gail Fran ard Azor	(a) Name and title accomb, President accan II, Treasurer aklin, Secretary r, Jr., Director	(b) Average hours per week devoted to position 3 5	(c) Reportable of compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	1999 (69 10	b) Estimated amount of other compensation	
Will Abig Gera	lam Dun gail Fran ard Azor	ncan II, Treasurer	(b) Average hours per week devoted to position 3 5	ny question in this (c) Reportable not compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e n 0	b) Estimated amount or other compensation	
Will Abig Gera	lam Dun gail Fran ard Azor	(a) Name and title accomb, President accan II, Treasurer aklin, Secretary r, Jr., Director	(b) Average hours per week devoted to position 3 5	ny question in this (c) Reportable not compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e n 0	b) Estimated amount or other compensation	
Will Abig Gera	iam Dun gail Fran ard Azol	(a) Name and title accomb, President accan II, Treasurer aklin, Secretary r, Jr., Director	(b) Average hours per week devoted to position 3 5 1	y question in this (c) Reportable operation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	Part IV (d) Health benefits, contributions to employ benefit plans, and		b) Estimated amount or other compensation	
Will Abig Gera	iam Dun gail Fran ard Azol	(a) Name and title accomb, President accan II, Treasurer aklin, Secretary r, Jr., Director one, Director	(b) Average hours per week devoted to position 3 5	y question in this (c) Reportable operation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	Part IV (d) Health benefits, contributions to employ benefit plans, and		b) Estimated amount of other compensation	
Will Abig Sera Joan	iam Dun gail Fran ard Azon nne Delo emond	(a) Name and title accomb, President accan II, Treasurer aklin, Secretary r, Jr., Director one, Director	(b) Average hours per week devoted to position 3 5 1 1	y question in this (c) Reportable occurrence (c) Reportable occurrence (c) Reportable occurrence (c) Reportable occurrence (r) Reportable occurrenc	Part IV (d) Health benefits, contributions to employ benefit plans, and	0 0 0	b) Estimated amount of other compensation	
Will Abig Sera Joan	iam Dun gail Fran ard Azon nne Delo emond	(a) Name and title scomb, President scan II, Treasurer sklin, Secretary r, Jr., Director one, Director Joseph, Director	(b) Average hours per week devoted to position 3 5 1	y question in this (c) Reportable of compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	Part IV (d) Health benefits, contributions to employ benefit plans, and	0 0 0	b) Estimated amount of other compensation	
Will Abig Sera Joan	lam Dun gail Fran ard Azon nne Delo emond	(a) Name and title scomb, President scan II, Treasurer sklin, Secretary r, Jr., Director one, Director Joseph, Director	(b) Average hours per week devoted to position 3 5 1 1	y question in this (c) Reportable occurrence (c) Reportable occurrence (c) Reportable occurrence (c) Reportable occurrence (r) Reportable occurrenc	Part IV (d) Health benefits, contributions to employ benefit plans, and	0 0 0	b) Estimated amount or other compensation	
Will Sera Joan	lam Dun gail Fran ard Azon nne Delo emond	(a) Name and title scomb, President scan II, Treasurer sklin, Secretary r, Jr., Director one, Director Joseph, Director	(b) Average hours per week devoted to position 3 5 1 1	y question in this (c) Reportable of compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	Part IV (d) Health benefits, contributions to employ benefit plans, and	0 0 0 0	Distimated amount of other compensation	
Will Abig Gera Joan Nels	dam Dun gail Fran ard Azon nne Deld emond demond demond	(a) Name and title scomb, President scan II, Treasurer sklin, Secretary r, Jr., Director one, Director Joseph, Director th, Director	(b) Average hours per week devoted to position 3 5 1 1	y question in this (c) Reportable of compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	Part IV (d) Health benefits, contributions to employ benefit plans, and	0 0 0	Distimated amount of other compensation	
Will Abig Gera Joan Nels	dam Dun gail Fran ard Azon nne Deld emond demond demond	(a) Name and title scomb, President scan II, Treasurer sklin, Secretary r, Jr., Director one, Director Joseph, Director	(b) Average hours per week devoted to position 3 5 1 1 1	y question in this (c) Reportable of compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	Part IV (d) Health benefits, contributions to employ benefit plans, and	0 0 0 0	Distimated amount of other compensation	
Will Abig Gera Joan Nels	dam Dun gail Fran ard Azon nne Deld emond demond demond	(a) Name and title scomb, President scan II, Treasurer sklin, Secretary r, Jr., Director one, Director Joseph, Director th, Director	(b) Average hours per week devoted to position 3 5 1 1	y question in this (c) Reportable of compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	Part IV (d) Health benefits, contributions to employ benefit plans, and	0 0 0 0	D) Estimated amount of other compensation	
Willi Abig Gera Joan Nels	dam Dun gall Fran ard Azol nne Deld emond emond on Nort n O'Con	(a) Name and title scomb, President scan II, Treasurer sklin, Secretary r, Jr., Director one, Director Joseph, Director th, Director	(b) Average hours per week devoted to position 3 5 1 1 1 1 2	(c) Reportable (c) Reportable (compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	0 0 0 0	D) Estimated amount of other compensation 0 0 0 0 0 0 0 0	
Willi Abig Sera Joan Vels	dam Dun gall Fran ard Azol nne Deld emond emond on Nort n O'Con	(a) Name and title scomb, President noan II, Treasurer nklin, Secretary r, Jr., Director one, Director Joseph, Director th, Director nell, Director	(b) Average hours per week devoted to position 3 5 1 1 1	(c) Reportable (c) Reportable (compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	0 0 0 0	Distimated amount of other compensation O O O O O O O O O O O O O	
Willi Abig Sera Joan Joan Joan	dam Dun gall Fran ard Azol nne Deld emond emond on Nort n O'Con	(a) Name and title scomb, President noan II, Treasurer nklin, Secretary r, Jr., Director one, Director Joseph, Director th, Director nell, Director	(b) Average hours per week devoted to position 3 5 1 1 1 1 2	y question in this (c) Reportable of compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	Part IV (d) Health benefits, contributions to employ benefit plans, and	0 0 0 0	Distimated amount of other compensation 0 0 0 0 0 0 0 0 0	
Will Abig Serr Ioan Ioan	dam Dun gall Fran ard Azol nne Deld emond emond on Nort n O'Con	(a) Name and title scomb, President noan II, Treasurer nklin, Secretary r, Jr., Director one, Director Joseph, Director th, Director nell, Director	(b) Average hours per week devoted to position 3 5 1 1 1 1 2	y question in this (c) Reportable of compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	Part IV (d) Health benefits, contributions to employ benefit plans, and	0 0 0 0	Distimated amount of other compensation O O O O O O O O O O O O O	
Willi Abig Gera Joan Nels	dam Dun gall Fran ard Azol nne Deld emond emond on Nort n O'Con	(a) Name and title scomb, President noan II, Treasurer nklin, Secretary r, Jr., Director one, Director Joseph, Director th, Director nell, Director	(b) Average hours per week devoted to position 3 5 1 1 1 1 2	y question in this (c) Reportable of compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	Part IV (d) Health benefits, contributions to employ benefit plans, and	0 0 0 0) Estimated amount of	

Form 99	00-EZ (2019) TBU			age 3
Part	V Other Information (Note the Schodulo 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			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	res	NO
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 c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		v
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	ļ!	~
39	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:	┨		
ээ a	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 ▶]	<u> </u>	
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			·
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			
e	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		7
41	List the states with which a copy of this return is filed ► CA, CT, NY, FL			
42a	The organization's books are in care of ▶ Karen Betts, Preferred Bookkeeping Telephone no. ▶	203-64		
	Located at ▶ 99 Ridge Road, Unit 2, Naugatuck CT ZIP + 4 ▶		D-1776	
D	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)? If "Yes," enter the name of the foreign country	42b	Yes	NO V
	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	<u> </u>	<u> </u>
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
44-			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		7
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	Did the organization receive any payments for indoor tanning services during the year?	44c		V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
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		
	TOTAL COO INCLUDED IN THE CONTROL OF	_ 	1	

to Part VI 47 Di	id the organization engage, directly or in candidates for public office? If "Yes," of Section 501(c)(3) Organizations All section 501(c)(3) organization	adtrectly in political c			_		P	
Part VI 47 Di	Section 501(c)(3) Organizations	idiroday, in political o	ampaign activities on	behalf of or i	n oppositio		Yes	
47 Di			, Part I	<u> </u>	<u>· · · ·</u>	46	L1	~
	50 and 51. Check if the organization used Sci	s must answer que			plete the	tables f	or line	es
	Officer if the organization does con	iodalo o to respend	rto arry quodition in t	ino i dit vi	<u>· · · · · · · · · · · · · · · · · · · </u>		Yes	No
ve	id the organization engage in lobbying ear? If "Yes," complete Schedule C, Par		section 501(h) electro	n in effect d	uring the ta	ax 47		<u> </u>
, 48 ls	the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes." complete	Schedule E		48		~
	Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," was the related organization a section 527 organization?							~
	omplete this table for the organization's							d key
er	nployees) who each received more than	1 \$100,000 of comper	nsation from the orga	nization. If the	re is none,	enter "N	lone."	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health b contributions to benefit plans, as compens	employee (nd deferred	(e) Estimate other com		
							•	
	<u> </u>							
				<u> </u>				
				1				
	omplete this table for the organization 100,000 of compensation from the orga (a) Name and business address of each independent	anization. If there is no				Compensati		thar
			1					
					·			
d To	otal number of other independent contri	actors each receiving	over \$100 000					
52 Di	otal number of other independent contra id the organization complete Schedu ompleted Schedule A	_	•			a ▶ ☑ Yes		No
52 Di	id the organization complete Schedu	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the b	est of my kno	► ✓ Yes		_
52 Di co Inder pena ue, correct	id the organization complete Schedumpleted Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the b	est of my kno	► ✓ Yes wledge and		_
52 Di co Inder pena ue, correct	id the organization complete Schedumpleted Schedule A	return, including accompan	ection 501(c)(3) orga	ents, and to the b	est of my kno je	► ✓ Yes wledge and		
52 Di co Inder pena rue, correct Sign Here	id the organization complete Schedumpleted Schedule A littles of perjury, I declare that I have examined this it, and complete. Declaration of preparer (other than Signature of officer) James H. Whitcomb, Jr., Presiden Type or print name and title Print/Type preparer's name	return, including accompan	ection 501(c)(3) orga 	ents, and to the b	est of my kno je	► ✓ Yes wledge and		_
52 Di cc Inder pena ue, correct Sign lere	id the organization complete Schedule A littles of perjury, I declare that I have examined this it, and complete. Declaration of preparer (other than Signature of officer) James H. Whitcomb, Jr., Presiden Type or print name and title Print/Type preparer's name	return, including accompan n officer) is based on all info	ection 501(c)(3) orga 	ents, and to the bhas any knowledge Date		► ✓ Yes wledge and		_

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(5) organization or a section 4947(a)(1) nonexempt charitable trust.

• Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019
Open to Public

Inspection

Employer identification number Name of the organization 27-4250639 Haltian Educational Initiatives Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. h Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iv) is the organization (v) Amount of monetary (iii) Type of organization (vi) Amount of listed in your governing document? (described on lines 1-10 support (see other support (see above (see instructions)) instructions) instructions) (A) CASED N/A 10 20,960 (B) FJBJ 10 N/A 45,970 Pasquette Middle School (C) N/A 10 4.050 (D) (E)

70.980

Part III	Support Schedule for Organizations I	Described in Section 509(a)(2)
	(Complete only if you checked the box	on line 10 of Part I or if the orga

(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.)

	if the organization land to quality	andor are to	to notog boto	m, picaco co	inplote i dit i	<u>., </u>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")	95,587	145,409	57,960	108,163	84,101	491,220
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						<u> </u>
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	1					
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		j				
6	Total. Add lines 1 through 5	95,587	145,409	57,960	108,163	84,101	491,220
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		1				0
ь	Amounts included on lines 2 and 3						
•	received from other than disqualified						
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year		1				
С	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from			·		¢	
	line 6.)						491220
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	95,587	145,409	57,960	108,163	84,101	491,220
10a	Gross income from interest, dividends,		1				
	payments received on securities loans, rents,		ĺ				
	royalties, and income from similar sources.				5	5	10
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		1				
	acquired after June 30, 1975						
C	Add lines 10a and 10b				5	5	10
11	Net income from unrelated business]					
	activities not included in line 10b, whether				İ		
	or not the business is regularly carried on						
12	Other income. Do not include gain or		1		į		
	loss from the sale of capital assets		1				
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4 -	and 12.)	95,587	145,409	57,960	108,168	84,106	491230
14	First five years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop he			· · · · · · · · · · · · · · · · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	<u> </u>
	on C. Computation of Public Suppor					1 1	
15	Public support percentage for 2019 (line to					15	100 %
16 Saati	Public support percentage from 2018 Sch		 			16	100 %
	on D. Computation of Investment Inc			v.l.=0 40'	(6)	1471	
17	Investment income percentage for 2019 (17	0 %
18	Investment income percentage from 2018					18	0 %
19a	331/3% support tests—2019. If the organ						
	17 is not more than 331/3%, check this box	=	_	-			
Ь	331s% support tests—2018. If the organiz						
	line 18 is not more than 331/3%, check this l	=	_	· ·			
20	Private foundation. If the organization di	a not check a t	oox on line 14,	19a, or 19b, c	neck this box	and see instru	ctions 🕨 🔲

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Name of the organization		Employer identification number
Haitian Educational Initiatives		27-4250639
CASED: Jacmel, Haiti	20,960	
Tuition, uniforms, books and school su	upplies for 87 children; after school tutoring for 59 children Monday	-Thursday.
FJBJ: Cayes-Jacmel, Haiti	45,970	
Total with the book and asked to		haking asymptos (itarasıı)
luition, uniforms, books and school st	upplies for 65 children; weekly meals and job training (needlework,	baking, computer iteracy)
Part 1:4 Interest on checking account	5	
Turi I History on one on the state of the		
Part 1:16 Other Expenses		
Insurance (D&O, Liability)	1,264	
Bank Charges	332	
Business registrations, filing fees	210	
Advertising & Marketing	632	
98:	050	
Miscellaneous		
*******	······································	
Part 2: Other Assets		
2 Donated Computers	200	

