Public Inspection Copy

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.

OMB No. 1545-0047 ſ n 1 l **Open to Public** Inspection

Department of the Treasury
Internal Revenue Service

AF	or th	e 2020 calendar year, or tax year beginning and	ending	_	
B c a	heck if oplicab	e: C Name of organization		D Employer identified	cation number
	Addre chang	© Community Coalition for Haiti			
	Name Chang			65-11631	22
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	P.O. Box 1222		703-556-2	
	termin ated			G Gross receipts \$	984,371.
	Amer returr	VIEIIIIA, VA 22105		H(a) Is this a group re	
	Appli tion pend			for subordinates	? Yes 🗶 No
	-	same as C above		H(b) Are all subordinates in	
		empt status: 🔀 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) (or 🛄 527	,	list. See instructions
			<u> </u>	H(c) Group exemption	
		forganization: X Corporation Trust Association Other >	L Year	of formation: 2002	State of legal domicile: VA
Pa	rt I		ont th	a modial	
e	1	Briefly describe the organization's mission or most significant activities: Supple educational, and community development for	$\frac{\text{ort}}{\text{or}}$ + hc	ne medical,	Uaiti
Activities & Governance	•				
veri	2	Check this box b if the organization discontinued its operations or disposed with the approximate body (Dart VII line 1a)		I I	17 sets.
ŝ	3 4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			17
s S	4 5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		·····	5
itie	6	Total number of volunteers (estimate if necessary)			55
cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		1,010,990.	944,809.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		156.	224.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,887.	5,053.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,020,033.	950,086.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		232,182.	249,848.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă		Total fundraising expenses (Part IX, column (D), line 25)			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		764,588.	707,161.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		996,770.	957,009.
	19	Revenue less expenses. Subtract line 18 from line 12		23,263.	-6,923.
ts or			Be	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	······	423,831. 37,448.	393,327.
let A	21	Total liabilities (Part X, line 26)		386,383.	13,867. 379,460.
	22 rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		300,303.	3/3,400.
		alties of perjury, I declare that I have examined this return, including accompanying schedule:	e and etatem	ents and to the hest of m	knowledge and belief it is
	-	and complete Declaration of prenarer (other than officer) is based on all information of wh			י הוסייוסטעט מווע שפוופו, וג וא

Sign Here	Signature of officer Eric Maggio, Treasurer Type or print name and title		Date
Paid	Print/Type preparer's name Jennifer S. Manster, CPA	Preparer's signature	late Check PTIN if self-employed P01383338
Preparer	Firm's name 🕨 Kositzka, Wicks		self-employed P01383338 Firm's EIN ▶ 54-1342298
Use Only	Firm's address 5270 Shawnee Roa Alexandria, VA 2		Phone no. (703) 642-2700
May the I	RS discuss this return with the preparer shown abo		

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

		-1163122	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: Support the medical, educational, and community development	for the	
	people of Haiti.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		XNo
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured and the service accomplishments for each of its three largest program services.	ured by expense:	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 404,885. including grants of \$) (Revenue \$)	mouido)
	health care services to residents in the Jacmel area.	provide	a
	nearen eare services to residents in the saemer area.		
4b)
	Education - Educational scholarships were provided to prima		
	secondary students in Jacmel, Haiti. Teacher training was the Jacmel area.	provided	. 1n
	che bachei alea.		
4c	(Code:) (Expenses \$ 110,386. including grants of \$) (Revenue \$)
	Program Center - Special projects to support Jacmel, Haiti.		
<u>لم ۸</u>	Other program services (Describe on Schedule Q.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ 96,275 • including grants of \$) (Revenue \$)	
4e	Total program service expenses 711,067.]]	
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Form	990	(2020)

Form 990 (2020) Community Coalition for Haiti
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
U	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	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		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	12a	л	
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		x
13		120		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>It "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u>.</u> _
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X (2020)
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 Form 990 (2020)
 Community Coalition for Haiti

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Cohodula	23		x
24 0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of 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 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		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		x
21	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
32		~		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Part V

			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	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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 country F Haiti			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		x
4	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
		7e		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
9 h	If the organization received a contribution of qualined intellectual property, did the organization increation file a Form 1098-C?	79 7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			_
Ū	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			
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? ${ m N/A}$	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 13b			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			x
	excess parachute payment(s) during the year?	15		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		- 11
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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Form 990 (2020)

Community Coalition for Haiti

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

Χ

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, processes, or changes on Schedule O. See instructions.

		1.1	1 🗆		Yes	╇
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	17			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any	other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the	he direct su	upervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was fil	ed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one	e or			
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			[
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
	The governing body?	-	-	8a	х	1
	Each committee with authority to act on behalf of the governing body?			8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal F					
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such o					
~	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
12	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			120		
с				12c		
2	in Schedule O how this was done			120		
	Did the organization have a written whistleblower policy?			13		
	Did the organization have a written document retention and destruction policy?			14		
5	Did the process for determining compensation of the following persons include a review and approv	•	Dendent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ſ		4-	x	l
	The organization's CEO, Executive Director, or top management official			15a		4
b	Other officers or key employees of the organization			15b		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with	а			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	cipation			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright VA					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501(c)(3)s only	/) avai	il
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	n on Sched	lule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of ir	nterest policy, an	id fina	ncial	
9	statements available to the public during the tax year.					
9			ecords			
	State the name, address, and telephone number of the person who possesses the organization's be	ooks and re				_
	State the name, address, and telephone number of the person who possesses the organization's be Eric Maggio - (571)262-1584	ooks and re				
		ooks and re				_

Part VII	Compensation of Officers, D	Directors, Trustees,	Key Employees,	Highest Compensated
	Employees, and Independen	nt 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

	week (list any hours for related	ctor			recit	or/trus	h an tee)	compensation from	compensation from related	amount of other
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Elizabeth Seipt	40.00									
Executive Director				х				83,229.	0.	0.
(2) Wanda Vander Nat	5.00								•	
Director		Х						0.	0.	0.
(3) Dr. John Klousia	1.00								•	
Director		Х						0.	0.	0.
(4) Larry Walker	10.00								•	
Director		X						0.	0.	0.
(5) Michael Carter	1.00								•	•
Director		X						0.	0.	0.
(6) Barbara Pugliese	5.00								0	0
Director	1 00	X						0.	0.	0.
(7) Dr. Victoria Suh	1.00	.,,							0	0
Director	1 00	X						0.	0.	0.
(8) Dean Morehouse	1.00								0	0
Secretary		X						0.	0.	0.
(9) Carl Biggs	5.00								0	0
Chairman	10.00	X		X				0.	0.	0.
(10) Wood Parker	10.00								0	0
President		X		X				0.	0.	0.
(11) Eric Maggio	5.00	.,,							0	0
Treasurer	1 00	X		X				0.	0.	0.
(12) Brian Hays	1.00	v						0.	0.	0
Director	1.00	X						0.	0.	0.
(13) Patrick Dine	1.00	x						0.	0.	0.
Director (14) Dr. Laura Dabinett	1.00	^						0.	0.	0.
Director	1.00	x						0.	0.	0.
(15) Dr. Michael Boss	1.00	<u>^</u>						0.	0.	0.
Director	1.00	x						0.	0.	0.
(16) Dr. Michele Wiley	5.00							•	0.	0.
Director	5.00	x						0.	0.	0.
(17) Jerry Heppes	1.00	<u> </u>						U	0.	U •
Director	1.00	x						0.	0.	0.
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7 2020.05000 Community Coalition for Hai 9507-001

	990 (2020) Community									65-116	531	L22	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C					(=)	
	(A) Name and title	Name and title Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from Repo compensation					(E) Reportable compensation from related organizations		Est am	(F) imate ount o other	of			
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	om the inizati relate	e ion ed
	Tara Greene	1.00	x						0.).			0.
Director X					0.		· ·			0.				
	0.11.1.1								83,229.).			0.
	Subtotal Total from continuation sheets to Part VI								03,229.).			0.
	Total (add lines 1b and 1c)								83,229.).			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed at	oove	e) wh	10 r	eceived more than \$100),000 of reportable		,	Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>	uch individual									[3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4		х
5	Did any person listed on line 1a receive or a													
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or sı	ich	pers	son .					5		X
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	acto	ors t	that received more than	\$100,000 of compe	ensa	tion fr	om	
	the organization. Report compensation for t	the calendar y	ear	endi	ng w	vith	or w	ithir I		year.		(0)	<u> </u>	
	(A) (B) Name and business address NONE Description of services Co								Co	(C) ompen		า		
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot li	mite	d to	thos (se lis)	stec	d above) who received n	nore than	-	orm Q	100 //	2020

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			2020) Community Coalit	tion for	r Haiti		65-1163	122 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response or no	ote to any line	in this Part VIII	<u></u>		
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts its	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Âŋ. Aŭ			Fundraising events 1c 120	6,216.				
Sift lar ,			Related organizations 1d					
is, (е	Government grants (contributions) 1e 44	4,600.				
rior S		f	All other contributions, gifts, grants, and					
the				3,993.				
d df		g	Noncash contributions included in lines 1a-1f	2,820.				
<u>a C</u>		h	Total. Add lines 1a-1f	►	944,809.			
				siness Code				
8	2	а						
e Xi		b						
S ula		с						
lev.		d						
Program Service Revenue		е						
ā		f	All other program service revenue					
		g	Total. Add lines 2a-2f	🕨				
	3		Investment income (including dividends, interest, a					
			other similar amounts)	► L	224.			224.
	4		Income from investment of tax-exempt bond proce	eds 🕨 📘				
	5		Royalties					
			0 0	Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а		(ii) Other				
			assets other than inventory 7a					
đ		b	Less: cost or other basis					
evenue			and sales expenses					
eve			Gain or (loss)					
<u>م</u>			Net gain or (loss)	····· >				
Other	8	а	Gross income from fundraising events (not					
0			including \$ 126,216. of					
			contributions reported on line 1c). See	9,338.				
				4,285.				
					5,053.			5,053.
			Net income or (loss) from fundraising events	····· ►	5,055.			5,055.
	9	a	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	a	and allowances 10					
		h	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		<u> </u>		siness Code				
snc	11	а						
nue		b						
ella		c	[
Miscellaneous Revenue			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		950,086.	0.	0.	5,277.
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Community Coalition for Haiti

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Community Coalition for Haiti Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	02 220	41 615		A1 C1A				
_	trustees, and key employees	83,229.	41,615.		41,614				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
_	persons described in section 4958(c)(3)(B)	148,181.	37,405.	38,904.	71,872				
7	Other salaries and wages	140,101.	57,405.	30,904.	/1,0/2				
8	Pension plan accruals and contributions (include								
~	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	18,438.	6,045.	3,711.	8,682				
10	Payroll taxes	10,430.	0,043.	5,711.	0,002				
11	Fees for services (nonemployees):								
	Management								
b		14,500.		14,500.					
	Accounting	11,500.		14,5000					
	Lobbying Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g									
Э	column (A) amount, list line 11g expenses on Sch O.)	182,556.	163,482.	15,274.	3,800				
12	Advertising and promotion	,			-,				
13	Office expenses	11,564.	2,466.	6,295.	2,803				
14	Information technology	,			_,				
15	Royalties								
16	Occupancy	16,576.	12,500.	4,076.					
17	Travel	2,348.	305.	2,043.					
 18	Payments of travel or entertainment expenses	,							
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	33,681.	33,681.						
23	Insurance	16,530.	7,597.	8,933.					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
а	Donated medical and edu	250,022.	250,022.						
b	In-country operations	138,525.	138,525.						
c	Team costs	17,374.	17,374.						
d	Printing and publicatio	10,089.	50.	650.	9,389				
-	All other expenses	13,396.		12,333.	1,063				
25 25	Total functional expenses. Add lines 1 through 24e	957,009.	711,067.	106,719.	139,223				
26	Joint costs. Complete this line only if the organization		_,						
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								

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Form **990** (2020)

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Form 990 (2020)

1

2

3

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5

Assets

Liabilities

Net Assets or Fund Balances

		trustee, key employee, creator or founder, subs	tantial con	tributor, or 35%			
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disquali	•				
		under section 4958(f)(1)), and persons describe		6			
2	7	Notes and loans receivable, net		7			
20C	8	Inventories for sale or use				8	
τ	9				24,760.	9	23,447.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	186,137. 94,508.			
	b	Less: accumulated depreciation		94,508.	122,885.	10c	91,629.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		[14	
	15	Other assets. See Part IV, line 11			62,505.	15	49,865.
	16	Total assets. Add lines 1 through 15 (must equ			423,831.	16	393,327.
	17	Accounts payable and accrued expenses			15,000.	17	5,807.
	18	Grants payable				18	
	19	Deferred revenue	12,823.	19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
ŝ	22	Loans and other payables to any current or form					
LIAUIILI		trustee, key employee, creator or founder, subs					
lau		controlled entity or family member of any of the	se persons	;		22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third par	ties		24	
	25	Other liabilities (including federal income tax, pa	yables to r	related third			
		parties, and other liabilities not included on lines	s 17-24). C	omplete Part X	0 605		0.000
		of Schedule D	9,625.	25	8,060.		
	26			77	37,448.	26	13,867.
Ω		Organizations that follow FASB ASC 958, che	eck here				
		and complete lines 27, 28, 32, and 33.			210 200		216 200
ala	27	Net assets without donor restrictions			218,309.	27	216,288.
	28	Net assets with donor restrictions			168,074.	28	163,172.
n		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.					
212	29	Capital stock or trust principal, or current funds		29			
Assels U	30	Paid-in or capital surplus, or land, building, or ec		30			
	31	Retained earnings, endowment, accumulated in	-		206 202	31	
Ž	32	Total net assets or fund balances			386,383.	32	379,460.
	33	Total liabilities and net assets/fund balances			423,831.	33	393,327.

Community Coalition for Haiti Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from any current or former officer, director,

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(B) End of year

208,103.

20,283.

Form 990 (2020)

(A)

Beginning of year

213,681.

1

2

3

4

Form	1990 (2020) Community Coalition for Haiti	65-1163	122	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			86.
2	Total expenses (must equal Part IX, column (A), line 25)	2			09.
3	Revenue less expenses. Subtract line 2 from line 1	3			23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38	6,3	83.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	37	9,4	60.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

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SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

1	Form	990	or	990-EZ
1		550		

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

Nam	ame of the organization Employer identification number of the organization									
				ition for Ha					5-1163122	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	ıs.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	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	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
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). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	Ily receives a substa	intial part of its support f	irom a gov	ernmental	unit or from t	he general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or	
		university:								
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, ai	nd gross receipts from	
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	ganization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).			
12		An organization organized a	•	•	•		-		• •	
		more publicly supported or							Check the box in	
		lines 12a through 12d that	• •			-		-		
а		Type I. A supporting orga	-	-	•					
		the supported organization			a majority (of the dire	ctors or truste	ees of the s	supporting	
		organization. You must c	-							
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You mus								
с		☐ Type III functionally integration						lly integrate	ed with,	
		its supported organization	. , .							
d		J Type III non-functionally					• •	Ū.		
		that is not functionally int	0	c ,	•		•	d an attent	iveness	
		requirement (see instruct								
e		Check this box if the orga					a Type I, Type	II, Type III		
	- .	functionally integrated, or	• •	nally integrated support	ing organi	zation.				
		er the number of supported o	•							
g		vide the following informatior i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
	``	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	,	support (see instructions)	
				above (see instructions))						
Tota	ıl									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 Community Coalition for Haiti

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.)

A. Public Support ar (or fiscal year beginning in) ► grants, contributions, and bership fees received. (Do not e any "unusual grants.") evenues levied for the organ- n's benefit and either paid to bended on its behalf alue of services or facilities ned by a governmental unit to ganization without charge Add lines 1 through 3 ortion of total contributions ch person (other than a nmental unit or publicly orted organization) included e 1 that exceeds 2% of the nt shown on line 11, n (f) c support. Subtract line 5 from line 4.	(a) 2016 1,135,894.	(b) 2017 1,035,935. 1,035,935.	(c) 2018 1,154,117. 1,154,117.	(d) 2019 1,010,990. 1,010,990.	(e) 2020 944,809. 944,809.	(f) Total 5,281,745. 5,281,745.				
grants, contributions, and bership fees received. (Do not e any "unusual grants.") evenues levied for the organ- i's benefit and either paid to bended on its behalf alue of services or facilities ned by a governmental unit to ganization without charge Add lines 1 through 3 ortion of total contributions ch person (other than a nmental unit or publicly orted organization) included e 1 that exceeds 2% of the nt shown on line 11, n (f) c support. Subtract line 5 from line 4.	1,135,894.	1,035,935.	1,154,117.	1,010,990.	944,809.	5,281,745.				
vership fees received. (Do not e any "unusual grants.") venues levied for the organ- n's benefit and either paid to bended on its behalf alue of services or facilities ned by a governmental unit to ganization without charge Add lines 1 through 3 ortion of total contributions ch person (other than a nmental unit or publicly orted organization) included e 1 that exceeds 2% of the nt shown on line 11, n (f) c support. Subtract line 5 from line 4.										
e any "unusual grants.") venues levied for the organ- i's benefit and either paid to bended on its behalf alue of services or facilities hed by a governmental unit to ganization without charge Add lines 1 through 3 ortion of total contributions ch person (other than a mmental unit or publicly orted organization) included a 1 that exceeds 2% of the ht shown on line 11, n (f) c support. Subtract line 5 from line 4.										
wenues levied for the organ- i's benefit and either paid to bended on its behalf alue of services or facilities ned by a governmental unit to ganization without charge Add lines 1 through 3 Add lines 1 through 3 ortion of total contributions ch person (other than a mmental unit or publicly orted organization) included e 1 that exceeds 2% of the nt shown on line 11, in (f)					944,809.					
alue of services or facilities alue of services or facilities hed by a governmental unit to ganization without charge Add lines 1 through 3 Add lines 1 through 3 ortion of total contributions ch person (other than a hmental unit or publicly orted organization) included a 1 that exceeds 2% of the ht shown on line 11, n (f) c support. Subtract line 5 from line 4.	1,135,894.	1,035,935.	1,154,117.	1,010,990.	944,809.	5,281,745.				
alue of services or facilities ned by a governmental unit to ganization without charge Add lines 1 through 3 ortion of total contributions ch person (other than a mmental unit or publicly orted organization) included a 1 that exceeds 2% of the nt shown on line 11, n (f) c support. Subtract line 5 from line 4.	1,135,894.	1,035,935.	1,154,117.	1,010,990.	944,809.	5,281,745.				
alue of services or facilities ned by a governmental unit to ganization without charge Add lines 1 through 3 ortion of total contributions ch person (other than a nmental unit or publicly orted organization) included e 1 that exceeds 2% of the nt shown on line 11, n (f) c support. Subtract line 5 from line 4.	1,135,894.	1,035,935.	1,154,117.	1,010,990.	944,809.	5,281,745.				
ganization without charge Add lines 1 through 3 ortion of total contributions ch person (other than a mental unit or publicly orted organization) included e 1 that exceeds 2% of the nt shown on line 11, n (f)	1,135,894.	1,035,935.	1,154,117.	1,010,990.	944,809.	5,281,745.				
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nmental unit or publicly orted organization) included a 1 that exceeds 2% of the nt shown on line 11, n (f) support. Subtract line 5 from line 4.										
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n (f) c support. Subtract line 5 from line 4.										
c support. Subtract line 5 from line 4.										
c support. Subtract line 5 from line 4.						33,923.				
						5,247,822.				
D. Total Support		•								
ar (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
nts from line 4	1,135,894.	1,035,935.	1,154,117.	1,010,990.	944,809.	5,281,745.				
income from interest,										
nds, payments received on										
ties loans, rents, royalties,										
come from similar sources	44.	176.	356.	156.	224.	956.				
come from unrelated business										
ies, whether or not the										
ess is regularly carried on										
income. Do not include gain										
s from the sale of capital										
s (Explain in Part VI.)										
support. Add lines 7 through 10						5,282,701.				
receipts from related activities	, etc. (see instructio	ons)	-		12	7,373.				
5 years. If the Form 990 is for tl	he organization's firs	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)					
ization, check this box and sto	p here									
C. Computation of Pub	lic Support Per	centage								
support percentage for 2020 ((line 6, column (f), di	ivided by line 11, c	olumn (f))		14	99.34 %				
support percentage from 2019	9 Schedule A, Part I	II, line 14			15	94.55 %				
3% support test - 2020. If the	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this box					
nere. The organization qualifies	as a publicly suppo	orted organization				X				
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box										
and stop here. The organization qualifies as a publicly supported organization										
t op here. The organization qua	st - 2020. If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% (or more,				
	ts-and-circumstance	es test, check this	box and stop here	e. Explain in Part '	VI how the organiza	ation				
facts-and-circumstances tes	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
facts-and-circumstances tes the organization meets the fac	est. The organizatio									
facts-and-circumstances tes the organization meets the fac the facts-and-circumstances to	•		ck this hox and sto	p here. Explain ir	ו Part VI how the					
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facts-and-circumstances test the organization meets the fact the facts-and-circumstances te facts-and-circumstances test	st - 2019. If the organ he facts-and-circum	istances test, cheo								
iza C ; s ; s S%	Ation, check this box and sto C. Computation of Pub support percentage for 2020 (support percentage from 2019 6 support test - 2020. If the ere. The organization qualifies 6 support test - 2019. If the phere. The organization qua acts-and-circumstances test	Ation, check this box and stop here C. Computation of Public Support Per support percentage for 2020 (line 6, column (f), di support percentage from 2019 Schedule A, Part I % support test - 2020. If the organization did not be re. The organization qualifies as a publicly support % support test - 2019. If the organization did not be here. The organization qualifies as a publicly support % support test - 2019. If the organization did not phere. The organization qualifies as a publicly support % support test - 2019. If the organization did not phere. The organization qualifies as a publicly support % support test - 2019. If the organization did not phere. The organization meets the facts-and-circumstance the facts-and-circumstances test. The organization	ation, check this box and stop here C. Computation of Public Support Percentage support percentage for 2020 (line 6, column (f), divided by line 11, of support percentage from 2019 Schedule A, Part II, line 14 Support test - 2020. If the organization did not check the box or bere. The organization qualifies as a publicly supported organization Support test - 2019. If the organization did not check a box on line phere. The organization qualifies as a publicly supported organization Support test - 2019. If the organization did not check a box on line phere. The organization qualifies as a publicly supported organization Support test - 2019. If the organization did not check a box on line phere. The organization qualifies as a publicly supported organization acts-and-circumstances test - 2020. If the organization did not check this the facts-and-circumstances test. 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Computation of Public Support Percentage support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) support percentage from 2019 Schedule A, Part II, line 14 6 support test - 2020. If the organization did not check the box on line 13, and line 1 9 pre. The organization qualifies as a publicly supported organization 6 support test - 2019. If the organization did not check a box on line 13 or 16a, and 1 9 pre. The organization qualifies as a publicly supported organization acts-and-circumstances test - 2020. If the organization did not check a box on line the facts-and-circumstances test. The organization qualifies as a publicly supported organization acts-and-circumstances test - 2019. If the organization did not check this box and stop here the facts-and-circumstances test. The organization qualifies as a publicly supported organization did not check a box on line	ation, check this box and stop here C. 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The organization qualifies as a publicly supported organization acts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 10, and the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 10, and the facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 10, and test and circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 10, and test and circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 10, and test and circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 10, and test and circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 10, and test and circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 10, and test and circumstances test - 2019. If the organization did not check a box on line 13,	Computation of Public Support Percentage support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) support percentage from 2019 Schedule A, Part II, line 14 support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ere. The organization qualifies as a publicly supported organization support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this phere. The organization qualifies as a publicly supported organization acts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or he organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization he facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization				

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 Community Coalition for Haiti Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			-			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	D (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second. third	, fourth, or fifth tax	vear as a section	501(c)(3) ora	anization.
	check this box and stop here	-					
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (, column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by	line 13, column (f)))	17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1	/3% , and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The org	anization qualifies	as a publicly supp	orted organiz	ation ►
20	Private foundation. If the organization						
0320	23 01-25-21				Sch	edule A (For	m 990 or 990-EZ) 2020
				15			

22151103 786335 9507-001

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

22151103 786335 9507-001

Schedule A (Form 990 or 990-EZ) 2020 Community Coalition for Haiti

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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			

	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.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type I	I Supporting	Organizations	

Part IV Supporting Organizations (continued)

		-	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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. Al	I Type III Support	ing Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the or	ganization used to satisfy	the Integral Part Test du	ring the yea(see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

17

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

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

Yes No

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Schedule A (Form 990 or 990-EZ) 2020 Community Coalition for Haiti Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Attion B - Minimum Asset Amount 8 1 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a A verage monthly value of securities 1b 1 A verage monthly cash balances 1b 1 A verage monthly cash balances 1c 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Action in detail in Part VI): 4 3 3 Cash deemed held for exempt use assets (subtract line 3 (for greater amount, see instructions). 4 4 Net value of non-exempt use assets (subtract line 4 from line 3) 5 5 5	(A) Prior Year	(B) Current Year (optional)
Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Etion B - Minimum Asset Amount 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a o Average monthly cash balances 1b 2 Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 3 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributi	(A) Prior Year	
Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 extion B - Minimum Asset Amount 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly cash balances 1b 2 Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 3 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8	(A) Prior Year	
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Adjusted net income for prior year (from Section A, line 8, column A) 1		
Adjusted net income for prior year (from Section A, line 8, column A) 1		
		Current Year
Enter 0.85 of line 1.		
Minimum asset amount for prior year (from Section B, line 8, column A) 3		
Enter greater of line 2 or line 3. 4		
Income tax imposed in prior year 5		
Distributable Amount. Subtract line 5 from line 4, unless subject to		
emergency temporary reduction (see instructions). 6		

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 Community Coalition for Haiti	Part V	Type III Non-Functio	nally Integrate	d 509(a)(3) Supr	orting	Organizations /
	Schedule A	(Form 990 or 990-EZ) 2020	Community	Coalition	for	Haiti

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i ui			<u>(Continu</u>	iea)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	າຣ	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
-	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

chedule A (Part VI	Form 990 or 990-EZ) 2020 Comm		COALITI	on IOr		65-1163122 Pag
	Part IV, Section A, lines 1, 2, 3b, 3c	, 4b, 4c, 5a, d 3; Part IV,	6, 9a, 9b, 9c, Section E, line	11a, 11b, an s 1c, 2a, 2b,	d 11c; Part IV, Se 3a, and 3b; Part	rt II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, for any additional information.
	(See instructions.)					
028 01-25-2	1			20		Schedule A (Form 990 or 990-EZ) 2

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SCHEDULE D

(Form	990)
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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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Community Coalition for Haiti	65-1163122
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.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 fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
-	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	,
•		orically important land area
		tified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onsonvation assemant on the last
2	day of the tax year.	Held at the End of the Tax Year
•		2a
a b	Total number of conservation easements	2a 2b
U O	Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a)	20 2c
ט ה		20
d		
2	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	mization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
~	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	tion easements during the year
-		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t	hat describes the
De	organization's accounting for conservation easements.	Similar Acceto
Fai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
та	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:	N .
	(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 treasures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
-	Assets included in Form 990, Part X	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2020
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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar AssetScontinued) 3 Using the organizations acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a Public exhibition b Scholarly research b Cher c Prevanciton for future generations is collections and explain how they further the organization's exempt purpose in Part XIII. b Tryse in that organization actions of art, historical treasures, or other similar assets b De bad to trade tunks attainational da spart of the organization accelection? Provide a accelection and that apply in the regulation's collections and explain how they further the organization and prevent than to be minimationed as a part of the organization accelection? Part U Escrow and Custodial Arrangements. Complete if the organization accelection? Yes b If 'Yes," explain the arrangement in Part XIII and complete the following table: b If 'Yes," explain the arrangement in Part XIII accelection and and the organization and using the year c Beginning balance d Additions during the year d Id Current year d Id Curent year tablance d Id Current year	Sche		ty Coaliti						65-11			ge 2
collecton terms (check all that apply): d Loan or exchange program a Public exhibition e Other	Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)										
a Public axhibition d Clear or exchange program b Scholarly research e Other	3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
b Scholarly research e Other												
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's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 590, Part IV, line 9, or reported an amount on Form 590, Part X, line 21. 16 Is the organization angements. Compatible of the organization answered "Yes" on Form 590, Part X, line 21. 17 Is the storganization angement in Users, custodian or other intermediary for contributions or other assets not included on Form 590, Part X? 16 Is the organization include an amount on Form 590, Part X, line 21, for secrew or custodial account liability? 20 Dot the organization include an amount on Form 590, Part X, line 21, for secrew or custodial account liability? 21 Datimation include an amount on Form 590, Part X, line 21, for secrew or custodial account liability? Ves 21 Datimation include an amount on Form 590, Part X, line 21, for secrew or custodial account liability? Ves 22 Datimation include an amount on Form 590, Part X, line 21, for secrew or custodial account liability? Ves 23 Datimation include an amount on Form 590, Part X, line 21, for secrew or custodial account liability? Ves 24 Datimation as all	а											
Provide a description of the organization's collectors and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collectors' or other similar assets to be soid to raise funds rather than to be maintained as part of the organization's collectors' Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete rise organization include and programe Id Intermediary for sort form 990, Part X, line 21. Part V Endowment Funds. Complete rise organization include and programe Id Advances Intermediary for sort form 990, Part X, line 21. Part V Endowment Funds. Complete rise organization include and programe Id Advances Intermediary for sort form 990, Part X, line 21. Part V Endowment Funds. Complete rise organization include and programe Id Advances Intermediary for sort form 990, Part X, line 21. Part V Endowment Funds. Complete rise organization include and programe Id Advances Intermediary for Sort Form 990, Part X, line 21. Part V Endowment Funds. Complete rise organization include and programe Id Advances Intermediary for Sort Form 990, Part X, line 21. Provide the estimated procentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasiendowment Iv{56} Term endowment Iv{56} Term endowment Iv{56} Term endowment Iv{56} Term e	b	Scholarly research	e	• ∐ o	ther							
Contributions during the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit oraise funds rather than to be maintained as part of the organization's collection? Part V Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fusukee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves X No b If 'Yes,' explain the arrangement in Part XIII and complete the following table:	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete it the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 900, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Yes X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Yes X No c Beginning balance 10 14 Id	4								ose in Par	t XIII.		
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reported an amount on Form 990, Part X, line 21. Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year d Id d Additions during the year d Id d Distributions d 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 V, line 10. d Garants or scholarships Id d Other expenditures for facilities Id <												
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on Form 990, Part X? Yes X No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization nanowered 'Yes' on Form 990, Part W, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part W, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part W, line 10. 1a Beginning of year balance (a) Current year (b) Prior year' (c) Two years back (c) Four years back (c) Four years back if a complete if the organization answered 'Yes' on Form 990, Part W, line 10. 1a Beginning of year balance (b) Prior year (c) Two years back if (c) Three years back if (c) Four years back if a complete if the organization answered 'Yes' on Form 990, Part W, line 10. 1a Beginning of year balance (b) Prior year (c) Two years back if (c) Three years back if a complete if the organization is the organization is the prior year of the current year end balance (line 1g, column (a) held as: a Doard designated or quasi-adowment \right <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>												
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c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Check here if the organization answered 'Yes'' on Form 990, Part XI, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes'' on Form 990, Part XI, line 10. Image: Check here if the explanation has been provided on Part XIII. a Beginning of year balance (a) Current year (b) Prior year (b) Prior year XIII. Image: Check here if the explanation has been provided on Part XIII. b Contributions (a) Current year (b) Prior year (b) Prior year XIII. Image: Check here if the explanation has been provided on Part XIII. Image: Check here if the explanation has been provided on Part XIII. Image: Check here if the explanation has been provided on Part XIII. Image: Check here if the explanation has been provided on Part XIII. Image: Check here if the explanation has been provided on Part XIII. Image: Check here if the explanation has been provided here here here here here here here h									L	Yes	X	No
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1a Beginning of year balance	1 4		-						eare back	(a) Four	voare h	ack
b Contributions	10	Paginning of year balance	(a) Current year	(0) FI	or year	(C) 1 WU yea	IS DACK (uj mee y	Cars Dack	(e) i oui	years i	Jaun
c Net investment earnings, gains, and losses												
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs												
f Administrative expenses	e	-										
g End of year balance	f											
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 ▶% c Term 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 (iii) are the related organization's endowment funds. Yes No 3a(i) 3b 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 (b) Cost or other												
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b Permanent endowment ▶ % c Term 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:			fent year end baland		, сощини (е	<i>())</i> 11010 43.						
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b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 124,260. 80,776. 43,484. e Other 8,525. 1,728. 6,797.												
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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) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land												
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Pa											
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 99	0, Part IV,	line 11a. S	See Form 99	0, Part X, I	line 10.				
b Buildings 53,352. 12,004. 41,348. c Leasehold improvements 124,260. 80,776. 43,484. e Other 8,525. 1,728. 6,797.		Description of property			.,				d	(d) Bool	k value	
b Buildings 53,352. 12,004. 41,348. c Leasehold improvements 124,260. 80,776. 43,484. e Other 8,525. 1,728. 6,797.	1a											
c Leasehold improvements 124,260. 80,776. 43,484. e Other 8,525. 1,728. 6,797.					5	3,352.		12,00	04.	41	L,34	18.
d Equipment 124,260. 80,776. 43,484. e Other 8,525. 1,728. 6,797.												
e Other					12	4,260.		80,7	76.	4	3,48	34.
						8,525.		1,72	28.			
				t X, colum	n (B), line 1	0c.)				91	L,62	29.

Schedule D (Form 990) 2020

032052 12-01-20

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See 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 derivatives								
(2) Closely held equity interests								
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)								

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1) Dep	osits	365.
	nic deposit	49,500.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 49,865.
Part X 0	Other Liabilities.	
C	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Forr	n 990, Part X, line 25.
1.	(a) Description of liability	(b) Book value
	al income taxes	
	rued vacation	7,620.
(3) Pay	roll liabilities	440.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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... X

Schedule D (Form 990) 2020

032053 12-01-20

chedule D (Form 990) 2020 Community Coa	alition for Haiti	65-	1163122 Page 4
Part XI Reconciliation of Revenue per Audit		Revenue per Retur	n.
Complete if the organization answered "Yes" on			
1 Total revenue, gains, and other support per audited fina	ancial statements	1	1,092,340.
2 Amounts included on line 1 but not on Form 990, Part V	/III, line 12:		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities	2b	142,254.	
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	142,254.
3 Subtract line 2e from line 1			950,086.
4 Amounts included on Form 990, Part VIII, line 12, but no	ot on line 1:		
a Investment expenses not included on Form 990, Part V	III, line 7b 4a		
b Other (Describe in Part XIII.)	4b		
		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal For	m 990, Part I, line 12.)		950,086.
Part XII Reconciliation of Expenses per Audi	ted Financial Statements With	Expenses per Retu	ırn.
Complete if the organization answered "Yes" on	Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statem	ents		1,099,263.
2 Amounts included on line 1 but not on Form 990, Part I	X, line 25:		
a Donated services and use of facilities	2a	142,254.	
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	142,254.
3 Subtract line 2e from line 1			957,009.
4 Amounts included on Form 990, Part IX, line 25, but not			
a Investment expenses not included on Form 990, Part V	III, line 7b 4a		
b Other (Describe in Part XIII.)	4b		

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

Part X, Line 2:

CCH is exempt from federal income tax as a nonprofit organization
described in Section 501(c)(3) of the Internal Revenue Code and is
classified as an organization that is not a private foundation. There was
no unrelated business income for the year ended December 31, 2020.
Accordingly, no provision for income taxes has been made in the
accompanying financial statements.

032054 12-01-20

957,009.

4c

5

0.

(Form 990) Department of the Treasury		Complete in		2020				
		Attach to Form 990.						Open to Public Inspection
	al Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information.					
nam	e of the organization					Employer	Identifi	cation number
	mmunity Coa					65-11		
Pa			Activities Ou	tside the United States. Comple	ete if the orgar	nization ansv	vered "Y	es" on
		Part IV, line 14b.						
1				ds to substantiate the amount of its gr the selection criteria used to award the				Yes 🗌 No
2	For grantmakers. United States.	Describe in Part V th	ne organization's	procedures for monitoring the use of it	s grants and o	ther assista	nce outs	ide the
3	Activities per Regio	on. (The following Pa	rt I, line 3 table c	an be duplicated if additional space is	needed.)			
	(a) Region	(b) Number of offices in the region	f (c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If acti is a pro describe	vity listed in gram service e specific typ e(s) in the reg	e, De	(f) Total expenditures for and investments in the region
					Maintenance		ion	
					house and n			
	cral America and		1 10		clinics, co			
the	Caribbean -		1 16	Program Services	development	c programs	³ ,	665,380.
3 2	Subtotal		0 16					665,380.
	Total from continua							,,
	sheets to Part I		0 0					0.
с	Totals (add lines 3 and 3b)	a	0 16					665,380.
	,							,

Statement of Activities Outside the United States

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part V for Column (e) descriptions Schedule F (Form 990) 2020

OMB No. 1545-0047

032071 12-03-20

SCHEDULE F

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, 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)
			recognized as charities by the				1	I
			or counsel has provided a sec			▶		

Schedule F (Form 990) 2020

65-1163122

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2020

				Coalition	for	Haiti
Part IV	Foreigr	n Forms	3			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	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 U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	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 Certain Foreign Corporations (see Instructions for Form 5471)	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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	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 Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

032074 12-03-20

Part V	(Form 990) 2020 Community Coalition for Haiti Supplemental Information	65-1163122	Paç
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account		
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting meth (estimated number of recipients), as applicable. Also complete this part to provide any additional infor		
Part 3	I, Line 3, Column (e):		
Regio	n: Central America and the Caribbean -		
(e) Sj	pecific Types of Services in Region: Maintenance of	mission house	
and me	edical clinics, community development programs, educ	ational	
progra	ams, and mission travel.		
		<u></u>	<u></u>
032075 12-03	-20 34	Schedule F (Form 9	90)

SCHEDULE G	G Supplemental Information Regarding Fundraising or Gaming Activities						vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organizatio	Communi	ty Coalition for H					65-1163	
	complete this par	 Complete if the organization answe t. 	ered "Y	'es" o	n Form 990, Part IV,	line 1	17. Form 990-E2	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions I email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indiv	s f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
	ich the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2020

032081 11-25-20

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	ots greater than \$5,000
				Golf		(d) Total events
			Gala	Tournament	1	(add col. (a) through
			(event type)	(event type)		col. (c))
	1	Gross receipts	79,045.	67,105.	19,404.	165,554
	2	Less: Contributions	65,345.	44,507.	16,364.	126,216
	3	Gross income (line 1 minus line 2)	13,700.	22,598.	3,040.	39,338
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	3,989.	11,765.		15,754
חוובתו באחבווסבי			3,303.			
3	7	Food and beverages		2,939.		2,939
	8	Entertainment				
	9	Other direct expenses		6,582.	2,322.	
- I	10	Direct expense summary. Add lines 4 throug	()		►	34,285
	11 rt I	Net income summary. Subtract line 10 from I Gaming. Complete if the organization				5,053
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
+	1	Gross revenue				
3	2	Cash prizes				
	3	Noncash prizes				
3	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % │── No	└── Yes % └── No	
		Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	7	Direct expense summary. Add lines 2 through				
	7 8		′ from line 1, column (d)			
	8	Net gaming income summary. Subtract line 7			>	
	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	ucts gaming activities: _			
а	8 Ent	Net gaming income summary. Subtract line 7	ucts gaming activities: _ ctivities in each of these	states?		YesN
а	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a	ucts gaming activities: _ ctivities in each of these	states?		Yes No
a b Da	8 Ent Is t If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	ucts gaming activities: _ ctivities in each of these	states?		
a b)a	8 Ent Is t If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these evoked, suspended, or t	states? erminated during the tax		
a b 0a	8 Ent Is t If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these evoked, suspended, or t	states? erminated during the tax		

Sch		<u>1163122</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	l No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	🔛 Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Ра	TELL Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
03208	33 11-25-20 Schedule G (For	m 990 or 990	D-EZ) 2020
	37		

22151103 786335 9507-001 2020.05000 Community Coalition for Hai 9507-001

•••	1 ,		
			Oskodula () (5 000 000
032084 04-01-20			Schedule G (Form 990 or 990-EZ)
		38	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2020

Open to Public

. Inspection

Department of the Treasury	
Internal Revenue Service	

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

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

Name of the organization

Employer	identification number
6	5-1163122

	Community	Coalition	for	Haiti	
Part I	Types of Property				

		(a)	(b) Number of	(c)		d)		
		Check if applicable	contributions or	Noncash contribution amounts reported on	Method of o noncash contril		•	s
			items contributed	Form 990, Part VIII, line 1g				
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	X	2	10,373.	FMV on dat	e of	do	nat
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	X	18	224,782.	Estimated	FMV		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		-	05 000				
25	Other (Food))	X	1		Estimated			
26	Other (Machinery & E)	X	1	2,465.	Estimated	F,W∧		
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the dat	_						v
	exempt purposes for the entire holding period	?				. 30a		X
	If "Yes," describe the arrangement in Part II.							v
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties		-					v
-	contributions?					. 32a		X
	If "Yes," describe in Part II.			, ,,, , ,,, ,				
33	If the organization didn't report an amount in c	column (c) fo	or a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) 2020

032141 11-23-20

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

Column (b) is reported as the number of contributions.

Schedule M (Form 990) 2020

032142 11-23-20

	emental Information to mplete to provide information for respo Form 990 or 990-EZ or to provide any Attach to Form 990 Go to www.irs.gov/Form990 for	nses to specific questions on / additional information. or 990-EZ.	-EZ
Name of the organization	unity Coalition for H	aiti	Employer identification number 65-1163122
Form 990, Part III, I	Line 4d, Other Progra	m Services:	
Community Development	z – Agricultural prog	rams, animal hus	bandry,
homebuilding, and orp	phanage support in th	e Jacmel area.	
Expenses \$ 39,313.	including grants of	\$ 0. Revenue \$	0.
Mission Center & Trav		-	
persons traveling to			
CCH initiatives in th	1e Jacmel area as med	ical professiona	ls, advisors,
and staff support.			
Expenses \$ 56,962.	including grants of	\$ 0. Revenue \$	0.
Form 990, Part VI, Se	ection B, line 11b:		
The treasurer reviews	and approves the 99	0 prior to filing	g.
Form 990, Part VI, Se	ection B, Line 15a:		
The Board of Director	rs compared the progr	am director's wo	rk to other
non-profits to confin	m her salary was wit	hin a comparable	range.
Form 990, Part VI, Se	ection C, Line 19:		
The Organization make	es its governing docu	ments and financ	ial statements
available to the publ	lic upon request.		
Form 990, Part IX, L	ine 11g, Other Fees:		
Credit card and bank	fees:		
Program service expen	ıses		109.
Management and genera			8,410.
LHA For Paperwork Reduction Act No 032211 11-20-20	tice, see the Instructions for Form 990		dule O (Form 990 or 990-EZ) 2020

22151103 786335 9507-001

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization Community Coalition for Haiti	Page Employer identification number 65-1163122
Fundraising expenses	0
Total expenses	8,519
Haiti staffing:	
Program service expenses	163,373
Management and general expenses	0
Fundraising expenses	0
Total expenses	163,373
Vendor and service contracts:	
Program service expenses	0
Management and general expenses	6,864
Fundraising expenses	3,800
Total expenses	10,664
Total Other Fees on Form 990, Part IX, line 11g, Col A	182,556
Form 990, Part XI, Line 2C	
The treasurer oversees the review and the selection of a	n independant
auditor.	

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

OIM J.	90 Page 10	_					_	990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Buildings														
7	Building Improvements	10/01/18	SL	10.00		16	53,352.				53,352.	6,669.		5,335.	12,004.
	* 990 Page 10 Total Buildings						53,352.				53,352.	6,669.		5,335.	12,004.
	Machinery & Equipment														
1	Krieger Medical Imaging Table	05/09/17	SL	5.00		16	5,800.				5,800.	3,093.		1,160.	4,253.
2	2 Philips C-Arm	05/09/17	SL	5.00		16	55,000.				55,000.	29,333.		11,000.	40,333.
3	Control Unit Datascope Balloon Pump	05/09/17	SL	5.00		16	4,500.				4,500.	2,400.		900.	3,300.
4	Laptop Ultrasound	10/15/18	SL	3.00		16	3,800.				3,800.	1,584.		1,267.	2,851.
5	Red Crash Cart	08/12/18	SL	3.00		16	1,000.				1,000.	472.		333.	805.
6	Charging Cart for Laptop Ultrasound	08/12/18	SL	3.00		16	1,250.				1,250.	591.		417.	1,008.
8	Batteries - New Facility	10/09/18	SL	5.00		16	10,560.				10,560.	2,640.		2,112.	4,752.
9	Generator - Isaiah House	02/27/18	SL	5.00		16	6,950.				6,950.	2,548.		1,390.	3,938.
10	Generator - New Facility	09/28/18	SL	5.00		16	24,400.				24,400.	6,100.		4,880.	10,980.
11	Two Ventilators	09/15/18	SL	3.00		16	11,000.				11,000.	4,889.		3,667.	8,556.
	* 990 Page 10 Total Machinery & Equipment						124,260.				124,260.	53,650.		27,126.	80,776.
	Other														
12	Storage Containers	08/01/19	SL	5.00		16	6,100.				6,100.	508.		1,220.	1,728.
13	Storage Container	05/18/21	SL	5.00		16	2,425.				2,425.			0.	

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

	Jo Page 10	_			-			990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 Page 10 Total Other						8,525.				8,525.	508.		1,220.	1,728.
	* Grand Total 990 Page 10 Depr						186,137.				186,137.	60,827.		33,681.	94,508.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone