Form	<b>y</b> ;	ઝા	<b>j-</b>	

## **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)

2020

OMB No 1545-0047

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

**Open to Public** Inspection

_		enue Service	Go to www.irs.gov/romissoe2 for instructions and the latest informatio	11. 2		
_			ar year, or tax year beginning , 2020, and ending  C Name of organization		, 20	
	Check if a		ployer identification number			
=	Address o	-	Alliance for Haiti's Children  Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	27-1780946 E Telephone number		
$\overline{}$	Name cha Initial retu	-	Number and street (or P O. box if mail is not delivered to street address)  Room/suite	E letepi	none number	
=		m/terminated	1820 Elgin Drive		703-242-4330	
	Amended	i retum	1101		p Exemption	
		on pending	Vienna, VA 22182		ber ►	
		iting Method:			ightharpoonup if the organization is <b>not</b>	
	Vebsite			•	to attach Schedule B	
			7 - 3 - B - B - B - B - B - B - B - B - B	orm 99	00, 990-EZ, or 990-PF).	
			☑ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets		
			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 in			
			the organization used Schedule O to respond to any question in this Part I	$\overline{}$		
	1		ns, gifts, grants, and similar amounts received	٠ ٠	1 88,046	
	2		ervice revenue including government fees and contracts	• •	2	
	3		p dues and assessments	٠ ٠ ١	3	
	4	Investment		٠ ٠ إ	4 198	
	5a		unt from sale of assets other than inventory			
	b		or other basis and sales expenses		<del>_</del>	
	C	Gain or (los	ss) from sale of assets other than inventory (subtract the 55 from line 5a)	· · }	5c	
	6	Gaming an	d fundraising events:			
Revenue	a	\$15,000) .	ome from gaming (attach Schedule G if greater than UT OGDEIN, 6a		•	
ě	b		me from fundraising events (not including \$ of contributions	s	<u>.</u>	
æ			aising events reported on line 1) (attach Schedule G if the		ļ	
			h gross income and contributions exceeds \$15,000) 6b		•	
	С		t expenses from gaming and fundraising events 6c	]	Ì	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract		
		line 6c) .		• •	6d	
	7a		s of inventory, less returns and allowances		1	
	Ь		of goods sold			
	C		t 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	-	9 88,244	
	10		similar amounts paid (list in Schedule O)	· ·	10 63,522	
	11	-	id to or for members	· ·	11	
ses	12		her compensation, and employee benefits		12 13,773	
	13		al fees and other payments to independent contractors		13	
Exper	14		r, rent, utilities, and maintenance		14 1,306	
ш	15		ublications, postage, and shipping		15	
	16		nses (describe in Schedule O)		16 3,484	
	17	France se	nses. Add lines 10 through 16	. •	17 82,085	
ts	18 19		deficit) for the year (subtract line 17 from line 9)		18 6,159	
Net Assets	13		or fund balances at beginning of year (from line 27, column (A)) (must agree to rigure reported on prior year's return)	j	40	
ţ	20	-			19 58,378	
ž	20 21		ges in net assets or fund balances (explain in Schedule O)	-	20 853 21 65.390	
			or fund balances at end of year. Combine lines 18 through 20		21 65,390	



Form	990-EZ (2020)					Page 2
Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	58,378	22	65,390
23	Land and buildings		[		23	
24	Other assets (describe in Schedule O)		[		24	
25	Total assets		[	58,378	25	65,390
26					26	
27	Net assets or fund balances (line 27 of column			58,378	27	65,390
Par						_
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗸		Expenses
Wha	t is the organization's primary exempt purpose?	See Schedule O				equired for section 1(c)(3) and 501(c)(4)
as m	cribe the organization's program service accomplis neasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the			org	ganizations, optional for ners.)
28	D					
		•••••	••••••			
	/O	in all relations are			00	
	(Grants \$ ) If this amount				28	a 28,995
29	Program expenses for Student Sponsorship					
			• • • • • • • • • • • • • • • • • • • •			
	/Oranta & ) If this amount	indudes fereign am	ints, check here .		20	
20					29	a 25,000
30	Program expenses for School Support				ŀ	
			·		ĺ	1
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<b></b>	30:	0.537
21		includes loreign gra		• • • •	30.	a 9,527
٠.		• • • • • •	ints, check here .		31:	<u>a</u>
32	Total program service expenses (add lines 28a t	hrough 31a)	unta, oneox nere .		32	
Par	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	ensated - see the in	nstru	uctions for Part IV)
	Check if the organization used Schedule	O to respond to ar			<del>.</del>	<u>· · · · </u>
	(a) Name and trile	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)		- 1	e) Estimated amount of other compensation
Anto	nica Payen				T	
Prog	ram Manager	15	9,600		0	0
Theo	dore Payen					
Prog	ram Assistant	15	2,400		0	0
Ann l	K. Bazzarone					
Board	d Member	10	0		1	
Marc	y Rehberger					
Boar	d Member	10	0		$\bot$	
	cia Vaughn					
	d Member	3	0	<u> </u>	┷	
	erly Lynch					
	d Member	5	0		$\downarrow$	
	ed Secor					
Board	d Member	11	0		4-	
				II.		
				<del></del>	+	·
		!				
			·	·	+-	<del></del>
					-	
					+	
		<u> </u>			+	<del></del>



<sub>E</sub> Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Pan	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	res	√ V
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		1
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		1
ь	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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		43	96
ь	Did the organization file Form 1120-POL for this year?	37b	7 11 11 12 12 12 12	<b>/</b>
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? .	38a	Januarka J	4 DANG SAN
o b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39 a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a				
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		<b>✓</b>
c	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			
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		1
41	List the states with which a copy of this return is filed ▶			
<b>42</b> a	The organization's books are in care of ▶ Telephone no. ▶			
_	Located at  ZIP + 4  At any time during the colored varieties have an interest in an any time at the state of			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country ▶	420 888		3312
	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	, americai,	- American
43	Section 4947(a)(1) nonexempt charitable 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	· ·	. I	<b>▶</b> □
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	Yes	No ✓
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		<b>√</b>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<b>✓</b>
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>✓</b>
	Form 990-EZ. See instructions	45b		✓

Form 99	90-EZ (2020)							F	age 4
46	Did the organization engage to candidates for public offi							Yes	No
Part		rganizations organizations	s Only s must answer que	stions 47-49b and	i 52, and co			or lin	es . □
47 48 49a b 50	Did the organization engagyear? If "Yes," complete Sc Is the organization a school and the organization make a If "Yes," was the related org Complete this table for the employees) who each received	hedule C, Part as described in any transfers to ganization a se organization's	II section 170(b)(1)(A)(i an exempt non-cha ction 527 organizatio five highest compen	i)? If "Yes," complete ritable related organ nn?		ers, directo	47 48 49a 49b ors, trustee	Yes es, an	No √  √  d key
	(a) Name and title of each emplo	oyee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health contributions benefit plans, comper	to employee and deferred	(e) Estimate other com		
51	Total number of other employs Complete this table for the \$100,000 of compensation (a) Name and business address	organization's from the organ	s five highest compensation. If there is no	.  ensated independen ne, enter "None."  (b) Type of se			received Compensati		than
52 Under p	Total number of other indep Did the organization com completed Schedule A penalties of penury, I declare that I have	plete Schedui	le A? Note: All se	ction 501(c)(3) org	nents, and to the	best of my kno	Yes Yes		No It is
Sign Here	Signature of officer  Type or print name and in the print type or print type or print name and in the print type or print type or print name and in the print type or	itici a	officer) is based on all info	in, Treas	Date	11	- 8-	a	
Paid Prep Use	arer				Firm	Check ☐ self-employ	rf (		No

### 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)(3) 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
2020
Open to Public Inspection

Name of the organization

Employer identification number

Alliar	nce for Haiti's Children						80946 .	
Pai	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The o	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hos							
4								
_	hospital's name, city, and state:  I An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
5	section 170(b)(1)(A)(iv). (Comp		college or university	owned c	r operate	ed by a government	ai unit described in	
_	_				470 <i>(</i> -)	1/4\/A\/.A		
6 7	<ul><li>☐ A federal, state, or local govern</li><li>☑ An organization that normally</li></ul>						a tha ganaral aublia	
•	described in section 170(b)(1)			port iron	a gover	milental unit of hon	i trie general public	
8	☐ A community trust described in		<del>-</del>	Part II \				
9	An agricultural research organi			-	erated in	conjunction with a l	and-grant college	
J	or university or a non-land-graduniversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investment	to its exempt full income and uni	nctions, subject to ce related business taxa	rtain exc ble incon	eptions; a ne (less si	and (2) no more than ection 511 tax) from	331/3% of its	
44	acquired by the organization at		·		-	•		
11	An organization organized and	•		•				
12	An organization organized and of one or more publicly suppo							
	Check the box in lines 12a throi							
а		-			_			
	the supported organization supporting organization. You	(s) the power to	regularly appoint or e	elect a ma	yonty of t			
b	☐ <b>Type II.</b> A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having	
	control or management of t		_		persons	that control or man	age the supported	
	organization(s). You must o	-	•					
C							ally integrated with,	
	its supported organization(s	•	•		•	• •		
d								
	that is not functionally integ						d an attentiveness	
	requirement (see instruction	-	*		-			
е	functionally integrated, or T	ype III non-func	tionally integrated sur	on from tl pporting (	ne IRS that organizat	at it is a Type I, Type ion.	e II, Type III	
f		_					· [	
<u>g</u>						64 4	47.4	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)				-				
(B)								
(C)								
(D)								
(E)					 		···	

Total

instructions . . .

Part	Support Schedule for Organization (Complete only if you checked to Part III. If the organization fails to	he box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	129,257	99,613	95,304	75,287	88,046	487,507
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	129,257	99,613	95,304	75,287	88,046	487,507
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)						87,538
6	Public support. Subtract line 5 from line 4	Harris 19	A desirable				399,969
	on B. Total Support					<del></del>	<del></del>
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	129,257	99,613	95,304	75,287	88,046	487,507
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	64	42	62	44	198	410
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	并在社会			Hanadi.		487917
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the				-		
	organization, check this box and stop he			<i></i>	<u></u>	<u> </u>	<u> ▶ □</u>
	on C. Computation of Public Suppor						<u> </u>
14	Public support percentage for 2020 (line					14	81.97 %
15 16a	Public support percentage from 2019 Schedule A, Part II, line 14						
b	331/3% support test—2019. If the organithis box and stop here. The organization				•		•
17a	10% or more, and if the organization means the organization meets the organization	leets the facts- facts-and-circu	-and-circumsta umstances tes	inces test, che t. The organiz	eck this box a ation qualifies	nd <b>stop here.</b> as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa e facts-and-cire	cts-and-circun cumstances te	nstances test, st. The organiz	check this boz zation qualifies	x and <b>stop her</b> s as a publicly s	e. Explain supported
18	Private foundation. If the organization	did not check	a box on line	13 16a 16b	17a or 17h	check this has	

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## 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

2020

Open to Public Inspection

Employer identification number

Alliance for Haiti's Children 27-1780946 Part 1 Line 10- Grants and similar amounts paid: 1. Program expenses for Community Support: Covid-related relief including emergency food assistance, masks, gardening tools and seeds, and family and teacher assistance; development of a community sport court and bleachers for outdoor sporting events; renovation of the town market with a playground, benches and solar power for evening outdoor meetings; and funding for library and computer lab instruction \$28,995 2. Program expenses for Students Sponsorship: Tuition, uniforms and textbooks \$25,000 3. Program expenses for School Support: School supplies, stipends for teacher salary support, and funding for after-school interscholastic competitions. Total line 10 Part 1 Line 16: Other expenses include bank charges, fundraising costs and donor communications. Part 1 Line 20: Includes \$853 in accrued December expenses paid in January 2021. Part III – Primary exempt purpose: The mission of Alliance for Haiti's Children is to partner with rural communities in Haiti to provide a quality education for their children by building education capacity throughout local schools. Our replicable model improves education 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 through building improvements and academic resources; teacher professional development; 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 operates in La Vallee Jacmel, Haiti. Line 28: In 2020, The Alliance focused primarily on Community Support to assist the LaVallee community in responding to the Covid pandemic. The Alliance provided emergency food relief to 104 students' families (548 people) who had lost their sources of income as a result of the pandemic lockdowns. Distribution of gardening tools and seeds also helped families and schools grow their own food. Alliance camp counselors sewed and distributed hundreds of masks to local schools and students and educated families on sanitary measures to prevent the spread of Covid. In addition, the Alliance partnered with community leaders to build an outdoor sport court with bleachers for community