

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
HOPE FOR HAITI'S CHILDREN
MINISTRIES INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 62328

City or town, state or province, country, and ZIP or foreign postal code
CINCINNATI, OH 45262

D Employer identification number
31-1811917

E Telephone number
(866) 314-9330

G Gross receipts \$ 4,468,101

F Name and address of principal officer:
KENNETH BEVER
12020 SOUTHWICK LN
CINCINNATI, OH 45241

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.HOPEFORHAITISCHILDREN.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2001

M State of legal domicile:
OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO DEMONSTRATE CHRISTIAN COMPASSION TO POVERTY-BOUND HAITIAN CHILDREN AND THEIR FAMILIES, PROVIDING OPPORTUNITIES FOR THESE CHILDREN TO BECOME LEADERS IN THEIR HOMES, CHURCHES AND COMMUNITIES.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	13
6 Total number of volunteers (estimate if necessary)	6	115
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,233,334	4,453,815
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,978	14,286
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,358	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,240,954	4,468,101
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,301,799	2,405,399
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	597,747	674,907
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶190,796		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	480,802	640,658
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,380,348	3,720,964
19 Revenue less expenses. Subtract line 18 from line 12	860,606	747,137
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,362,958	7,123,949
21 Total liabilities (Part X, line 26)	62,468	95,010
22 Net assets or fund balances. Subtract line 21 from line 20	6,300,490	7,028,939

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: ***** Date: 2022-05-26
JENNIFER ANTHONY FINANCE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2022-05-27
Check if self-employed PTIN: P02010375
Firm's name: ▶ ANDERSON-KURTZ FINANCIAL SERVICES LLC Firm's EIN: ▶ 85-3648993
Firm's address: ▶ 8551 WYOMING CLUB DR Phone no. (513) 914-4718
CINCINNATI, OH 45215

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO DEMONSTRATE CHRISTIAN COMPASSION TO POVERTY-BOUND HAITIAN CHILDREN AND THEIR FAMILIES, PROVIDING OPPORTUNITIES FOR THESE CHILDREN TO BECOME LEADERS IN THEIR HOMES, CHURCHES, AND COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 910,733 including grants of \$ 886,340) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 367,950 including grants of \$ 318,367) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 304,463 including grants of \$ 201,170) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 1,709,366 including grants of \$ 999,522) (Revenue \$)
JOY BOX/GIFT MINISTRY IN DECEMBER, HOPE FOR HAITI'S CHILDREN DELIVERED 3,211 CHRISTMAS JOY BOXES TO SPONSORED STUDENTS AND OTHER LOCAL CHILDREN IN NEED. THE SHOEBOX-SIZE PACKAGES CONTAINED VARIOUS SMALL ITEMS FOR THE CHILDREN TO ENJOY, AS WELL AS A HUGE BUNDLE OF CHRISTMAS CHEER TO REMIND THEM THEY ARE NOT FORGOTTEN DURING THE HOLIDAY SEASON. THIRTY-TWO U.S. CHURCHES AND GROUPS HELPED WITH THIS PROJECT. IN ADDITION, AT THE END OF THE SCHOOL YEAR, EACH CHILD IS GIVEN 5 BEFORE THEY LEAVE SCHOOL FOR SUMMER VACATION AS A GIFT FROM THEIR SPONSOR. SCHOOL DEVELOPMENT PROGRAM CONSTRUCTION TEAMS HAVE BEEN HARD AT WORK TO MAKE IMPROVEMENTS AT MANY OF OUR SCHOOLS. THE PAGESTE SCHOOL NOW HAS A NEW ROOF AND FOUR NEW CLASSROOMS. ALL STUDENTS NOW HAVE AN INDIVIDUAL CLASSROOM TO CALL THEIR OWN. THE CITE SOLEIL CHRISTIAN SCHOOL WAS A LARGE OPEN SPACE WITH EACH GRADE BEING DIVIDED BY WOODEN DIVIDERS. IN 2021, THE SIX CLASSROOMS WERE DIVIDED WITH CONCRETE WALLS, PLASTERED, AND PAINTED. THE TEACHERS AND STUDENTS ARE FILLED WITH JOY TO BE IN NEW CLASSROOMS WITH FRESHLY PAINTED WALLS. THE CAZEAU SCHOOL NOW HAS A ROOFTOP KITCHEN AND CAFETERIA THIS PROVIDES A MUCH LARGER AND WELL-VENTED AREA TO COOK AND SERVE LUNCH TO THE CHILDREN. THEY LOVE IT OUR STUDENTS HAVE THE BEST TEACHERS THEY ARE COMMITTED TO CREATING LIFELONG LEARNERS WHO SUCCEED ACADEMICALLY AND LOVE THE LORD. IN THE FALL, 80 TEACHERS AND 20 SCHOOL ADMINISTRATORS FROM ALL TEN HFHC-SPONSORED CHRISTIAN SCHOOLS ATTENDED A TEACHER TRAINING WORKSHOP AT OUR HOPE CENTER IN THOMAZEAU. MISSION TRIPS ALTHOUGH AMERICAN MEDICAL MISSION TEAMS WERE UNABLE TO TRAVEL TO HAITI DUE TO THE PANDEMIC AND POLITICAL UNREST, WE WERE SO THANKFUL THAT OUR SPONSORED CHILDREN STILL RECEIVED AN ANNUAL MEDICAL CHECK-UP. OUR HAITIAN STAFF, NURSES, A PHARMACIST, AND LOCAL DOCTORS TRAVELLED TO THE SCHOOLS TO CONDUCT THIS YEAR'S CLINIC. THEY WORKED TIRELESSLY AND WE ARE SO GRATEFUL TO THEM FOR "GOING THE EXTRA MILE" TO ENSURE THAT THE CHILDREN RECEIVED AN EXAM AND THAT OUR SPONSORS RECEIVED AN UPDATE ON THEIR SPONSORED CHILD THIS YEAR. OUR STAFF WILL RESUME LIMITED TRAVEL IN 2022 WHILE WE CONTINUE TO EVALUATE AMERICANS RETURNING TO SERVE. CRISIS RELIEF IN THE DAYS IMMEDIATELY FOLLOWING THE AUGUST 2021 EARTHQUAKE, OUR TRIAGE TEAM COMPOSED OF HAITIAN DOCTORS, NURSES, PHARMACISTS, PHYSICAL THERAPISTS, SECURITY GUARDS, AND CHURCH VOLUNTEERS ASSISTED EIGHT COMMUNITIES. THE MEDICAL CLINIC PROVIDED CARE FOR OVER 500 PATIENTS WITH BROKEN BONES, WOUNDS, SKIN PROBLEMS, STOMACH AILMENTS, AND TRAUMA. THE RESPONSE TEAM DISTRIBUTED RICE, BEANS, COOKING OIL, TOMATO PASTE, SARDINES, AND CORN MEAL TO MORE THAN 1,000 FAMILIES IN "CARE BAGS" WHICH ALSO INCLUDED A TARP AND HYGIENE KIT. CHURCHES, SCHOOLS, AND HOMES WERE DESTROYED, FORCING PEOPLE TO SLEEP OUTSIDE. TARPS AND TENTS WERE DISTRIBUTED TO PROVIDE IMMEDIATE SHELTER. TWENTY-SEVEN HOMES WERE REBUILT AND A SCHOOL THAT WAS COMPLETELY DESTROYED IS UNDER CONSTRUCTION. IN ADDITION, WE STRIVE TO MEET NEEDS AS THEY ARISE THROUGHOUT THE YEAR IN REGARDS TO WIDOWS IN NEED OR CHILDREN AND FAMILIES IN CRISIS. HAITI OPERATIONS OUR HAITIAN STAFF OVERSEES OPERATIONS IN OUR TEN SCHOOLS AND TWO ORPHANAGES. HAITI OPERATIONS COVERS ALL IN-COUNTRY EXPENSES RELATED TO SUSTAINING EACH OF OUR PROGRAMS. IT INCLUDES STAFF WAGES, IN-COUNTRY COMMUNICATION FEES, OFFICE EXPENSES, GOVERNMENT REQUIREMENTS, AND TRANSPORTATION COSTS. IN 2021, FOUR MOTORCYCLES WERE PURCHASED TO HELP SCHOOL ADMINISTRATORS AND STAFF TRANSPORT SUPPLIES TO REMOTE LOCATIONS AND TO CARRY CHILDREN TO THE DOCTOR IF NEEDED. WE ARE SO EXCITED FOR A GENEROUS GRANT THAT ENABLED US TO PURCHASE A BRAND-NEW TRUCK OVER THE NEXT FEW YEARS, IT WILL TRAVEL MANY MILES AND ENABLE US TO DELIVER FOOD AND SUPPLIES TO SCHOOLS, CHRISTMAS JOY BOXES TO CHILDREN, ASSIST WITH CRISIS RELIEF EFFORTS, AND MUCH MORE PROGRAM SERVICE US OPS THIS COVERS EXPENSES IN THE U.S. FOR ADMINISTRATION AND EXECUTION OF ALL PROGRAMS IN HAITI. SYSTEMS ARE STRUCTURED IN ORDER TO KEEP COMMUNICATION BETWEEN OUR U.S. AND HAITI STAFF CONSTANT AND STABLE. ASSORTED ITEMS ARE ACCUMULATED AND/OR PURCHASED, ORGANIZED, AND SHIPPED TO HAITI FROM OUR U.S. OFFICES AS WELL. THESE INCLUDE SCHOOL SUPPLIES, HYGIENE ITEMS, TEACHING MATERIALS FOR THE YOUTH CAMP, MEDICAL NECESSITIES FOR OUR ANNUAL CHILD CARE CLINIC, AND PRINTED PAPERS FOR THE STUDENTS TO USE WHEN THEY WRITE LETTERS TO THEIR SPONSORS. LEADERSHIP CAMP HOPE 2021 WAS HELD IN THREE SESSIONS AT OUR THOMAZEAU HOPE CENTER. TWO HUNDRED TWENTY-ONE (221) STUDENTS PARTICIPATED IN THREE-AND-A-HALF DAY CAMPS. WHILE CAMPERS ENJOYED FAMILIAR ROUTINES(LIKE COMPETITIVE GAMES/ACTIVITIES, DELICIOUS MEALS, AND ENGAGING LESSONS), THEY ALSO EMBRACED UPGRADED AMENITIES (A NEW EATING PAVILION) AND A FIRST-TIME SERVICE PROJECT. ALL GLORY TO GOD THAT 42 YOUNG PEOPLE GAVE THEIR LIVES TO THE LORD IN BAPTISM THROUGHOUT THE WEEK AND CONFESSED JESUS AS THE FOUNDATION OF THEIR FAITH. IN THIS 18TH YEAR OF HFHC SUMMER CAMPS, CAMP HOPE PROVIDED A WARM AND INVITING CHRIST-CENTERED ATMOSPHERE WHERE STUDENTS FROM ALL TEN SCHOOL COMMUNITIES FELT WELCOMED, VALUED, AND DEEPLY LOVED. IN ADDITION, FOLLOW-UP EVENTS WERE HELD ONE SATURDAY AT THE STUDENTS' LOCAL COMMUNITY. SPECIAL TRAINING SESSIONS WERE HELD FOR THOSE WHO WERE RECOGNIZED AS TEEN LEADERS WHILE AT CAMP. STUDENTS RECEIVE BREAKFAST AND LUNCH AND ENGAGE IN WORSHIP, LARGE-GROUP TEACHING, SMALL GROUP DISCUSSIONS, AND GAMES/ACTIVITIES. THE CHILDREN WERE SO EXCITED TO BE BACK TOGETHER AND REALLY HAD FUN WORSHIPPING AND PLAYING

4d Other program services (Describe in Schedule O.)
(Expenses \$ 1,709,366 including grants of \$ 999,522) (Revenue \$)

4e Total program service expenses 3,292,512

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
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	Yes	
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		No
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.		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 17, with sub-questions and input fields for 'Yes', 'No', and numerical values.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family relationships), 3 (Management delegation), 4 (Governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Election power), 7b (Governance decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committee authority), 9 (Officer reachability).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Policies for chapters), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure requirements), 12c (Policy enforcement), 13 (Whistleblower policy), 14 (Document retention), 15 (Compensation review), 15a (CEO review), 15b (Other officers review), 16a (Investment policy), 16b (Joint venture policy).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (States for Form 990), 18 (Public inspection of Form 1023), 19 (Governing documents availability), 20 (Person with books and records).

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	173,060				
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,270,755				
	g Noncash contributions included in lines 1a - 1f:\$	1g	234,067				
	h Total. Add lines 1a-1f			4,453,815			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f.						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,286			14,286	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7b Less: cost or other basis and sales expenses					
		7c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 173,060 of contributions reported on line 1c). See Part IV, line 18						
		8b Less: direct expenses					
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19						
9b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
11a Miscellaneous Revenue	Business Code						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			4,468,101			14,286	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,405,399	2,405,399		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	312,551	250,040	35,499	27,012
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	293,258	148,509	51,902	92,847
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	25,375	15,884	2,319	7,172
10 Payroll taxes	43,723	27,828	8,187	7,708
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,189		48,606	1,583
12 Advertising and promotion				
13 Office expenses	82,503	52,310	8,698	21,495
14 Information technology	35,835	8,023	25,833	1,979
15 Royalties				
16 Occupancy	19,194	11,439	6,297	1,458
17 Travel	43,355	29,183	1,660	12,512
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,296	9,921	5,178	197
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,330	961	2,369	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES/MATERIAL	123,723	123,723		
b FOOD AND WATER	102,243	102,243		
c NGO FEES	87,804	87,804		
d BANK FEES	25,044	1,529	23,515	
e All other expenses	52,142	17,716	17,593	16,833
25 Total functional expenses. Add lines 1 through 24e	3,720,964	3,292,512	237,656	190,796
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,307,517	1	1,186,346
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	4,840,043	3	4,869,704
	4 Accounts receivable, net		4	676
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,722	9	20,736
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities	198,676	11	1,046,487
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,362,958	16	7,123,949	
Liabilities	17 Accounts payable and accrued expenses	62,468	17	95,010
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	62,468	26	95,010
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	674,084	27	1,328,169
	28 Net assets with donor restrictions	5,626,406	28	5,700,770
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	6,300,490	32	7,028,939	
33 Total liabilities and net assets/fund balances	6,362,958	33	7,123,949	

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	4,468,101
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,720,964
3	Revenue less expenses. Subtract line 2 from line 1	3	747,137
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,300,490
5	Net unrealized gains (losses) on investments	5	-18,688
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in 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	7,028,939

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: 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?
 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?
 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
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 31-1811917

Name: HOPE FOR HAITI'S CHILDREN
MINISTRIES INC

Form 990 (2021)

Form 990, Part III, Line 4a:

CHILD SPONSORSHIP MINISTRY HFHC'S CHILD SPONSORSHIP MINISTRY PROVIDES FUNDING FOR UNDERPRIVILEGED HAITIAN CHILDREN TO RECEIVE A QUALITY EDUCATION AT ONE OF 10 CHRISTIAN SCHOOLS ESTABLISHED BY HFHC IN PARTNERSHIP WITH LOCAL CHURCHES OF CHRIST. THE SCHOOLS, LOCATED IN THE CENTRAL AND WEST DEPARTMENTS OF HAITI, SERVE MORE THAN 3,000 CHILDREN (2,354 ARE SPONSORED). IN ADDITION TO TUITION, THE CHILD SPONSORSHIP PROGRAM PROVIDES EACH SPONSORED CHILD WITH A UNIFORM, A BACKPACK, SCHOOL SUPPLIES, AND AN END-OF-YEAR GIFT. EVERY DECEMBER, EACH CHILD RECEIVES A JOY BOX WHICH CONTAINS A VARIETY OF CHRISTMAS GIFTS. ALL SPONSORED STUDENTS ALSO RECEIVE ANNUAL MEDICAL EXAMS AND PAID ACCESS TO A MEDICAL CLINIC THROUGHOUT THE YEAR. DURING 2021, 366 CHILDREN WERE ADDED TO THE SPONSORSHIP PROGRAM THANKS TO OUR CHILD EDUCATION SPONSORS AND 17 STUDENTS WERE ABLE TO PURSUE ADVANCED VOCATIONAL TRAINING PROGRAMS. HEALTH CARE AS PART OF OUR CHILD SPONSORSHIP PROGRAM, EACH CHILD RECEIVED AN ANNUAL MEDICAL EXAM IN MARCH. THROUGHOUT THE REST OF THE YEAR, WE HAVE NURSES IN EACH OF OUR TEN SCHOOLS WHO CAN ADDRESS THE MEDICAL NEEDS OF CHILDREN AND TEACH HEALTH EDUCATION IN CLASS. IF NEEDED, A CHILD HAS PAID ACCESS TO A LOCAL MEDICAL CLINIC. AT THE THOMAZEAU HOPE CENTER, PHASE 2 OF THE HOPE MEDICAL CLINIC WAS COMPLETED. SOON, CHILDREN IN THE THOMAZEAU COMMUNITY WILL BE ABLE TO ATTEND THIS CLINIC WHICH IS CLOSE TO HOME.

Form 990, Part III, Line 4b:

ORPHAN CARE MINISTRY HFHC'S ORPHAN CARE MINISTRY PROVIDES ONGOING OPERATIONAL FUNDS TO SUSTAIN TWO ORPHANAGES THAT GIVE COMPREHENSIVE CHILDCARE TO 60 ORPHANED CHILDREN AGES 4 TO 18. THE CAZEAU ORPHANAGE, ESTABLISHED IN 1998 IN THE CAPITAL CITY OF PORT-AU-PRINCE, IS HOME TO 48 CHILDREN. THE THOMAZEAU ORPHANAGE, ESTABLISHED 30 MILES OUTSIDE OF PORT-AU-PRINCE IN 2012, IS HOME TO 12 ORPHANS. THESE ARE TRUE HOMES FOR THE CHILDREN - NOT ONLY FURNISHING THE NECESSITIES OF FOOD, CLOTHING, HOUSING, AND MEDICAL CARE, BUT ALSO PROVIDING A LOVING FAMILY. IN ADDITION, THEY TOOK CLASSES TO LEARN SEWING, BAKING, COMPUTER TECHNOLOGY, AND ENGLISH. FOR YEARS, THE CAZEAU ORPHANAGE HAS DEPENDED UPON CITY POWER WHICH WORKS ONLY A FEW HOURS EACH DAY. A SOLAR SYSTEM (30 PANELS) WAS INSTALLED TO PROVIDE COST-SAVING ENERGY TO POWER LIGHTS AND FANS IN ALL 12 BEDROOMS OF THE ORPHANAGE DORMITORY, THE KITCHEN, AND DINING HALL. TO ADDRESS THE NEED FOR INCREASED SECURITY FOR OUR CHILDREN AND STAFF, A GUARD TOWER WAS BUILT TO MONITOR ACTIVITY. THIS YEAR, WE HAVE BEEN THRILLED TO SEE CHILDREN WHO GREW UP IN THE CAZEAU ORPHANAGE COMPLETE TRAINING PROGRAMS, THROUGH THE PROMISING ADULT CONTINUED EDUCATION SPONSORSHIP (PACES) PROGRAM, TO HELP WITH FUTURE CAREERS. THESE PROGRAMS INCLUDED COURSES IN PLUMBING, ELECTRIC SYSTEMS, TILE LAYING, COSMETOLOGY, NURSING, AND PASTRY/COOKING. AT THE THOMAZEAU ORPHANAGE, A NEW DORMITORY IS BEING BUILT TO DOUBLE THE CAPACITY OF THIS ORPHANAGE TO INCLUDE 12 MORE CHILDREN. PHASE 1 WAS COMPLETED IN 2021 AND CHILDREN SHOULD BE MOVING IN DURING THE SPRING OF 2022. BOTH ORPHANAGES CONTINUED TEACHING CHILDREN HOW TO PLANT AND TEND A GARDEN AS WELL AS HOW TO RAISE CHICKENS.

Form 990, Part III, Line 4c:

SCHOOL LUNCH PROGRAM THANKS TO GENEROUS DONORS, ALL 10 SCHOOLS ARE SERVING NUTRITIOUS MEALS 5 DAYS A WEEK NOW THE PARTNERSHIPS WE HAVE FORMED WITH OTHER NON-PROFITS SUCH AS A CHILD'S HOPE INTERNATIONAL, IDEAS, AND TRINITY HOPE HAVE HELPED US TO GROW THE LUNCH PROGRAMS. BY TEAMING UP WITH THESE ORGANIZATIONS, WE ARE ABLE TO USE OUR TIME AND RESOURCES MORE EFFICIENTLY AND EFFECTIVELY. EACH SCHOOL IS EQUIPPED WITH A KITCHEN WHICH HAS A PROPANE STOVE, COOKING POTS, PLATES, CUPS, AND ACCESS TO CLEAN WATER. IT IS OFTEN THE PARENTS OR GRANDPARENTS WHO COOK. THERE ARE OVER 3,000 CHILDREN BEING SERVED. THIS PROGRAM MAKES A SIGNIFICANT IMPACT IN THE OVERALL HEALTH AND COGNITIVE ABILITY OF OUR CHILDREN. OUR SCHOOL PRINCIPALS REPORT THAT CHILDREN ARE MORE ENGAGED, ATTEND SCHOOL REGULARLY, AND PERFORM BETTER ACADEMICALLY. AT OUR CHILD CARE CLINIC, WE FOUND THAT THESE CHILDREN ARE MUCH HEALTHIER THANKS TO SCHOOL LUNCH PROGRAMS.

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization HOPE FOR HAITI'S CHILDREN MINISTRIES INC	Employer identification number 31-1811917
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 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 organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities, etc.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 99.780%. Row 15: Public support percentage for 2020 Schedule A, Part II, line 14 99.850%.

- 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here.
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	3a		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	8		
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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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 the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		

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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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	
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	
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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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 1c, 2a, 2b, 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, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2021
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
HOPE FOR HAITI'S CHILDREN
MINISTRIES INC

Employer identification number
31-1811917

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions (75,000), c Net investment earnings, gains, and losses (1,995), d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance (76,995).

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 100.000 %
b Permanent endowment
c Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶

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) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	4,457,427
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-18,688
b	Donated services and use of facilities	2b	8,014
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-10,674
3	Subtract line 2e from line 1	3	4,468,101
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,468,101

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,728,978
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	8,014
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	8,014
3	Subtract line 2e from line 1	3	3,720,964
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,720,964

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 31-1811917

Name: HOPE FOR HAITI'S CHILDREN
MINISTRIES INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE PURPOSE OF THE FUND IS TO ACCUMULATE A POOL OF ASSETS SUFFICIENT TO BUILD CAPITAL FOR FUTURE USE, WITH THE CORRESPONDING OBLIGATION TO SUPPORT CURRENT AND FUTURE HFHC PROGRAM NEEDS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization
HOPE FOR HAITI'S CHILDREN
MINISTRIES INC

Employer identification number
31-1811917

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can 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 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 & THE CARIBBEAN			HAITI ACTIVITIES	HAITI OUTREACH	2,590,828
3a Sub-total					2,590,828
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					2,590,828

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GENERAL SUPPORT	2,135,586	WIRE	234,067	FOOD, MEDS, SUP	FMV
			GENERAL SUPPORT	35,746	IN PERSON			

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**
- 3 Enter total number of other organizations or entities **1**

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 Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *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 Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 2	A SIGNED RECEIPT IS REQUIRED FOR ALL EXPENDITURES AND PHOTOS OF COMPLETED PROJECTS ARE PROVIDED WHERE APPLICABLE. HFHC STAFF PERSONALLY VISIT AND INTERVIEW PERSONNEL AT THE LOCATIONS WHERE THE RESTRICTED FUNDS ARE SENT TO ENSURE THAT THE FUNDS HAVE BEEN RECEIVED AND SPENT IN ACCORDANCE WITH THE RESTRICTED PURPOSE. US STAFF HAVE ONLINE VIEW-ONLY ACCESS TO MONITOR ALL TRANSACTIONS IN NGO BANK ACCOUNT. THE US AND HAITI STAFF ARE IN CONTACT EVERY DAY AND WORK AS A TEAM. STAFF MEETINGS ARE HELD VIA ZOOM OR WHATSAPP EVERY COUPLE OF WEEKS. US MANAGEMENT STAFF MAKE SEVERAL TRIPS TO HAITI EACH YEAR TO SEE THE WORK BEING DON AND TO VISIT THE SCHOOLS, ORPHANAGES,AND NGO OFFICES.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA & THE CARIBBEAN 2,590,828 0

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 5, PART V	A RECONCILIATION OF ACTIVITIES IN HAITI IS AS FOLLOWS: GRANTS FUNDS WIRED TO HAITI 2,135,586 GRANTS DISTRIBUTED IN CASH 35,746 NON-CASH GRANTS 234,067 NGO MANAGEMENT FEES WIRED 87,804 PURCHASE OF SUPPLIES & MATERIALS 97,625 TOTAL ACTIVITIES IN REGION 2,590,838

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>DALLAS FUNDRAIS</u> (event type)	<u>TEXAS FUNDRAISE</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	119,493	38,522	8,325	166,340
	2 Less: Contributions	119,493	38,522	8,325	166,340
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
HOPE FOR HAITI'S CHILDREN
MINISTRIES INC

Employer identification number
31-1811917

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
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<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HOPE FOR HAITI'S CHILDREN
MINISTRIES INC

Employer identification number
31-1811917

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1,831	115,227	FMV
20 Drugs and medical supplies	X	1,124	26,862	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (JOY (GIFT) BOXE)	X	3,211	80,275	FMV
26 Other ▶ (OTHER SUPPLIES)	X	531	11,703	FMV
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Return Reference	Explanation
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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
HOPE FOR HAITI'S CHILDREN
MINISTRIES INC

Employer identification number

31-1811917

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	CHILD SPONSORSHIP MINISTRY HFHC'S CHILD SPONSORSHIP MINISTRY PROVIDES FUNDING FOR UNDERPRIVILEGED HAITIAN CHILDREN TO RECEIVE A QUALITY EDUCATION AT ONE OF 10 CHRISTIAN SCHOOLS ESTABLISHED BY HFHC IN PARTNERSHIP WITH LOCAL CHURCHES OF CHRIST. THE SCHOOLS, LOCATED IN THE CENTRAL AND WEST DEPARTMENTS OF HAITI, SERVE MORE THAN 3,000 CHILDREN (2,354 ARE SPONSORED). IN ADDITION TO TUITION, THE CHILD SPONSORSHIP PROGRAM PROVIDES EACH SPONSORED CHILD WITH A UNIFORM, A BACKPACK, SCHOOL SUPPLIES, AND AN END-OF-YEAR GIFT. EVERY DECEMBER, EACH CHILD RECEIVES A JOY BOX WHICH CONTAINS A VARIETY OF CHRISTMAS GIFTS. ALL SPONSORED STUDENTS ALSO RECEIVE ANNUAL MEDICAL EXAMS AND PAID ACCESS TO A MEDICAL CLINIC THROUGHOUT THE YEAR. DURING 2021, 366 CHILDREN WERE ADDED TO THE SPONSORSHIP PROGRAM THANKS TO OUR CHILD EDUCATION SPONSORS AND 17 STUDENTS WERE ABLE TO PURSUE ADVANCED VOCATIONAL TRAINING PROGRAMS. HEALTH CARE AS PART OF OUR CHILD SPONSORSHIP PROGRAM, EACH CHILD RECEIVED AN ANNUAL MEDICAL EXAM IN MARCH. THROUGHOUT THE REST OF THE YEAR, WE HAVE NURSES IN EACH OF OUR TEN SCHOOLS WHO CAN ADDRESS THE MEDICAL NEEDS OF CHILDREN AND TEACH HEALTH EDUCATION IN CLASS. IF NEEDED, A CHILD HAS PAID ACCESS TO A LOCAL MEDICAL CLINIC. AT THE THOMAZEAU HOPE CENTER, PHASE 2 OF THE HOPE MEDICAL CLINIC WAS COMPLETED. SOON, CHILDREN IN THE THOMAZEAU COMMUNITY WILL BE ABLE TO ATTEND THIS CLINIC WHICH IS CLOSE TO HOME.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>ORPHAN CARE MINISTRY HFHC'S ORPHAN CARE MINISTRY PROVIDES ONGOING OPERATIONAL FUNDS TO SUSTAIN TWO ORPHANAGES THAT GIVE COMPREHENSIVE CHILDCARE TO 60 ORPHANED CHILDREN AGES 4 TO 18. THE CAZEAU ORPHANAGE, ESTABLISHED IN 1998 IN THE CAPITAL CITY OF PORT-AU-PRINCE, IS HOME TO 48 CHILDREN. THE THOMAZEAU ORPHANAGE, ESTABLISHED 30 MILES OUTSIDE OF PORT-AU-PRINCE IN 2012, IS HOME TO 12 ORPHANS. THESE ARE TRUE HOMES FOR THE CHILDREN - NOT ONLY FURNISHING THE NECESSITIES OF FOOD, CLOTHING, HOUSING, AND MEDICAL CARE, BUT ALSO PROVIDING A LOVING FAMILY. IN ADDITION, THEY TOOK CLASSES TO LEARN SEWING, BAKING, COMPUTER TECHNOLOGY, AND ENGLISH. FOR YEARS, THE CAZEAU ORPHANAGE HAS DEPENDED UPON CITY POWER WHICH WORKS ONLY A FEW HOURS EACH DAY. A SOLAR SYSTEM (30 PANELS) WAS INSTALLED TO PROVIDE COST-SAVING ENERGY TO POWER LIGHTS AND FANS IN ALL 12 BEDROOMS OF THE ORPHANAGE DORMITORY, THE KITCHEN, AND DINING HALL. TO ADDRESS THE NEED FOR INCREASED SECURITY FOR OUR CHILDREN AND STAFF, A GUARD TOWER WAS BUILT TO MONITOR ACTIVITY. THIS YEAR, WE HAVE BEEN THRILLED TO SEE CHILDREN WHO GREW UP IN THE CAZEAU ORPHANAGE COMPLETE TRAINING PROGRAMS, THROUGH THE PROMISING ADULT CONTINUED EDUCATION SPONSORSHIP (PACES) PROGRAM, TO HELP WITH FUTURE CAREERS. THESE PROGRAMS INCLUDED COURSES IN PLUMBING, ELECTRIC SYSTEMS, TILE LAYING, COSMETOLOGY, NURSING, AND PASTRY/COOKING. AT THE THOMAZEAU ORPHANAGE, A NEW DORMITORY IS BEING BUILT TO DOUBLE THE CAPACITY OF THIS ORPHANAGE TO INCLUDE 12 MORE CHILDREN. PHASE 1 WAS COMPLETED IN 2021 AND CHILDREN SHOULD BE MOVING IN DURING THE SPRING OF 2022. BOTH ORPHANAGES CONTINUED TEACHING CHILDREN HOW TO PLANT AND TEND A GARDEN AS WELL AS HOW TO RAISE CHICKENS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	SCHOOL LUNCH PROGRAM THANKS TO GENEROUS DONORS, ALL 10 SCHOOLS ARE SERVING NUTRITIOUS MEALS 5 DAYS A WEEK NOW THE PARTNERSHIPS WE HAVE FORMED WITH OTHER NON-PROFITS SUCH AS A CHILD'S HOPE INTERNATIONAL, IDEAS, AND TRINITY HOPE HAVE HELPED US TO GROW THE LUNCH PROGRAMS. BY TEAMING UP WITH THESE ORGANIZATIONS, WE ARE ABLE TO USE OUR TIME AND RESOURCES MORE EFFICIENTLY AND EFFECTIVELY. EACH SCHOOL IS EQUIPPED WITH A KITCHEN WHICH HAS A PROPANE STOVE, COOKING POTS, PLATES, CUPS, AND ACCESS TO CLEAN WATER. IT IS OFTEN THE PARENTS OR GRANDPARENTS WHO COOK. THERE ARE OVER 3,000 CHILDREN BEING SERVED. THIS PROGRAM MAKES A SIGNIFICANT IMPACT IN THE OVERALL HEALTH AND COGNITIVE ABILITY OF OUR CHILDREN. OUR SCHOOL PRINCIPALS REPORT THAT CHILDREN ARE MORE ENGAGED, ATTEND SCHOOL REGULARLY, AND PERFORM BETTER ACADEMICALLY. AT OUR CHILD CARE CLINIC, WE FOUND THAT THESE CHILDREN ARE MUCH HEALTHIER THANKS TO SCHOOL LUNCH PROGRAMS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>JOY BOX/GIFT MINISTRY IN DECEMBER, HOPE FOR HAITI'S CHILDREN DELIVERED 3,211 CHRISTMAS JOY BOXES TO SPONSORED STUDENTS AND OTHER LOCAL CHILDREN IN NEED. THE SHOEBOX-SIZE PACKAGES CONTAINED VARIOUS SMALL ITEMS FOR THE CHILDREN TO ENJOY, AS WELL AS A HUGE BUNDLE OF CHRIST MAS CHEER TO REMIND THEM THEY ARE NOT FORGOTTEN DURING THE HOLIDAY SEASON. THIRTY-TWO U.S. CHURCHES AND GROUPS HELPED WITH THIS PROJECT. IN ADDITION, AT THE END OF THE SCHOOL YEAR, EACH CHILD IS GIVEN 5 BEFORE THEY LEAVE SCHOOL FOR SUMMER VACATION AS A GIFT FROM THEIR SPONSOR. SCHOOL DEVELOPMENT PROGRAM CONSTRUCTION TEAMS HAVE BEEN HARD AT WORK TO MAKE IMPROVEMENTS AT MANY OF OUR SCHOOLS. THE PAGESTE SCHOOL NOW HAS A NEW ROOF AND FOUR NEW CLASSROOMS. ALL STUDENTS NOW HAVE AN INDIVIDUAL CLASSROOM TO CALL THEIR OWN. THE CITE SOLEIL CHRISTIAN SCHOOL WAS A LARGE OPEN SPACE WITH EACH GRADE BEING DIVIDED BY WOODEN DIVIDERS. IN 2021, THE SIX CLASSROOMS WERE DIVIDED WITH CONCRETE WALLS, PLASTERED, AND PAINTED. THE TEACHERS AND STUDENTS ARE FILLED WITH JOY TO BE IN NEW CLASSROOMS WITH FRESHLY PAINTED WALLS. THE CAZEAU SCHOOL NOW HAS A ROOFTOP KITCHEN AND CAFETERIA THIS PROVIDES A MUCH LARGER AND WELL-VENTED AREA TO COOK AND SERVE LUNCH TO THE CHILDREN. THEY LOVE IT OUR STUDENTS HAVE THE BEST TEACHERS THEY ARE COMMITTED TO CREATING LIFELONG LEARNERS WHO SUCCEED ACADEMICALLY AND LOVE THE LORD. IN THE FALL, 80 TEACHERS AND 20 SCHOOL ADMINISTRATORS FROM ALL TEN HFHC-SPONSORED CHRISTIAN SCHOOLS ATTENDED A TEACHER TRAINING WORKSHOP AT OUR HOPE CENTER IN THOMAZEAU. MISSION TRIPS ALTHOUGH AMERICAN MEDICAL MISSION TEAMS WERE UNABLE TO TRAVEL TO HAITI DUE TO THE PANDEMIC AND POLITICAL UNREST, WE WERE SO THANKFUL THAT OUR SPONSORED CHILDREN STILL RECEIVED AN ANNUAL MEDICAL CHECK-UP. OUR HAITIAN STAFF, NURSES, A PHARMACIST, AND LOCAL DOCTORS TRAVELLED TO THE SCHOOLS TO CONDUCT THIS YEAR'S CLINIC. THEY WORKED TIRELESSLY AND WE ARE SO GRATEFUL TO THEM FOR "GOING THE EXTRA MILE" TO ENSURE THAT THE CHILDREN RECEIVED AN EXAM AND THAT OUR SPONSORS RECEIVED AN UPDATE ON THEIR SPONSORED CHILD THIS YEAR. OUR STAFF WILL RESUME LIMITED TRAVEL IN 2022 WHILE WE CONTINUE TO EVALUATE AMERICANS RETURNING TO SERVE. CRISIS RELIEF IN THE DAYS IMMEDIATELY FOLLOWING THE AUGUST 2021 EARTHQUAKE, OUR TRIAGE TEAM COMPOSED OF HAITIAN DOCTORS, NURSES, PHARMACISTS, PHYSICAL THERAPISTS, SECURITY GUARDS, AND CHURCH VOLUNTEERS ASSISTED EIGHT COMMUNITIES. THE MEDICAL CLINIC PROVIDED CARE FOR OVER 500 PATIENTS WITH BROKEN BONES, WOUNDS, SKIN PROBLEMS, STOMACH ILLNESSES, AND TRAUMA. THE RESPONSE TEAM DISTRIBUTED RICE, BEANS, COOKING OIL, TOMATO PASTE, SPICES, AND CORN MEAL TO MORE THAN 1,000 FAMILIES IN "CARE BAGS" WHICH ALSO INCLUDED A TARP AND HYGIENE KIT. CHURCHES, SCHOOLS, AND HOMES WERE DESTROYED, FORCING PEOPLE TO SLEEP OUTSIDE. TARPS AND TENTS WERE DISTRIBUTED TO PROVIDE IMMEDIATE SHELTER. TWENTY-SEVEN HOMES WERE REBUILT AND A SCHOOL THAT WAS COMPLETELY DESTROYED IS UNDER CONSTRUCTION. IN ADDITION, WE STRIVE TO MEET NEEDS AS THE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>Y ARISE THROUGHOUT THE YEAR IN REGARDS TO WIDOWS IN NEED OR CHILDRN AND FAMILIES IN CRISIS . HAITI OPERATIONS OUR HAITIAN STAFF OVERSEES OPERATIONS IN OUR TEN SCHOOLS AND TWO ORPHAN AGES. HAITI OPERATIONS COVERS ALL IN-COUNTRY EXPENSES RELATED TO SUSTAINING EACH OF OUR PR OGRAMS. IT INCLUDES STAFF WAGES, IN-COUNTRY COMMUNICATION FEES, OFFICE EXPENSES, GOVERNMENT REQUIREMENTS, AND TRANSPORTATION COSTS. IN 2021, FOUR MOTORCYCLES WERE PURCHASED TO HELP SCHOOL ADMINISTRATORS AND STAFF TRANSPORT SUPPLIES TO REMOTE LOCATIONS AND TO CARRY CHILD REN TO THE DOCTOR IF NEEDED. WE ARE SO EXCITED FOR A GENEROUS GRANT THAT ENABLED US TO PUR CHASE A BRAND-NEW TRUCK OVER THE NEXT FEW YEARS, IT WILL TRAVEL MANY MILES AND ENABLE US T O DELIVER FOOD AND SUPPLIES TO SCHOOLS, CHRISTMAS JOY BOXES TO CHILDREN, ASSIST WITH CRISI S RELIEF EFFORTS, AND MUCH MORE PROGRAM SERVICE US OPS THIS COVERS EXPENSES IN THE U.S. FO R ADMINISTRATION AND EXECUTION OF ALL PROGRAMS IN HAITI. SYSTEMS ARE STRUCTURED IN ORDER T O KEEP COMMUNICATION BETWEEN OUR U.S. AND HAITI STAFF CONSTANT AND STABLE. ASSORTED ITEMS ARE ACCUMULATED AND/OR PURCHASED, ORGANIZED, AND SHIPPED TO HAITI FROM OUR U.S. OFFICES AS WELL. THESE INCLUDE SCHOOL SUPPLIES, HYGIENE ITEMS, TEACHING MATERIALS FOR THE YOUTH CAMP , MEDICAL NECESSITIES FOR OUR ANNUAL CHILD CARE CLINIC, AND PRINTED PAPERS FOR THE STUDENT S TO USE WHEN THEY WRITE LETTERS TO THEIR SPONSORS. LEADERSHIP CAMP CAMP HOPE 2021 WAS HEL D IN THREE SESSIONS AT OUR THOMAZEAU HOPE CENTER. TWO HUNDRED TWENTY-ONE (221)STUDENTS PAR TICIPATED IN THREE-AND-A-HALF DAY CAMPS. WHILE CAMPER S ENJOYED FAMILIAR ROUTINES(LIKE COMP ETITIVE GAMES/ACTIVITIES, DELICIOUS MEALS, AND ENGAGING LESSONS), THEY ALSO EMBRACED UPGRA DED AMENITIES (A NEW EATING PAVILION) AND A FIRST-TIME SERVICE PROJECT. ALL GLORY TO GOD T HAT 42 YOUNG PEOPLE GAVE THEIR LIVES TO THE LORD IN BAPTISM THROUGHOUT THE WEEK AND CONFES SED JESUS AS THE FOUNDATION OF THEIR FAITH. IN THIS 18TH YEAR OF HFHC SUMMER CAMPS, CAMP H OPE PROVIDED A WARM AND INVITING CHRIST-CENTERED ATMOSPHERE WHERE STUDENTS FROM ALL TEN SC HOOL COMMUNITIES FELT WELCOMED, VALUED, AND DEEPLY LOVED. IN ADDITION, FOLLOW-UP EVENTS WE RE HELD ONE SATURDAY AT THE STUDENTS' LOCAL COMMUNITY. SPECIAL TRAINING SESSIONS WERE HELD FOR THOSE WHO WERE RECOGNIZED AS TEEN LEADERS WHILE AT CAMP. STUDENTS RECEIVE BREAKFAST A ND LUNCH AND ENGAGE IN WORSHIP, LARGE-GROUP TEACHING, SMALL GROUP DISCUSSIONS, AND GAMES/A CTIVITIES. THE CHILDREN WERE SO EXCITED TO BE BACK TOGETHER AND REALLY HAD FUN WORSHIPPING AND PLAYING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	HOPE FOR HAITI'S CHILDREN, INC. HOPE FOR HAITI'S CHILDREN, INC. CHAIRPERSON STAFF EMPLOY MARRIED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD OF DIRECTORS REVIEWS THE COMPLETED FORM 990 PRIOR TO FILING. A BOARD RESOLUTION IS REQUIRED FOR THE FORM 990 TO BE FILED. EACH DIRECTOR RECEIVES THE FORM 990 VIA EMAIL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	EACH DIRECTOR, PRINCIPAL OFFICER, STAFF MEMBER AND ANY MEMBER OF THE COMMITTEE WITH GOVERNING POWERS MUST ANNUALLY SIGN A STATEMENT THAT AFFIRMS THE PERSON HAS RECEIVED, READ, UNDERSTANDS AND AGREES THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX- EXEMPT PURPOSES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE PRESIDENT AND VICE PRESIDENT WERE DETERMINED USING A SYNDICATED SALARY SURVEY OF OVER 1,400 NON-PROFIT ORGANIZATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SAME AS LINE 15A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 17	NEW MEXICO, NEW YORK, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WISCONSIN, WEST VIRGINIA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE WEBSITE.