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Form	990	

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

Department of the Treasury
Internal Revenue Service

AF	or th	e 2021 calendar year, or tax year beginning and	ending		
B C	heck if oplicab	e: C Name of organization		D Employer identific	cation number
	Addre	© Community Coalition for Haiti			
	Name		65-116312	22	
	Initial		E Telephone number		
	returr Final	$P \cap Boy 1222$	Room/suite	571-262-2	
	returr termi				1,167,933.
	ated Amer			G Gross receipts \$	
	returr Appli			H(a) Is this a group re	
	tion pendi	^{Ra-} F Name and address of principal officer: Eric Maggio		for subordinates	
<u> </u>		same as C above		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) ()$	or 527	1 '	list. See instructions
		te: www.cchaiti.org		H(c) Group exemption	
	orm o I rt I	forganization: X Corporation Trust Association Other ►	L Year	of formation: 2002 N	State of legal domicile: VA
		-	ont th	a modian1	
ള	1	Briefly describe the organization's mission or most significant activities: <u>Suppo</u> educational, and community development fo	$\frac{JIUUI}{r+ho}$	$\frac{e}{r}$ medical,	
ano	•				
ern	2	Check this box F if the organization discontinued its operations or dispos		1 1	17 sets.
Š	3				<u> </u>
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
Activities & Governance	6	Total number of volunteers (estimate if necessary)			0.
۲ کو		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	a	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	0	Contributions and grants (Dort )/III line 1b)		944,809.	1,139,253.
en	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	9 10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		224.	-56.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,053.	-10,834.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		950,086.	1,128,363.
-	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14			0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		249,848.	263,043.
ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 142,65	55.	3.	
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		707,161.	557,220.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		957,009.	820,263.
	19	Revenue less expenses. Subtract line 18 from line 12		-6,923.	308,100.
78				ginning of Current Year	End of Year
anc.	20	Total assets (Part X, line 16)		393,327.	705,833.
Assu Bal	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)	·····	13,867.	18,273.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		379,460.	687,560.
	rt II	Signature Block		,	
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			J
,					

	Signature of officer		Dat	0				
Sign	F 3		Da	6				
Here	Eric Maggio, Treasurer							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	Jennifer S. Manster, CPA	if self-employed	P0138333	8				
Preparer	Firm's name 🍗 Kositzka, Wicks a	and Company	Firi	Firm's EIN 🕨 54–1342298				
Use Only	Firm's address 🖕 5270 Shawnee Road	1, Suite 250						
	Alexandria, VA 22312 Phone no. (703) 642-2700							
May the II	RS discuss this return with the preparer shown abov	ve? See instructions			X Yes	No		
	1114 For Demonstrate Device the Act Matter	a search a second a location of location			000	(0001)		

Form	990 (2021) Community Coalition for Haiti 65-1163122	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	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	
2		s 🛛 No
	prior Form 990 or 990-EZ?	5 [21] NU
3		s X No
U	If "Yes," describe these changes on Schedule O.	J NU
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	
	revenue, if any, for each program service reported.	
4a	102 040	)
	Community Development - Agricultural programs, animal husbandry, and	, <u> </u>
	orphanage support in the Jacmel area.	-
4b	(Code: ) (Expenses \$ 183,813. including grants of \$ ) (Revenue \$	)
10	Medical - Emergency care, surgical and rehabilition centers provided	<u>م</u> ′
	health care services to residents in the Jacmel area.	~
4c	(Code:)(Expenses \$114,131. including grants of \$) (Revenue \$) Program Center - Special projects to support Jacmel, Haiti.	)
	Program Center - Special projects to support Jacmel, Haiti.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 101,947. including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 573,633.	
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Form 990 (2021) 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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		х
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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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	X	
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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10	- 23	<u> </u>
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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 Part IV
 Checklist of Required Schedules (continued)
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			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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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		X
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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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 on 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	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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Form	990 (2021) Community Coalition for Haiti 65-1163 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	122	P	_{age} 5			
			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.						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>			
	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		37				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X				
b	If "Yes," enter the name of the foreign country Haiti						
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		х			
ъа b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
ou	any contributions that were not tax deductible as charitable contributions?	6a		х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х			
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						
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X			
f							
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
8	<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>						
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-					
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a	-					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.	-					
13 а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100					
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						
с	Enter the amount of reserves on hand	1					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
120005	If "Yes," complete Form 6069.	Form	990	(2021)			
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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

	Establishe work with the second and the second s		17	Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	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.		1 7		
	Enter the number of voting members included on line 1a, above, who are independent		17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		<u>x</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				
а	The governing body?		8a	Х	
	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code )			
				Yes	No
102	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
D			10b		
		, boforo filing the form			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filling the form	? <b>11a</b>		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		<b>12</b> b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			.,
	on Schedule O how this was done				X
13	Did the organization have a written whistleblower policy?				X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approva	l by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		<u>15a</u>	Х	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright VA$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (section 501)	c)(3)s only	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.		e)(e)e ej	a rana	
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	and finar	icial	
1.9		miler of interest policy	, anu illidi	icial	
20	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's boo Eric Maggio - (571)262-1584	oks and records 🕨 _			
	2506 Babcock Road, Vienna, VA 22181				
	15116 Kandodk Koad $116002$ $10002$				

Form 990 (	2021) Community Coalition for Haiti	65-1163122	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending v	with or within the organization's	s tax year.
<ul> <li>List a</li> </ul>	Il of the organization's current officers, directors, trustees (whether individuals or organizations), reg	ardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the 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.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	ia a a	recio	or/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	rustee	trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual ti	ıtiona	~	nploy	st cor	-	1000 NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			o gamzanono
(1) Elizabeth Seipt	40.00									
Executive Director				х				86,105.	Ο.	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	5.00									
Director		Х						0.	0.	0.
(5) Michael Carter	1.00									
Director		Х						0.	0.	0.
(6) Barbara Pugliese	5.00									
Director		Х						0.	0.	0.
(7) Dr. Victoria Suh	1.00									
Director		Х						0.	0.	0.
(8) Dean Morehouse	1.00									
Secretary		Х						0.	0.	0.
(9) Carl Biggs	5.00									
Chairman		Х		Х				0.	0.	0.
(10) Wood Parker	10.00									
President		Х		Х				0.	0.	0.
(11) Eric Maggio	5.00									
Treasurer		Х		Х				0.	0.	0.
(12) Brian Hays	1.00									
Director		Х						0.	0.	0.
(13) Patrick Dine	1.00									
Director		Х						0.	0.	0.
(14) Dr. Laura Dabinett	5.00									
Director		Х						0.	0.	0.
(15) Dr. Michael Boss	1.00									
Director		Х						0.	0.	0.
(16) Dr. Michele Wiley	5.00									
Director		Х						0.	0.	0.
(17) Jerry Heppes	1.00							_		
Director		Х						0.	0.	0.
132007 12-09-21										Form <b>990</b> (2021)

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Form 990 (2021)

18021006 786335 9507.001

2021.04030 COMMUNITY COALITION FOR H 9507.002

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	990 (2021) Community									65-11	.63	122	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D) (E)			(F)		
	Name and title	Average	Average Position Reportable					Reportable	Reportable			ed		
		hours per	box	, unles	ss per	son i	s both	an	compensation	compensatior	n	an	nount	of
		week		cer an I	d a di	irecto	or/trust	tee)	from	from related	I		other	
		(list any	ector						the	organizations			pensa	
		hours for related	or di	ee			ated		organization	(W-2/1099-MIS	C/		om the	
		organizations	ustee	trust		e	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati d relati	
		below	lual tr	tional		ploye	st con yee	L	1099-1420)				inizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	u nzaci	5110
(18)	Tara Greene	1.00		-	0	×	1 0	4						
Dire	ctor		х						0.		0.			Ο.
			1											
1b	Subtotal	1					-		86,105.		0.			0.
	Subtotal Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								86,105.		0.			0.
	Total number of individuals (including but n						) wh	o re		000 of reportable				
-	compensation from the organization						,		,					0
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	key e	mpl	oye	e, or	hig	hest compensated empl	oyee on	[			
	line 1a? If "Yes," complete Schedule J for s	uch individual			•			0				3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	),000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual			4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or sı	ich r	oers	on .					5		Х
Sect	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)	a al al una a a			_				(B)		~	(C	;)	_
	Name and business	address	N	ONE	5			_	Description of s	ervices		omper	isatio	1
								_						
								+						
								$\neg$						
2	Total number of independent contractors (ir	ncluding but no	ot lir	nited	to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				C	)						000	

Form **990** (2021)

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			2021) Community C	oa	lition fo	or Haiti		65-1163	122 Page <b>9</b>
Pa	rt V	111							
			Check if Schedule O contains a respor	nse c	or note to any line	(	(B)	(C)	[] (D)
						<b>(A)</b> Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a						
Gra Jou			Membership dues 1b		05 170				
ts, An			Fundraising events 1c		95,170.				
Gif İlar			Related organizations 1d		114,282.				
ns, Sim			Government grants (contributions) <b>1e</b>		114,202.				
utio er (		t	All other contributions, gifts, grants, and		0 2 0 0 0 1				
Oth			similar amounts not included above 1f		929,801. 26,218.				
hou		-	Noncash contributions included in lines 1a-1f			1,139,253.			
<u>n C</u>		n	Total. Add lines 1a-1f		Business Code	1,139,233.			
	•	_			Business Code				
vice	2		-	—					
ier.		b							
m S ven		с С							
Program Service Revenue		d		—					
Jrog		e f	All other program service revenue	—					
-			Total. Add lines 2a-2f						
	3	y	Investment income (including dividends, in						
	3		other similar amounts)			76.			76.
	4		Income from investment of tax-exempt bor			700			,
	5		Royalties	-					
	5		(i) Real		(ii) Personal				
	6	2							
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Gross amount from sales of (i) Securitie		(ii) Other				
	'	u	assets other than inventory <b>7a 3</b> , 10		(				
		h	Less: cost or other basis						
e		2	and sales expenses	4.					
venue		c	Gain or (loss)						
			Net gain or (loss)			-132.			-132.
Other Re			Gross income from fundraising events (not						
Ę	Ŭ		including \$95,170. of						
0			contributions reported on line 1c). See						
				8a	25,502.				
		b			36,336.				
			Net income or (loss) from fundraising event	<u> </u>	► • • • • • • • • • • • • • • • • • • •	-10,834.			-10,834.
			Gross income from gaming activities. See		F				
	-		Part IV, line 19	9a					
		b		9b					
			Net income or (loss) from gaming activities		►				
			Gross sales of inventory, less returns		i				
				10a					
		b		10b					
			Net income or (loss) from sales of inventor	y	►				
					Business Code				
sno	11	а		_ [					
ane		b		_					
eve		с							
Miscellaneous Revenue		d	All other revenue						
2			Total. Add lines 11a-11d		►				
	12		Total revenue. See instructions			1,128,363.	0.	0.	-10,890.
13200	9 12-	09-	21						Form <b>990</b> (2021)

^{132009 12-09-21} 

Community Coalition for Haiti Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons	( - )		(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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,				
	trustees, and key employees	86,105.	47,358.	4,305.	34,442.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	158,933.	34,718.	46,031.	78,184.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	18,005.	6,277.	3,912.	7,816.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	15,600.		15,600.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	158,057.	140,240.	14,017.	3,800.
12	Advertising and promotion				
13	Office expenses	7,712.	153.	4,640.	2,919.
14	Information technology				
15	Royalties				
16	Occupancy	2,595.	2,595.		
17	Travel	326.		326.	
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	33,005.	33,005.		
23	Insurance	12,174.	4,588.	7,586.	
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	In-country operations	281,847.	281,541.		306.
b	Donated medical and edu	22,984.	22,502.	0.	482.
c	Printing and publicatio	15,125.	52.	398.	14,675.
d	Storage fees	4,341.		4,341.	
	All other expenses	3,454.	604.	2,819.	31.
25	Total functional expenses. Add lines 1 through 24e	820,263.	573,633.	103,975.	142,655.
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 The if following SOP 98-2 (ASC 958-720)				
			I		

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Form 990 (2021)

18021006 786335 9507.001

Form 990 (2021)

1

	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			20,283.	3	15,845.
	4	Accounts receivable, net				4	65,685.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	ied pers				
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
。	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	<b>D</b>			23,447.	9	3,203.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	207,620.			
	b	Less: accumulated depreciation		127,513.	91,629.	10c	80,107.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line -			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		49,865.	15	49,500.	
	16	Total assets. Add lines 1 through 15 (must equa			393,327.	16	705,833.
	17	Accounts payable and accrued expenses			5,807.	17	8,418.
	18	Grants payable			18		
	19	Deferred revenue				19	3,000.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F			21		
s	22	Loans and other payables to any current or form	er, director,				
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
abi		controlled entity or family member of any of thes	e perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ted third	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, page	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			8,060.		<u>6,855.</u> 18,273.
	26	Total liabilities. Add lines 17 through 25			13,867.	26	18,273.
alances		Organizations that follow FASB ASC 958, che	ck here				
		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		216,288.		378,275.	
Ba	28	Net assets with donor restrictions		163,172.	28	309,285.	
nn		Organizations that do not follow FASB ASC 9	ck here 🕨 🛄				
г Г		and complete lines 29 through 33.					
Net Assets or Fund B	29	Capital stock or trust principal, or current funds			29		
sse	30	Paid-in or capital surplus, or land, building, or eq			30		
ΪÄ	31	Retained earnings, endowment, accumulated inc			270 460	31	
Re	32	Total net assets or fund balances			379,460.	32	687,560.
	33	Total liabilities and net assets/fund balances	<u></u>		393,327.	33	705,833.
							Form <b>990</b> (2021)

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

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**(B)** End of year

491,493.

**(A)** Beginning of year

208,103.

1

2

Form	990 (2021) Community Coalition for Haiti	65-11	63122	Pag	_{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	1,128				
2	Total expenses (must equal Part IX, column (A), line 25)	2	820		<u>63.</u> 00.		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
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	687	7,50	<u>50.</u>		
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 on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		<b>2</b> b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3</b> b	000	<u> </u>		

Form **990** (2021)

SCHEDULE A	٩
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Department of the Treasury Internal Revenue Service

(Form 990)

# **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
2021
Open to Public Inspection

|--|

Nam		the organization	1						Identification number
Da		Comm	unity Coal:	ition for Ha	Lti			6	5-1163122
Ра	rt I	Reason for Public (	Sharity Status.	All organizations must c	omplete th	nis part.) S	ee instructions	i.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
<b>3</b> A hospital or a cooperative hospital service organization described in section <b>170(b)(1)(A)(iii)</b> .									
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	overnmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	$\square$	A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	-					e deneral i	oublic described in
•		section 170(b)(1)(A)(vi). (C		indi part of ito oupport if	onna gora	, minorital		general	
8		A community trust describe		1)(A)(vi) (Complete Par	+ II )				
9	$\square$	An agricultural research org				n coniu	unction with a l	and grant	college
9		or university or a non-land-g							
			grant college of agrici			lame, city	, and state of t	ne college	
40		university:	Illy reactives (1) mares	than 22 1/20/ of its sum	art from a	ontribution	a mambarabi		d areas ressints from
10		An organization that norma	•						•
		activities related to its exen							
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	aπer June 30, 1975.
		See section 509(a)(2). (Con							
11		An organization organized a	-	•	•				
12		An organization organized a							
		more publicly supported or	-						Check the box on
		lines 12a through 12d that	• •					-	
а		<b>Type I.</b> A supporting orga		-	• • • •	-			
		the supported organization			majority o	of the direc	tors or trustee	s of the su	ipporting
		organization. You must o	-						
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	(s), by hav	ving
		control or management o			ame perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	/ integrate	ed with,
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its support	ed organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		_ requirement (see instructi	,	• •					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supporting	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(in) to the orga	inization listed			
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
Tota	ıl								

Part II

Community Coalition for Haiti

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1035935.	1154117.	1010990.	944,809.	1139253.	5285104.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1035935.	1154117.	1010990.	944,809.	1139253.	5285104.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						<u>92,731.</u> 5192373.
	Public support. Subtract line 5 from line 4.						5192373.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1035935.	1154117.	1010990.	944,809.	1139253.	5285104.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	176.	356.	156.	224.	76.	988.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5286092.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	7,373.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop						
	tion C. Computation of Publi					r	
	Public support percentage for 2021 (I					14	98.23 %
	Public support percentage from 2020					15	99.34 %
<b>1</b> 6a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶∟
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2021

Schedule A	(Form 990)	2021	Community	Coalition	for	Haiti
Part III	Support	Schedule for	r Organizations	Described in S	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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
b	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.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	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						
	Net income from unrelated business activities not included on 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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves		•				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2021.</b> If the						ne 17 is not
	more than 33 1/3%, check this box a						▶∟
b	<b>33 1/3% support tests - 2020.</b> If the						
	line 18 is not more than 33 1/3%, che						ion ▶
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		▶∟
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2021.04030 COMMUNITY COALITION FOR H 9507.002

1

2

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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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132024 01-04-21

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

Sche	dule A	(Form 990) 2021		Coalition	Ior	Haiti	65-II	6312	Z Pa	age <b>5</b>
Pa	rt IV	Supporting Organ	izations (continued	1)						
									Yes	No
11	Has t	the organization accepted	a gift or contribution fr	om any of the follow	ving pers	sons?				
а	A per	rson who directly or indire	ectly controls, either alo	ne or together with p	persons	described on lines 11b and				
	11c t	pelow, the governing body	y of a supported organi	zation?				11a		
b	A fan	nily member of a person o	lescribed on line 11a at	oove?				11b		
с	A 359	% controlled entity of a pe	erson described on line	11a or 11b above?	If "Yes"	to line 11a, 11b, or 11c, provide				
	detai	in Part VI.						11c		
Sec	tion	B. Type I Supportin	g Organizations							
									Yes	No
1		<b>a b</b>	<b>e e</b>			official capacity, or membership o st a majority of the organization's				

	more supported organizatione have the perior to regularly append or orest at reader a majority of the organization of encode,
	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 II Supporting Organizations

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 examination(s)

## Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 on 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 organization used to satisfy the Integral Part Test during the	vear (see instructions	5).
•	Check the box hext to the method that the organization used to satisfy the integral r art rest during the	year (ooo moa doalon	1

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization is th	ne parent of each of it	s supported organizations.	Complete line 3 below.
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c		The organization supported a governmental entity	Describe in <b>Part VI</b> how you supported a governmental entit	y (see instruction <u>s</u>	s).
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- 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

1

2

1

Yes No

Yes No

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Schedule A (F	orm 990	) 202'
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	<b>J</b>	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
_3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)   1d				
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 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-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

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Schedule A	(Form 990) 2021	Community	Coalition	for Hait:	i	65-1163122 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	<b>mation.</b> Provide the , 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV, 1	explanations requ 6, 9a, 9b, 9c, 11a Section E, lines 1c	uired by Part II, line , 11b, and 11c; Pa c, 2a, 2b, 3a, and 3	e 10; Part II, line 17a or rt IV, Section B, lines 1 3b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
132028 01-04-2	22		2.0			Schedule A (Form 990) 202 ⁻

SCHEDULE	D
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Department of the Treasury

(Form 9	90)
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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.

OMB No. 1545-0047

Internal Revenue Service
Name of the organization

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

Community Coalition for Haiti

Employer identification number 65 - 1163122

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin-		Funds or Ac	counts. Complete if the
		(a) Donor advised funds	6	(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 v	vriting that the assets held in do	nor advised fund	at s
-	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
-	for charitable purposes and not for the benefit of the donor of			
Par				
1	Purpose(s) of conservation easements held by the organization		, ,	
	Preservation of land for public use (for example, recreat		ervation of a histo	prically important land area
	Protection of natural habitat	·		fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in	the form of a co	nservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
c	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
-	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
-	year ►	,;;;		
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per		ndling of	
•	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
•			enig eeneer tane	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	conservation ea	sements during the year
•	► \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of sec	ction 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
-	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasure	s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue st	atement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or rese	earch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes t	hese items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue staten	nent and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or resear	ch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
				<b>N A</b>
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB A		0 /1	
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021
	10-28-21			
		27		

2021.04030 COMMUNITY COALITION FOR H 9507.002

Sche	dule D (Form 990) 2021 Communi	ty Coaliti	on fo	or Hai	ti			65-11	63122	2 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🛄 I	Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" or	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		•						-		1
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T	Ending balance								<b>V</b>		
	Did the organization include an amount on Fe If "Yes," explain the arrangement in Part XIII.							∟	Yes		<b>No</b>
Par											1
		(a) Current year		rior year	(c) Two yea			ears back	(e) Four	vears	back
1a	Beginning of year balance	(, ,	(-7)	, _ , <b>,</b>	(-)		(,,		(-)	<i></i>	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for th	ne organiza	ation	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipm					<b></b>					
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr			t or other (other)		ccumulate	ed	(d) Bool	< value	;
1a	Land										
b	Buildings			7	4,835.		18,2	34.	56	5,60	)1.
	Leasehold improvements				4 0 6 0		100 0	4.0			
	Equipment			12	4,260.		106,04			<u>3,21</u>	
	Other				8,525.		3,23	51.		5, 29	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. colum</u>	n (B), line 1	0c.)				80	),1(	)7.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes"	on Form 990, Part IV, line	TID. 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	l-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	l-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		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) Clinic deposit			49,500.
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
<u>(9)</u>	. = .		49,500.
Total. (Column (b) must equal Form 990, Part X, col. (B) lin.           Part X         Other Liabilities.	e 15.)		49,500.
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Accrued vacation			6,855.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			6,855.
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statements the	nat reports the

 Schedule D (Form 990) 2021
 Community Coalition for Haiti
 65-1163122
 Page 3

 Part VII
 Investments - Other Securities.
 65-1163122
 Page 3

000 Part IV line 11h See Form 000 Part X line 12 moloto if the organi ration answord "Ve

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Col (b) must equal Form 990 Part X col (B) line 13 )	

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 .... 🗴

Schedule D (Form 990) 2021

132053 10-28-21

# 18021006 786335 9507.001

Sche	edule D (Form 990) 2021 Community Coalition for	Haiti		65-3	1163122 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With F			
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,182,173.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	53,810.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	53,810.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,128,363.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	)		5	1,128,363.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per R	leturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.			
1	Total expenses and losses per audited financial statements			1	874,073.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	53,810.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	53,810.
3	Subtract line 2e from line 1			3	820,263.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			5	820,263.
Pa	rt XIII Supplemental Information.				

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, 2021.
Accordingly, no provision for income taxes has been made in the
accompanying financial statements.

132054 10-28-21

Schedule D (Form 990) 2021

SCHEDULE F	Statomo	nt of Act	ivities Outside the Ur	nitad Sta	ntae L	OMB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			2021
. ,			Attach to Form 990.	14, 1110 1110, 1	-	Open to Public
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		Inspection
Name of the organization					Employer i	dentification number
Community Coali	tion for	Haiti			65-116	3122
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the orgar	ization answe	ered "Yes" on
Form 990, Part I	V, line 14b.					
-	-		ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
2 For grantmakers. Deso United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance	e outside the
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of offices in the region		(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 (o gram service, e specific type (s) in the regio	expenditures for and investments
				Maintenance house and m	nedical	n
Central America and the Caribbean -	1	16		clinics, co development		EE0 136
	1	10	Program Services	neveropment	, programs,	552,136.
<b>3 a</b> Subtotal	1	16				552,136.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	1	16				552,136.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part V for Column (e) descriptions Schedule F (Form 990) 2021

OMB No. 1545-0047

132071 12-20-21

65-1163122

# 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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			l ecognized as charities by the t				1	<u>I</u>
			or counsel has provided a sect					
3 Enter total number of	other organizations o	or entities				····· ►	Sched	ule F (Form 990) 2021

65-1163122

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>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

		Community	Coalition	for	Haiti	
Part IV	Foreign Form	S				

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Form 990) 2021	Community	Coalition	for	Haiti	65-1163122	Page 5
Supplemental	Information					
Provide the inform	nation required by Pa	art I, line 2 (monitorin	ig of fun	ds); Part I, line 3, colur	nn (f) (accounting method; amounts of	

Part I, Line 3, Column (e):

Part V Supplemental Information

Schedule F (Form 990) 2021

Region: Central America and the Caribbean -

(e) Specific Types of Services in Region: Maintenance of mission house

investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

and medical clinics, community development programs, educational

programs, and mission travel.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)	Complete if the	or if the	2021						
Department of the Treasury		Attach to Form 990 or Form 990-EZ. Open to Public							
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization		ty Coalition for Ha	aiti	Ĺ			65-1163	entification number 3122	
		Complete if the organization answe			n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not	
<ol> <li>Indicate whether th         <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul> </li> <li>2 a Did the organization key employees list</li> </ol>	e organization rais tions email solicitations tations licitations on have a written o red in Form 990, Pa	ed funds through any of the following <b>e</b> Solicitat	tion of tion of fundra (includ	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye		
compensated at le	east \$5,000 by the	organization.							
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
			Yes	No					
		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is (	exempt from r	egistration	
	aduation Act Not	as see the Instructions for Forms	00	000 -	7		Cabadul	o C (Earm 000) 0001	
		ce, see the Instructions for Form 9	30 OF	330-E	<i>ن</i> ے،		Schedul	e G (Form 990) 2021	

132081 10-21-21

Community Coalition for Haiti

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Golf		(add col. (a) through
		Gala	Tournament	1	
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
1	Gross receipts	21,200.	80,241.	19,231.	120,672
2	Less: Contributions	21,200.	58,141.	15,829.	95,170
3	Gross income (line 1 minus line 2)		22,100.	3,402.	25,502
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	7,749.	12,955.		20,704
7	Food and beverages		4,933.		4,933
8	Entertainment				
			5,823.	2,936.	10,699
10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		▶	36,336
11	Net income summary. Subtract line 10 from	line 3. column (d)		▶	-10,834
1	Gross revenue		bingo/progressive bingo		col. <b>(a)</b> through col. <b>(c</b>
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
<b>-</b>					
			states?		Yes N
Wei	re any of the organization's gaming licenses r	revoked, suspended, or te	erminated during the tax ye	ear?	Yes No
lf "Y	/es," explain:				
	2 3 4 5 6 7 8 9 10 11 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 1 1 2 3 4 5 6 7 8 9 10 11 11 1 1 2 3 4 5 6 7 8 9 10 11 11 1 1 1 1 1 1 1 1 1 1	<ul> <li>2 Less: Contributions</li> <li>3 Gross income (line 1 minus line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summary. Add lines 4 throug</li> <li>11 Net income summary. Subtract line 10 from</li> <li>111 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization cond is the organization licensed to conduct gaming at the org</li></ul>	1       Gross receipts       21,200.         2       Less: Contributions       21,200.         3       Gross income (line 1 minus line 2)	Gala       Tournament (event type)         1       Gross receipts       21,200.       80,241.         2       Less: Contributions       21,200.       58,141.         3       Gross income (line 1 minus line 2)       22,100.         4       Cash prizes       22,100.         5       Noncash prizes       22,100.         6       Rent/facility costs       7,749.       12,955.         7       Food and beverages       4,933.         8       Entertainment       1,940.       5,823.         9       Other direct expenses       1,940.       5,823.         10       Direct expense summary. Add lines 4 through 9 in column (d)       11       No         11       Net income summary. Subtract line 10 from line 3, column (d)       11       11         11       Renterse summary. Subtract line 10 from line 3, column (d)       11       11         11       Garse revenue       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant         2       Cash prizes       (a) Bingo       (b) Pull tabs/instant         3       Noncash prizes       (a) Bingo       (b) Pull tabs/instant         4       <	Gala       Tournament       1         (event type)       (total number)         1       Gross receipts       21,200.       80,241.       19,231.         2       Less: Contributions       21,200.       58,141.       15,829.         3       Gross income (line 1 minus line 2)       22,100.       3,402.         4       Cash prizes

Schedule G (Form 9	90) 2021	Community C	calition	for Haiti		65-1	163122	Page 3
11 Does the organ	nization conduct ga	aming activities with nor	members?				Yes	No
		eficiary or trustee of a tr						
							Yes	No
		g activity conducted in:						
							13a	%
							13b	%
<b>14</b> Enter the name	e and address of th	e person who prepares	the organization	's gaming/special eve	ents books and reco	rds:		
Name 🕨								
Address 🕨 _								
<b>15a</b> Does the organ	ization have a con	tract with a third party f	rom whom the o	rganization receives g	aming revenue?		Yes	🗌 No
<b>b</b> If "Yes," enter t	the amount of gam	ing revenue received by	/ the organizatio	n 🕨 \$	and the arr	nount		
of gaming reve	nue retained by the	e third party 🕨 \$						
<b>c</b> If "Yes," enter r	name and address	of the third party:						
Name								
Address								
16 Gaming manag	er information:							
Name 🕨								
		<b>.</b> .						
Gaming manag	er compensation	▶ \$						
Description of s	services provided	▶						
Decemption of								
			_					
Director	/officer	Employee		endent contractor				
17 Mandatan diat	wibutional							
17 Mandatory dist		r state law to make cha	itable distributio	ns from the caming p	roceeds to			
-	gaming license?	State law to make chai					Yes	No No
		required under state lav						
organization's o	own exempt activit	ies during the tax year	▶ \$					
		mation. Provide the				); and Par	t III, lines 9,	9b, 10b,
15b, 15	5c, 16, and 17b, as	s applicable. Also provid	le any additional	information. See instr	ructions.			
132083 10-21-21						Schedu	ıle G (Form	990) 2021
			38	3				

Part IV	Supplemental Information (continued)
	Schedule G (Form 99
132084 11-18-	

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

ΖU

Department of the Treasury
Internal Revenue Service

Part I

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

1 Art - Works of art

#### Community Coalition for Haiti Types of Property

alitio	n for Hait	Employer identification number 65-1163122	
<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts

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	Х	1	3,234.	FMV on date of	donat
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies	Х	3	22,502.	Estimated FMV	
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other 🕨 ( <u>Fundraising i</u> )	Х	1	482.	Estimated FMV	
26	Other 🕨 ()					
27	Other 🕨 ()					
28	Other 🕨 ( )					
29	Number of Forms 8283 received by the organiz	ation durin	g the tax year for co	ontributions		
	for which the organization completed Form 828	33, Part V, I	Donee Acknowledge	ement		
						Yes No

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it		
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for		
	exempt purposes for the entire holding period?	30a	Х
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash		
	contributions?	32a	Х
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		
	describe in Part II.		

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

Schedule M (Form 990) 2021

132141 11-17-21

			Provide the information		
Schedule M	(Form 990) 2021	Community	Coalition	for	Haiti

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization 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):

#### Number of contributions.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	-EZ	
Name of the organization	Community Coalition for Haiti	Employer identification number 65-1163122
Form 990, Par	t III, Line 4d, Other Program Services:	
<u>Education - E</u>	ducational scholarships were provided to prim	ary and
secondary stu	dents in Jacmel, Haiti. Teacher training was	provided in
the Jacmel ar	rea.	
Expenses \$ 74	,034. including grants of \$ 0. Revenue \$	0.
Earthquake -	Activities to alleviate the effects of the ea	rthquake that
struck Haiti	in August 2021.	
Expenses \$ 27	,913. including grants of \$ 0. Revenue \$	0.
	ct VI, Section B, line 11b:	•
Form 990, Par	t VI, Section B, Line 15a:	
The Board of	Directors compared the program director's wor	k to other
<u>non-profits t</u>	o confirm her salary was within a comparable	range.
Form 990, Par	t VI, Section C, Line 19:	
The Organizat	ion makes its governing documents and financi	al statements
<u>available to</u>	the public upon request.	
Form 990, Par	rt IX, Line 11g, Other Fees:	
<u>Credit card a</u>	und bank fees:	
<u>Program servi</u>	ce expenses	0.
<u>Management</u> ar	nd general expenses	8,045.
Fundraising e	expenses duction Act Notice, see the Instructions for Form 990 or 990-EZ.	0 • Schedule O (Form 990) 2021
132211 11-11-21	42	

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Schedule O (Form 990) 2021 Name of the organization Community Coalition for Haiti	Employer identification number 65-1163122
Fotal expenses	8,045.
Haiti staffing:	
Program service expenses	140,240.
Management and general expenses	0.
Fundraising expenses	0.
Fotal expenses	140,240.
Vendor and service contracts:	
Program service expenses	0.
Management and general expenses	5,972.
Fundraising expenses	3,800.
Fotal expenses	9,772.
Fotal Other Fees on Form 990, Part IX, line 11g, Col A	158,057.
Form 990, Part XI, Line 2C	
The treasurer oversees the review and the selection of a	n independant
auditor.	

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

Form 99	orm 990 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.	12,004.		5,335.	17,339.
14	Program Center Improvements	07/31/21	SL	10.00		16	21,483.				21,483.			895.	895.
	* 990 Page 10 Total Buildings						74,835.				74,835.	12,004.		6,230.	18,234.
	Furniture & Fixtures														
12	Storage Containers	08/01/19	SL	5.00		16	6,100.				6,100.	1,728.		1,220.	2,948.
	Storage Container	05/18/21	SL	5.00		16	2,425.				2,425.			283.	283.
	* 990 Page 10 Total Furniture & Fixtures						8,525.				8,525.	1,728.		1,503.	3,231.
	Machinery & Equipment														
	Krieger Medical Imaging Table	05/09/17	SL	5.00		16	5,800.				5,800.	4,253.		1,160.	5,413.
2	2 Philips C-Arm	05/09/17	SL	5.00		16	55,000.				55,000.	40,333.		11,000.	51,333.
3	Control Unit Datascope Balloon Pump	05/09/17	SL	5.00		16	4,500.				4,500.	3,300.		900.	4,200.
4	Laptop Ultrasound	10/15/18	SL	3.00		16	3,800.				3,800.	2,851.		949.	3,800.
5	Red Crash Cart	08/12/18	SL	3.00		16	1,000.				1,000.	805.		195.	1,000.
6	Charging Cart for Laptop Ultrasound	08/12/18	SL	3.00		16	1,250.				1,250.	1,008.		242.	1,250.
8	Batteries - New Facility	10/09/18	SL	5.00		16	10,560.				10,560.	4,752.		2,112.	6,864.
9	Generator - Isaiah House	02/27/18	SL	5.00		16	6,950.				6,950.	3,938.		1,390.	5,328.
10	Generator - New Facility	09/28/18	SL	5.00		16	24,400.				24,400.	10,980.		4,880.	15,860.

128111 04-01-21

(D) - Asset disposed

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

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

Form 99	orm 990 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
11	Two Ventilators	09/15/18	SL	3.00		16	11,000.				11,000.	8,556.		2,444.	11,000.
	* 990 Page 10 Total Machinery & Equipment						124,260.				124,260.	80,776.		25,272.	106,048.
	* Grand Total 990 Page 10 Depr						207,620.				207,620.	94,508.		33,005.	127,513.
	Current Year Activity														
	Beginning balance						183,712.			0.	183,712.	94,508.			126,335.
	Acquisitions						23,908.			0.	23,908.	0.			1,178.
	Dispositions/Retired						0.			0.	0.	0.			0.
	Ending balance						207,620.			0.	207,620.	94,508.			127,513.
	Ending accum depr											127,513.			
	Ending book value											80,107.			

128111 04-01-21

(D) - Asset disposed

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