Form	990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. 2023 Open to Public Inspection

	artment of th nal Revenu	ne Treasury e Service	Go to www.irs.gov/Form990 for instructions and the latest inform	•		Inspection	
-			lendar year, or tax year beginning , and ending	3			
	Check if a		C Name of organization Mission To Haiti, Inc.		identif	ication number	
<u> </u>	Address c		Doing business as				
		Ū	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	59-2173214	ł		
	Name cha	inge	PO Box 523157	E Telephone	e numbe	er	
Πı	nitial retu	rn	City or town State ZIP code	205 922 75	16		
Ξ,	-:	to any in a to al	Miami FL 33152	305-823-75	10		
	-inal return/	terminated	Foreign country name Foreign province/state/county Foreign postal code				
/	Amended	return		G Gross rec	eipts \$	713,168	
\square	Applicatio	n pending	F Name and address of principal officer: H(a)	Is this a group return t	or subor	tinates? Yes X No	
				Are all subordinate	-		
	τ			If "No," attach a lis			
		npt status:					
J	Website:	NA	H(c) (Group exemption	number		
κ	Form of o	organization	n: X Corporation Trust Association Other L Year of for	rmation: 1981	M	State of legal domicile: FL	
Р	art I	Su	mmary		÷		
				mission aid to	Haiti		
e		,	5				
าลท							
'err	2	Check tl	his box if the organization discontinued its operations or disposed of mo	oro than 25%	of ito r	ot accata	
õ	2					_	
ي ھ					3 4	9	
es			of independent voting members of the governing body (Part VI, line 1b)		4 5	6	
Activities & Governance	5		Imber of individuals employed in calendar year 2023 (Part V, line 2a)			10	
(cti			Imber of volunteers (estimate if necessary).		6		
٩			related business revenue from Part VIII, column (C), line 12		7a	0	
	b	Net unre	elated business taxable income from Form 990-T, Part I, line 11		7b	Current Veer	
	•	Contribu	utions and grants (Dart)/III line 1h)	Prior Year	200	Current Year	
iue			utions and grants (Part VIII, line 1h)	114	2,380	713,168	
Revenue			n service revenue (Part VIII, line 2g)		0	0	
Ŗ	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		0	0	
			evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	741	•	0	
	12		venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).		2,380	713,168	
			and similar amounts paid (Part IX, column (A), lines 1–3)	419	9,483 0	460,322	
			s paid to or for members (Part IX, column (A), line 4)	4.04	v	0	
ses			, other compensation, employee benefits (Part IX, column (A), lines 5–10).	180	3,353	144,547	
en			ional fundraising fees (Part IX, column (A), line 11e)		0	0	
Expenses			ndraising expenses (Part IX, column (D), line 25) 39,465	40	1 0 0 7	454.040	
	17		xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	-	1,987	154,912	
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25) .),823	759,781	
۲ s	19	Revenue	e less expenses. Subtract line 18 from line 12	inning of Current	3,443 Voar	-46,613 End of Year	
Net Assets or Fund Balances	20	Total ca				322,175	
Asse Bala	20 21		sets (Part X, line 16)		7,955		
Net /	22				3,677 1,632	7,155	
- <u>"</u>	22 Irt II		ets or fund balances. Subtract line 21 from line 20	30	1,032	315,020	
			jnature Block y, I declare that I have examined this return, including accompanying schedules and statements, and to	o the best of my la	owlada	0	
			y, i declare that i have examined this return, including accompanying schedules and statements, and to ect, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	-	-	C	
					-99.		
Sig		Sign	ature of officer	Date			
Не	re		liam J Nealey Director	Date			
			e or print name and title				

	Type or print nam	e and title					
	Print/Type prepar	rer's name	Preparer's signature	Dat	e		PTIN
Paid Preparer	Gaetano D Sp	perduto		8/3	30/2024	Check if self-employed	P00428776
Use Only	Firm's name	Guy D. Sperduto, CPA, F	PA		Firm's EIN	65-069972	2
	Firm's address	8963 Stirling Road, Suite	101, Cooper City, FL 33328		Phone no.	(954) 432-0)272
May the IRS discuss this return with the preparer shown above? See instructions							

Form 9	90 (2023)	Mission To Haiti, Inc.	59-2173214	Page 2
Ра	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	-	escribe the organization's mission: n mission aid to Haiti		
	Did the		1	
2	the prior	organization undertake any significant program services during the year which were not listed Form 990 or 990-EZ?	· · · · · · Yes	X No
3	Did the o	organization cease conducting, or make significant changes in how it conducts, any program	🗌 Yes	X No
4	Describe expense	describe these changes on Schedule O. e the organization's program service accomplishments for each of its three largest program sees. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants a expenses, and revenue, if any, for each program service reported.		
4a	Christiar clinic an Provide	n mission aid to Haiti. Sponsor 13 schools and 2 vocational schools in Haiti. Provide d medical treatment. Doctors visits two time per week. Nurse is available everyday. medical, educational, nutritional help. 10 team members came to Haiti.		
4b) (Expenses \$ including grants of \$) (F)
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
4d	Other pr	ogram services (Describe on Schedule O.)		
τu	(Expens	- , , , ,	0)	
4e	Total pro	ogram service expenses 608,548		

Part IV

	990 (2023) Mission To Haiti, Inc. IV Checklist of Required Schedules	59-2173214	+	Р	age 3
				Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		1	х	
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	· · · F	-	~	
	candidates for public office? If "Yes," complete Schedule C, Part I.		3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		•		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.		4		Х
	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,				
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.		5		х
	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? If				
	"Yes," complete Schedule D, Part I		6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		Х
	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
	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		Х
	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.				
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		4.	V	
L-	Schedule D, Part VI	1	1a	Х	
D	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? <i>If "Yes," complete Schedule D, Part VII.</i>		46		v
~		· · · P	1b		Х
U	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		1c		v
4	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	··· ዞ	1C		Х
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	4	1d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part J.		1u 1e	<u>^</u> Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	~···	16	~	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		l1f		х
,	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				~
•	Schedule D. Parts XI and XII		2a		х
		· · · []	~ a		~

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 . . . Is the organization a school described in section 170(b)(1)(A)(ii)? If "Ves " complete Schedule F

13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
14a	Did the organization maintain an office, employees, or agents outside of the United States?
	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

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.

16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on
	Part VIII lines 1c and 8a? If "Yes." complete Schedule G. Part II

		18	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		
	If "Yes," complete Schedule G, Part III	19	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	Х
b	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

12b

13

14a

14b Х

15

16

17

Х

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Х

Х

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Par	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		Х
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		┣──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	· 24c		┝──
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		┣───
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		X
D	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	. 26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	. 20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	. 27		х
28	Was the organization a party to a business transaction with one of the following parties? (See 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		х
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .	. 28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash 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		Х
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		Х
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.			X
	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	. <u>35a</u>		┝──
D	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	256		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	. 35b		┣──
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		<u> </u>
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	. 37		х
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	. 57		
38	19? Note: All Form 990 filers are required to complete Schedule O	. 38	х	ĺ
Par		. 50	~	L
rai	Check if Schedule O contains a response or note to any line in this Part V			
		<u>···</u>	Yes	
4-	Enter the number reported in her 2 of Earm 1006. Enter 0, if not employed	<u>م</u>	res	No
1a 5	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	. 1c		
		. 10		<u> </u>

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	_	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 10)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit 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	_		
ь.	and services provided to the payor?	7a		
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	7.0		
4	required to file Form 8282?	7c		
d		70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders.			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.).			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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	<u> </u>	<u> </u>
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		Х
	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		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			
-	, ,···································			

Form §	190 (2023) Mission To Haiti, Inc. 59-217	3214	Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for			<u> </u>
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			ions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9	-		
	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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:	80	Х	
a b	The governing body?	8a 8b	^	Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	0.0		~
Ū	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (Code.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40	X	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X X	
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	^	
U	describe on Schedule O how this was done.	12c	х	
13	Did the organization have a written whistleblower policy?	13	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 approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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 arrangement			
_	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sect	the organization's exempt status with respect to such an angements?	100		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section s	501(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. ,		
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy,		
	and financial 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 books and records			
	William J Nealey 305-823-7516 915 West 80th Place, Hialeah, FL 33014			

Form 990 (2023)	Mission To Haiti, Inc.	59-2173214	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensa	ted	
	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 Employee	:S	
1a Complete th organization's	nis table for all persons required to be listed. Report compensation for the calendar year ending with or tax year.	within the	

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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, box 6 of 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)			e than one is both an or/trustee)		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) William J Nealey Sr VPres/Assoc Dir / Missionary	40.00 4 <u>0.0</u> 0	x		х	х			34,278		
(2) William J Nealey Jr	40.00	~		~	~			54,270		
Pres / Exec Dir / Missionary	40.00	x		х	х			10,135		
(3) Christopher Webb	0.00							-,		
Director	15.00	Х						7,300		
(4) Ben Branch	0.00									
Secretary / Treasurer	15.00	Х		Х						
(5) Robert Andrews	0.00									
Director	15.00	Х								
(6) James Ingersoll	0.00									
Director	15.00	Х								
(7) David King	0.00	v								
Director (8) Thomas Hunter	15.00 0.00	Х								
Director	15.00	х								
(9) Tony Hammon	0.00	~								
Director	15.00	Х								
(10)										
(11)										
(12)										
(13)										
(14)										

	990 (2023)		To Haiti, I											59-217		Page 8
Pa	art VII	Section A. O	fficers, D	irectors, Tru	ustees, Key Em	ploye	ees,	and	d Hi	ghest	Compensa	ted En	nployees	(contin	ued)	
		(A) Name and tit	le		(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson irecto	e than on is both a pr/trustee employee	an Report	able sation the on (W-2/ IISC/	(E) Reporta compens from rela organizatior 1099-MI 1099-NI	ation ated ns (W-2/ ISC/	c com fr orgar	(F) ated amount of other pensation orom the ization and organizations
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4					<i>lule J for such in</i> of reportable cor										3	X
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Form 99	0 (2023)
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Check if Schedule O contains a response or note to any line in this Part VIII. IP Total reverse Previous Schedule O Previous Schedule O Total reverse Previous Schedule O		990 (202	,,,,			59-21732	214 Page 9
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Sectic	on 501(c)(3) and 501(c)(4) organizations must complete all c				
	Check if Schedule O contains a response or note t				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	460,322	460,322		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,		04.070		
•	trustees, and key employees	44,413	34,278	10,135	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	0	F0.052	0.000	A ==
7	Other salaries and wages	70,605	50,938	9,893	9,77
8	Pension plan accruals and contributions (include	_			
•	section 401(k) and 403(b) employer contributions)	0		00.450	
9	Other employee benefits	23,156		23,156	
10	Payroll taxes	6,373		6,373	
11	Fees for services (nonemployees):				
a	Management	0			
b		0		5 000	
C		5,290		5,290	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column			0	
10	(A), amount, list line 11g expenses on Schedule O.).	0		0	
12 13	Advertising and promotion	13,654		13,654	
13 14	Office expenses	11,465		11,465	
14	Royalties	0		11,405	
16	Occupancy	12,000		12,000	
17		18,681	7,681	11,000	
18	Travel	10,001	7,001	11,000	
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20		0			
20 21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	
23		3,343	0	3,343	
24	Other expenses. Itemize expenses not covered	0,0+0		0,0+0	
	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 O.)				
а	Fundraising Events	29,691			29,69
	Mission Team Expense	11,564	11,564		
c	Annuity	5,459	,	5,459	
	Campus Operations & Workers	38,133	38,133	-,	
	All other expenses GeneralFund exp/membership/fec	5,632	5,632		
25	Total functional expenses. Add lines 1 through 24e	759,781	608,548	111,768	39,46
26	Joint costs. Complete this line only if the			,	
- "	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

art X	2023) Mission To Haiti, Inc. Balance Sheet			×
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	175,495	1	138,02
2	Savings and temporary cash investments	0	2	,02
3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	0	4	
5	Loans and other receivables from any current or former officer, director,	Ū	-	
Ŭ	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0	5	
6	Loans and other receivables from other disqualified persons (as defined		2	
0		0	C	
_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net	0		
8	Inventories for sale or use	0	8	
9	Prepaid expenses and deferred charges	0	9	
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 163,975			
b	Less: accumulated depreciation 10b 0	163,975	10c	163,97
11	Investments—publicly traded securities	0	11	
12	Investments—other securities. See Part IV, line 11	0	12	
13	Investments—program-related. See Part IV, line 11	0	13	
14	Intangible assets	0	14	
15	Other assets. See Part IV, line 11	18,485	15	20,17
16	Total assets. Add lines 1 through 15 (must equal line 33)	357,955	16	322,17
17	Accounts payable and accrued expenses	460	17	4,54
18	Grants payable	0	18	
19	Deferred revenue	0	19	
20	Tax-exempt bond liabilities	0	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	
22	Loans and other 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	0	22	
23	Secured mortgages and notes payable to unrelated third parties	0	23	
24	Unsecured notes and loans payable to unrelated third parties	0	24	
25	Other liabilities (including federal income tax, payables to related third	Ŭ		
	parties, and other liabilities not included on lines 17–24). Complete			
	Part X of Schedule D.	-4,137	25	2,60
26	Total liabilities. Add lines 17 through 25	-3,677	26	7,15
		0,011	20	7,10
	Organizations that follow FASB ASC 958, check here X			
07	and complete lines 27, 28, 32, and 33.	004.000	07	045.00
27	Net assets without donor restrictions	361,632	27	315,02
28	Net assets with donor restrictions	0	28	
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds	0	29	
30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
31	Retained earnings, endowment, accumulated income, or other funds	0	31	
32	Total net assets or fund balances	361,632	32	315,02
33	Total liabilities and net assets/fund balances	357,955	33	322,17

Form 9	990 (2023) Mission To Haiti, Inc.	5	9-21732 ⁻	14 i	-age 12
Part	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		7	13,168
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	59,781
3	Revenue less expenses. Subtract line 2 from line 1	3		-	46,613
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3	61,632
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			1
9	Other changes in net assets or fund balances (explain on Schedule O).	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10		3	15,020
Part		,			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Ye	s No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• •	. 2	a	X
	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?		. 2	b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	• •	. 2	c	_
	If the organization changed either its oversight process or selection process during the tax year, explain on				
2-	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				v
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		· <u> </u>	a	<u> </u>
D.	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3	h	
	required dualt of dualte, explain will on considered and decense any etope taken to analoge oden dualte .	<u> </u>			0 (2023)
					• (2020)
	$\overline{\mathbf{v}}$				

SCHEDULE	Α
(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.

2023 Open to Public

OMB No. 1545-0047

Denar	tmen	t of the Treasury		Attacr	to Form 990 or Form s	990-EZ.			Open to Public
		venue Service	Go t	o www.irs.gov/Forn	1990 for instructions an	d the late	st informa	tion.	Inspection
Name	of th	e organization						Employer identification	number
Miss	ion [·]	To Haiti, Inc.						59-21	73214
Par	t I	Reason fo	r Public Char	ity Status. (All or	ganizations must co	omplete t	his part.)	See instructions.	
The 1	orga			•	or lines 1 through 12, o f churches described in	-		,	
	Н						170(b)(1)	(A)(I).	
2	Ц				ach Schedule E (Form				
3	Ц				zation described in sec				
4			arch organizatio e, city, and state	•	nction with a hospital d	lescribed i	in section	170(b)(1)(A)(iii). Er	iter the
5			n operated for th (1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state	, or local govern	ment or governmer	ntal unit described in se	ection 170)(b)(1)(A)(v).	
7	Х			eceives a substantia (A)(vi). (Complete F	al part of its support fro Part II.)	m a gove	rnmental u	unit or from the gene	ral public
8		A community tr	ust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)			
9		An agricultural or university or university:	a non-land-grar	t college of agricult	section 170(b)(1)(A)(ix ure (see instructions).) operated Enter the	d in conjur name, city	nction with a land-gra v, and state of the co	ant college llege or
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11		An organization	n organized and	operated exclusive	ly to test for public safe	ety. See se	ection 509	9(a)(4).	
12		one or more pu	blicly supported	organizations desc	ly for the benefit of, to p ribed in section 509(a ribes the type of suppo)(1) or sea	ction 509(a)(2). See section 5	509(a)(3).
а	[the supporte organization	ed organization(s	s) the power to regu nplete Part IV, Sec		majority o	of the direc	ctors or trustees of th	ne supporting
b	ļ	control or m	anagement of th		r controlled in connecti ization vested in the sa ections A and C.				
С	[organization operated i You must complete F				rated with,
d	[Type III nor that is not fu	-functionally in Inctionally integr	tegrated. A suppor ated. The organizat	ting organization operation generally must sation generally must sationet Part IV, Sections	ated in cor sfy a distr	nnection w	vith its supported org	
е	[Check this b	ox if the organiz	ation received a wr	itten determination fror ally integrated supportir	n the IRS	that it is a		e III
f		Enter the numb	er of supported	organizations					0
g		Provide the folio Name of supported of		about the support	ed organization(s). (iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of
	(1)	Name of supported to	Jgamzauon		(described on lines 1–10 above (see instructions))	listed in you	r governing ment?	support (see instructions)	other support (see instructions)
						Yes	No		
(A)			V						
			•						
(B)									
(C)									
(D)									
(E)									

Total

0

0

Sche	dule A (Form 990) 2023 Mission To	o Haiti, Inc.				59-21732 ²	14 Page 2
Pa	rt II Support Schedule for Orga (Complete only if you checked	ed the box on li	ne 5, 7, or 8 of	Part I or if the c	organization fai	led to qualify ur	nder
Sec	Part III. If the organization fa tion A. Public Support	ins to quality un	ider the tests is	sted below, plea	ise complete F	an m.)	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the	638,612	689,512	811,063	712,380	712,380	3,563,947
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3 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)	638,612	689,512	811,063	712,380	712,380	3,563,947
6	Public support. Subtract line 5 from line 4						3,563,947
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	638,612	689,512	811,063	712,380	712,380	3,563,947
9	Net income from unrelated business activities, whether or not the business is regularly carried on .	•	C				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	Ş					0
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (se First 5 years. If the Form 990 is for the organ					12	3,563,947
Sec	organization, check this box and stop here tion C. Computation of Public Su						· · · · · []
14	Public support percentage for 2023 (line 6, c		-			14	100.00%
15	Public support percentage from 2022 Sched					15	100.00%
	33 1/3% support test—2023. If the organiz and stop here. The organization qualifies as 33 1/3% support test—2022. If the organiz	s a publicly support	ed organization .	· · · · · · · · · ·			X
17a	box and stop here. The organization qualifier 10%-facts-and-circumstances test—2023						
Ŀ	10% or more, and if the organization meets t Part VI how the organization meets the facts organization	-and-circumstance	s test. The organiz	ation qualifies as a	publicly supported	1	🔲
D	10%-facts-and-circumstances test—2022 15 is 10% or more, and if the organization m in Part VI how the organization meets the fac organization	eets the facts-and- cts-and-circumstan	circumstances test ces test. The organ	t, check this box an nization qualifies as	d stop here . Expl	ain	
18	Private foundation. If the organization did r			, ,			

Sche	dule A (Form 990) 2023 Mission To	o Haiti, Inc.				59-217321	4 Page 3
Pa	rt III Support Schedule for Orga	anizations Des	cribed in Sect	ion 509(a)(2)			
	(Complete only if you checke	ed the box on li	ne 10 of Part I	or if the organ	ization failed to	qualify under Pa	art II.
	If the organization fails to qu			•			
Sec	ction A. Public Support	,		· 1	- I / /		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						0
5	unrelated trade or business under section 513.						0
4	Tax revenues levied for the						<u></u>
-	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						<u> </u>
Ŭ	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5.	0	0	(0	0
	Amounts included on lines 1, 2, and 3		0				<u> </u>
74	received from disqualified persons						0
h	Amounts included on lines 2 and 3						<u> </u>
Ň	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
с	Add lines 7a and 7b	0	• 0) 0	0	0
8	Public support (Subtract line 7c from					-	
	line 6.).						0
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	C C		0	0
10a	Gross income from interest, dividends,	٠					
	payments received on securities loans, rents,	· · · · ·					
	royalties, and income from similar sources .						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		•				0
с	Add lines 10a and 10b	0	0	C) 0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	C	0 0	0	0
14	First 5 years. If the Form 990 is for the orga	nization's first, sec	ond, third, fourth, o	r fifth tax year as	a section 501(c)(3)		
	organization, check this box and stop here						📘
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2023 (line 8, c	olumn (f), divided b	y line 13, column (f))		15	0.00%
16	Public support percentage from 2022 Sched	ule A, Part III, line [·]	15			16	0.00%
Sec	ction D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2023 (line	e 10c, column (f), d	ivided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2022 Second					18	0.00%
19a	33 1/3% support tests-2023. If the organi	zation did not chec	k the box on line 1	4, and line 15 is n	nore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and s				-		📙
b	33 1/3% support tests—2022. If the organi						
_	line 18 is not more than 33 1/3%, check this	-	-				
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	o, check this box	and see instructions	8	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

	Yes	No
1		
2		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
<u>5c</u>		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedu	ule A (Form 990) 2023 Mission To Haiti, Inc.	59-2173214	F	Page 5
Part	V Supporting Organizations (continued)			
		. <u></u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b ar	ıd		
	11c below, the governing body of a supported organization?	11;		
b	A family member of a person described on line 11a above?	11	b	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, plant and the second	rovide		
	detail in Part VI .	110	C	
Sect	ion B. Type I Supporting Organizations		1	T
		•	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi	cers,		
	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 su			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amount	•		
-	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 Pa	rt		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		<u> </u>
Sect	ion C. Type II Supporting Organizations		Vee	Na
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director			
	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 use useful in the same process that easterland or management			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). ion D. All Type III Supporting Organizations			<u> </u>
0000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the p			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	organization's governing documents in effect on the date of notification, to the extent not previously provide			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supporte			
-	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part V			
	the organization maintained a close and continuous working relationship with the supported organization(s)			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations ha	· · · · · · · · · · · · · · · · · · ·		
	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		
Sect	ion 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 year	ar (see instructio	ns)	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government	n tal entity (see instru	ctions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	of	1.00	
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			

- 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.*

3b

2a

2b

3a

chedule A (Form 990) 2023 Mission To Haiti, Inc.		59-2	2173214 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ing trus	st on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	anizatio	ons must complete Section	s A through E.
Section 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	0	
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	0	
Section 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	10	Л	
d Total (add lines 1a, 1b, and 1c)	1d	0	
e 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	0	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by 0.035.	6	0	
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	
Section 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	Ť		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functiona	- 11	and the difference of the second section of	

Schedule A (Form 990) 2023

Part	e A (Form 990) 2023 Mission To Haiti, Inc. V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue)		9-2173214 Page		
		Supporting Organi		u)	•		
Section	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exe		1				
2	Amounts paid to perform activity that directly furthers exemption	1					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpos	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required—	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 t	he organization is respo	nsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2023 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10	0.00		
		(i)	(ii)		(iii)		
9	Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	Underdistribution	าร	Distributable		
			Pre-2023		Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023						
	(reasonable cause required— <i>explain in Part VI</i>). See						
	instructions.		N				
3	Excess distributions carryover, if any, to 2023						
а	From 2018 0)				
b	From 2019 0						
С	From 2020 0						
d	From 2021						
е	From 2022						
f	Total of lines 3a through 3e	0					
g	Applied to underdistributions of prior years			0			
h	Applied to 2023 distributable amount						
i	Carryover from 2018 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0					
4	Distributions for 2023 from						
	Section D, line 7: \$ 0						
а	Applied to underdistributions of prior years			0			
b	Applied to 2023 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.	0					
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.			0			
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain						
	in Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.	0					
8	Breakdown of line 7:						
а	Excess from 2019 0						
b	Excess from 2020 0						
С	Excess from 2021 0						
d	Excess from 2022 0						
е	Excess from 2023 0						

Schedule A (Form 990) 2023

Schedule A (F	orm 990) 2023 Mission To Haiti, Inc.	59-2173214	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or		
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV,	Section	
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines		
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	Section E,	
		-	
	A		
	• ()		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

•	ŗ		the organization answered "Yes"			2023
Donort	ment of the Treasury	Part IV, line 6,	7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e Attach to Form 990.	e, 111, 12a, of 12b.		Open to Public
	I Revenue Service	Go to www.irs.gov	Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection
Name	of the organization	•		Employ	ver identification	number
Missi	on To Haiti, Inc.				59-2 ⁻	173214
Par	Organizat	ions Maintaining Donor A	Advised Funds or Other Sin	nilar Funds or	Accounts.	
	Complete i	if the organization answere	ed "Yes" on Form 990, Part I∖	/, line 6.		
			(a) Donor advised funds		(b) Funds and	d other accounts
1		end of year.......				
2		contributions to (during year)				
3		grants from (during year)				
4		at end of year				
5			or advisors in writing that the asse		advised	
•			o the organization's exclusive leg			Yes No
6			s, and donor advisors in writing th			
	-		nefit of the donor or donor advisor		purpose	Yes No
Dor		tion Easements.		· · · · ·	/	Tes NO
Fai			d "Yes" on Form 990, Part IV	/ line 7		
1			the organization (check all that a			
•		of land for public use (for examp		reservation of a h	uistorically imr	ortant land area
		f natural habitat		reservation of a c		
				reservation of a c	entined histori	c structure
-		n of open space				
2			n held a qualified conservation co	ontribution in the		
-		last day of the tax year.				at the End of the Tax Year
a b		conservation easements			2a 2b	
b C	-	stricted by conservation easen	ed historic structure included on l	 line 2a	20 2c	
d			n line 2c acquired after July 25, 2		20	
		structure listed in the National			2d	
3			ransferred, released, extinguishe	d, or terminated I	by the organiz	ation during
	the tax year					
4			nservation easement is located			
5			arding the periodic monitoring, in			
			easements it holds?			Yes No
6	Staff and voluntee	r hours devoted to monitoring, ins	pecting, handling of violations, and e	enforcing conserva	tion easements	s during the year
-						·
1	Amount of expense	es incurred in monitoring, inspect	ing, handling of violations, and enfor	rcing conservation (easements duri	ing the year
8	Does each conse	ervation easement reported on	line 2d above satisfy the require	ments of section	170(h)(4)(B)(i	i)
Ū						Yes No
9			orts conservation easements in its			
•			xt of the footnote to the organiza			
		counting for conservation ease	-			
Par			ons of Art, Historical Treas	ures, or Other	Similar As	sets.
			ed "Yes" on Form 990, Part I∖			
1a			FASB ASC 958, not to report in it			
			ar assets held for public exhibitior			
			e footnote to its financial stateme			
b	-	-	FASB ASC 958, to report in its re			
			ts held for public exhibition, educ	ation, or researcl	in furtheranc	e of public
		the following amounts relating			÷	
			ne1			
~	• •					
2	-		, historical treasures, or other sin er FASB ASC 958 relating to thes		ancial gain, p	rovide the
	ioliowing amount	is required to be reported linde	ELLAND HOU ADD LEISTING TO THES	e liems.		

following amounts required to be reported under FASB ASC 958 relat **a** Revenue included on Form 990, Part VIII, line 1 \$_____ **b** Assets included in Form 990, Part X. \$

Sched	ule D (Form 990) 2023 Mission To Haiti, Inc.			59-2173	3214	F	-age 2
Part	III Organizations Maintaining Colle	ctions of Art, Historic	al Treasures, or (Other Similar Assets	s (contin	ued)	
3	Using the organization's acquisition, access	ion, and other records, che	eck any of the followi	ng that make significant	use of its		
	collection items (check all that apply).		-				
а	Public exhibition	d L	oan or exchange pro	ogram			
b	Scholarly research	e 🗌 (Other	-			
с	Preservation for future generations						
4	Provide a description of the organization's contract XIII.	ollections and explain how	they further the orga	nization's exempt purpo	ose in Par	t	
5	During the year, did the organization solicit	or receive donations of art	historical treasures	or other similar			
	assets to be sold to raise funds rather than t	to be maintained as part of			Yes	s 🗌	No
Part	Complete if the organization answe		0, Part IV, line 9, o	r reported an amoun	t on Forn	n	
	<u>990, Part X, line 21.</u>		r , 11 ,11 ,1				
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				Yes	s 🗌	No
b	If "Yes," explain the arrangement in Part XII	I and complete the followir	ng table.				
-					Amount		
C d	Beginning balance						0
d	Additions during the year			1d 1e			
e f	Distributions during the year			1f			0
-							
2a	Did the organization include an amount on F	· · · · · · · · · · · · · · · · · · ·					No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the explan	ation has been provid	ded in Part XIII			
Part							
	Complete if the organization answe						
		Current year (b) Prior y			. ,	r years	
1a	Beginning of year balance	0	0	0	0		0
b	Contributions						
С	Net investment earnings, gains,						
A	and losses						
d e	Grants or scholarships Other expenditures for facilities						
e	and programs						
f	Administrative expenses						
a	End of year balance	0	0	0	0		0
2	Provide the estimated percentage of the cur	rent vear end balance (line	÷		•		
а	Board designated or quasi-endowment	%	3 , (<i>n</i>)				
b	Permanent endowment	%					
с	Term endowment	, , , , , , , , , , , , , , , , , , , ,					
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organization t	that are held and adn	ninistered for the	_		
	organization by:				,	Yes	No
	(i) Unrelated organizations				3a(i)		
					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz				3b		
4	Describe in Part XIII the intended uses of the		nt funds.				
Part							
	Complete if the organization answe	ered "Yes" on Form 990	0, Part IV, line 11a	. See Form 990, Parl	t X, line 1	10.	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	ok value	÷
1a	Land	0	126,488	•		12	6,488
b	Buildings	0	0	0			0
c	Leasehold improvements	0	0	0			0
d	Equipment	0	37,487	0		3	7,487
е	Other	0	0	0			0
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X, lin	e 10c, column (B)) .			<u>1</u> 6	3,975

Part VII	Investments—Other Securities. Complete if the organization answered	"Voo" on Form 000	Dart IV/ line 11h See Form (000 Dort V line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year	market value
	al derivatives	0		
	held equity interests	0		
<u>(C)</u>				
(F)				
(G) (H)				
()	nn (b) must equal Form 990, Part X, line 12, col. (B)) .	0		
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 va	aluation:
	(-)	(4)	Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)			· ·	
(5)				
(6)				
(7)			×	
(8)				
(9)	nn (b) must equal Form 990, Part X, line 13, col. (B)) .	0		
Part IX	Other Assets.	0		
	Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form	990 Part X line 15
	(a) Description (a) Contraction (a) (a)			(b) Book value
(1) Under	posited Funds			20,172
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, line 15, c	col. (B))		20,172
Part X	Other Liabilities.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Descrip	tion of liability		(b) Book value
()	I income taxes			0
	Il Liabilities			2,607
	Cards Paid Advance			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	/// · · · · · · · · · · · · · · · · · ·			
	umn (b) must equal Form 990, Part X, line 25, o		· · · · · · · · · · · · · · · · · · ·	2,607
 Liability for 	or uncertain tax positions. In Part XIII, provide the te	xt of the footnote to the o	rganization's financial statements th	nat reports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedu	ule D (Form 990) 2023 Mission To Haiti, Inc.	59-2173214	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.).		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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.)		
	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	0
Part		Return	
i ait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Rotarin	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	-	
c	Other losses	-	
		-	
e	Other (Describe in Part XIII.) 2d Add lines 2a through 2d	2e	0
3	Subtract line 20 from line 1	3	0
4	Subtract line 2e from line 1	J	0
ā	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b	-	
	Add lines 4a and 4b.	4c	0
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	0
-	XIII Supplemental Information.	•	0
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art \/ line 4. Dort \	V line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		∧, iii i∈
2, Fa	it Al, lines 20 and 4b, and Part All, lines 20 and 4b. Also complete this part to provide any additional morn		
	······ X ······		

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Part XIII	Supplemental Information (continued)
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SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service Serv			rt IV, line 14b, 15, or 16.	OMB No. 1545-0047 2023 Open to Public	
Name of the organization	Go to www	w.irs.gov/Form99	of for instructions and the late		Inspection ployer identification number
Mission To Haiti, Inc.				Lin	59-2173214
Part I General	Information on Act Part IV, line 14b.	ivities Outsid	e the United States. Com	plete if the organization ans	
other assistance award the grants	, the grantees' eligibility or assistance?	for the grants of	ds to substantiate the amoun r assistance, and the selectio 	n criteria used to	Yes No
outside the Unite		e organization s			
3 Activities per Re	gion. (The following Par	t I, line 3 table c	an be duplicated if additional	space is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America	and the		Program services	Schools, Medical Aid	
(1) Caribbean	1	15			460,322
(2)					
(3)					
(4)					
(5)			C		
(6)					
(7)					
(8)					
(9)					
	X				
(10)					
(11)					
(12)					
(13)					
(14)	\mathbf{V}				
(15)					
					1
(16)					+
(17)					
3a Subtotal		15			460,322
b Total from continus sheets to Part I.		0			0
C Totals (add lines 3a a		15			460 322

Schedule F (Form 990) 2023	Mission To Haiti, I	nc
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organization section and EIN (if applicable) grant cash grant cash grant disbursement assistance (if	i) Method of valuation book, FMV, praisal, other)
(1) the Caribbean 379,087	. ,
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	
 (16) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 	
 2 Enter total number of recipient organizations listed above that are recognized as chantles by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	1

Schedule F (Form 990) 2023

Page **2**

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Schedule F (Form 990) 2023	Mission To Haiti, Inc.
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59-2173214

Part III	Grants and Other As line 16. Part III can be	sistance to Individuals (duplicated if additional sp	Dutside the U bace is needed	nited States. Con	mplete if the orga	nization answe	ered "Yes" on Form 99	00, Part IV,
(a) Type	of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							1	
(2)								
(3)								
(4)					<u>_</u>	Ŭ		
(5)					$ \land$			
(6)					\mathbf{A}			
(7)								
(8)								
(9)			• (
(10)								
(11)								
(12)		**						
(13)		CN						
(14)								
(15)								
(16)								
(17)								
(18)								

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 Mission To Haiti, Inc.

Part IV Foreign Forms

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 the Instructions for Form 926)
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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations. (see the Instructions for Form 5471)
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 "Yes," 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 the Instructions for Form 8621)</i>
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see the Instructions for Form 8865)
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)
	Schedule F (Form 990) 202

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of 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.
	$\mathbf{\hat{\mathbf{A}}}$
	•.0
	J
	.05

SCHEDULE O (Form 990)Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.			OMB No. 1545-0047
Name of the organization Mission To Haiti, Inc.		Employer ident	ification number
Form 990, Part VI, Lin	e 2: William J Nealey Sr is the father of William Nealey Jr		
Form 990, Part VI, Lin	e 8b: Minutes are kept in meetings.		
	e 11b: Copy of the return as prepared is submitted to members of the		
governing body for rev	view prior to sending to IRS		•
Form 990, Part VI, Lin	e 12c: Policies reviewed annually at Board meetings		
Form 990, Part VI, Lin	e 15a & b: Compensation reviewed annually by the Board		
	Ó		
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	0,		
	\mathbf{O}		

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Mission To Haiti, Inc.	59-2173214
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Form 8879-TE	IRS E-file Signature Auth	orization	OMB No. 1545-0047	
Form OOIJ-IL	for a Tax Exempt Er			
	For calendar year 2023, or fiscal year beginning, 2023, an		2022	
Department of the Treasury	Do not send to the IRS. Keep for you		2023	
Internal Revenue Service	Go to www.irs.gov/Form8879TE for the late	est information.		
Name of filer		EIN or SSN		
Mission To Haiti, Inc.		59-21	73214	
Name and title of officer or personal	son subject to tax			
William J Nealey		Director		
Part I Type of F	Return and Return Information			
CP and Form 5330 filers n 5a, 6a, 7a, 8a, 9a, or 10a 5b, 6b, 7b, 8b, 9b, or 10b	rn for which you are using this Form 8879-TE and enter the applicab nay enter dollars and cents. For all other forms, enter whole dollars of below, and the amount on that line for the return being filed with this o, whichever is applicable, blank (do not enter -0-). But, if you entered not complete more than one line in Part I.	only. If you check the box on line 1a s form was blank, then leave line 1b ,	2a, 3a, 4a, 2b, 3b, 4b,	
1a Form 990 check her		II, column (A), line 12) 1	o 713,168	
2a Form 990-EZ check				
3a Form 1120-POL che		,		
4a Form 990-PF check				
5a Form 8868 check he				
6a Form 990-T check h				
7a Form 4720 check he				
8a Form 5227 check he				
9a Form 5330 check he			-	
10a Form 8038-CP check)b	
	on and Signature Authorization of Officer or Perso			
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) <u>Mission To Haiti, Inc.</u> , (EIN) <u>59-2173214</u> , and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institutions to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent ta 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize <u>Guy D. Sperduto, CPA, PA</u> to enter my PIN <u>73214</u> as my signature ERO firm name contact the LS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize th				
	filed return. If I have indicated within this return that a copy of t rities as part of the IRS Fed/State program, I will enter my PIN ubject to tax			
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification				
	by your five-digit self-selected PIN.	60450808982 Do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.				
ERO's signature		Date		

ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form 8879-TE	IRS E-file Signature for a Tax Exem	ot Entity	OMB No. 1545-0047		
	For calendar year 2023, or fiscal year beginning				
Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep	-	2023		
Name of filer	Go to www.irs.gov/Form8879TE for	EIN or SSN			
		EIN OF SSN	50 2172214		
Mission To Haiti, Inc. Name and title of officer or pers	son subject to tax		59-2173214		
William J Nealey		Director			
	Poturn and Poturn Information	Director			
Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038- CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b D total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3b 3a Form 190-PF check here b Total tax (Form 1120-POL, line 22) 3b 3a Form 990-PF check here b Total tax (Form 990-TP, Part VI, line 5) 4b 5a Form 990-PF check here b Total tax (Form 990-TP, Part III, line 4) 6b 5a Form 990-T check here b b Total tax (Form 990-TP, Part III, line 4) 6b 7a Form 930-PF check here b b Total tax (Form 930-PF, Part III, line 4) 6b 7a Form 930-Check here					
the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.					
PIN: check one box on	,	to optor my DIN			
I authorize	Guy D. Sperduto, CPA, PA ERO firm name	to enter my PIN Enter five num do not enter a	,		
on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.					
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.					
Signature of officer or person s	ubject to tax	Date			
Part III Certification and Authentication					
	your six-digit electronic filing identification by your five-digit self-selected PIN.	604508 do not enter all zeros			
I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.					
ERO's signature Gaetan	o D Sperduto	Date	8/30/2024		

ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So