

November 15, 2023

Via ShareFile Client Portal

Scott Morgan Haitian Global Health Alliance 548 Broadway 5J New York, NY 10012



RE: Haitian Global Health Alliance

Dear Scott:

We have filed form 990 (*Return of Organization Exempt from Income Tax*) for Haitian Global Health Alliance for the year ended December 31, 2022, electronically from our office. Please keep this copy for your records.

Should you have any questions please feel free to call me.

Sincerely,

Harrison Pereira, CPA

Harrison Pereira

Tax Director

HP:tm Enclosures

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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.

Department of the Treasury Internal Revenue Service

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

ΑF	or the	2022 calendar year, or tax year beginning	and	l ending		
B c	heck if	C Name of organization			D Employer identific	cation number
	Addre	HAITIAN GLOBAL HEALTH A	LLIANCE			
	Name chang	Doing business as			98-01583	10
	Initial return Final return	Number and street (or P.O. box if mail is not delife 68 JAY STREET	vered to street address)	Room/suite 201	E Telephone number 973-865-	
	termin ated		IP or foreign postal code		G Gross receipts \$	1,046,833.
	Ameno		 p p		H(a) Is this a group re	
	Applic		T MORGAN		for subordinates	
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in	
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1 ' '	list. See instructions
JV	Vebsit	e: WWW.GHESKIO.ORG			H(c) Group exemptio	n number
K F	orm of	organization: X Corporation Trust Ass	ociation Other	L Year		√ State of legal domicile: FL
	rt I	Summary				
_	1	Briefly describe the organization's mission or most s	significant activities: TO S	UPPORT	GHESKIO, A	
Governance		WORLD-CLASS RESEARCH, TREA				HAITI.
па	2	Check this box if the organization discon	tinued its operations or dispo	sed of more	than 25% of its net ass	sets.
Ş.	3	Number of voting members of the governing body (I	Part VI, line 1a)		3	11
	4	Number of independent voting members of the gove				11
જ		Total number of individuals employed in calendar ye				1
iţie		Total number of volunteers (estimate if necessary)				18
Activities &		Total unrelated business revenue from Part VIII, colu				0.
⋖		Net unrelated business taxable income from Form 9				0.
					Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)			1,292,549.	1,045,708.
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4,			0.	0.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	-61,835.
		Total revenue - add lines 8 through 11 (must equal F			1,292,549.	983,873.
		Grants and similar amounts paid (Part IX, column (A			1,033,310.	560,936.
		Benefits paid to or for members (Part IX, column (A)			0.	0.
G		Salaries, other compensation, employee benefits (P			183,788.	181,863.
Expenses		Professional fundraising fees (Part IX, column (A), lir			0.	0.
per		Total fundraising expenses (Part IX, column (D), line	1 - 0 -	12.		
Щ		Other expenses (Part IX, column (A), lines 11a-11d,			85,396.	143,336.
		Total expenses. Add lines 13-17 (must equal Part IX			1,302,494.	886,135.
		Revenue less expenses. Subtract line 18 from line 1			-9,945.	97,738.
or				Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			110,389.	213,527.
ASS	21	Total liabilities (Part X, line 26)			0.	5,400.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from l	ne 20		110,389.	208,127.
Pa	rt II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
Sign	1	Signature of officer			Date	
Her	е	· · · · · · · · · · · · · · · · · · ·	RECTOR			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		HARRISON PEREIRA		1	.1/13/23 self-employ	
Prep	arer	Firm's name TAIT, WELLER & BAK			Firm's EIN 2	3-1144520
Use	Only	Firm's address 50 SOUTH 16TH STRE	ET, SUITE 2900			
		PHILADELPHIA, PA 1	9102		Phone no. 21	5-979-8800
		25 discuss this return with the preparer shown above				X Ves No

rai	tim otatement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE HAITIAN GLOBAL HEALTH ALLIANCE'S PURPOSE IS TO SUPPORT GHESKIO, A
	WORLD-CLASS RESEARCH, TREATMENT, AND TRAINING FACILITY IN HAITI.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$689,227 • including grants of \$560,936 •) (Revenue \$)
та	PROVIDE FUNDRAISING, COMMUNICATIONS AND PROGRAM SUPPORT FOR THE
	PROMOTION OF RESEARCH, SERVICE AND TRAINING IN HIV/AIDS AND OTHER
	INFECTIOUS AND NON - INFECTIOUS DISEASES IN HAITI.
	INFECTIOUS AND NON - INFECTIOUS DISEASES IN HAITI.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
1 d	Other program convices (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)
1-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 689,227.
4e	Total program service expenses 689, 221. Form 990 (2022)
	Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0		8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			₩.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	. <u> </u>		_ _ _
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 22	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

232003 12-13-22

Form 990 (2022) HAITIAN GLOBAL HEALTH ALLIANCE
Part IV Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OE L		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
04	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	Chook it Constitute O contains a response of note to any line in this Fart v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	INO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a U Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
,	(gambling) winnings to prize winners?	1c		
232004	\$ 12-13-22	Form	990	(2022)

022) HAITIAN GLOBAL HEALTH ALLIANCE Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a Interfer the number of employees reported on Form W3. Transmittat of Wage and Tax Statements. 1b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Yes, 1 has it filed a form 980-F for this year? If Yes to line 3b, provide an explaination on Schedule 0 3a If Wage and It if the organization have unreliated business gross income of \$1.000 or more during the year? 3a If Wage and It if the organization file was specified to such as a bank account, accurring an explaination on Schedule 0 3b If Yes, 1 has it filed a form 980-F for this year? If Yes to line 3b, provide an explaination on Schedule 0 4c If Yes, 1 has it filed a foreign country 5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountry (FBAR). 5c If Yes to line is or 5b, did the organization that it was or is a perty to a prohibitod tax sheller transaction? 5c If Yes to line is or 5b, did the organization file Form 880-F7. 5c If Yes to line is or 5b, did the organization file Form 880-F7. 5c If Yes to line is or 5b, did the organization file Form 880-F7. 5c If Yes to line is or 5b, did the organization file Form 880-F7. 5c If Yes to line is or 5b, did the organization file Form 880-F7. 5c If Yes to line is or 5b, did the organization file Form 880-F7. 5c If Yes to line is or 5b, did the organization file Form 880-F7. 5c If Yes to line is or 5b, did the organization file Form 880-F7. 5c If Yes to line is organization received a contribution and promise statement that such contributions solicit any contribution and promises statement that such contributions solicit any contribution of promises statement that such contributions or gifts were not tax deductable? 5c Organization that may receive deductable contributions under section 170(c). 5d If Yes, If ordinary that the organization received a contribution of quality of social services revided to the payor of the promises of the organization received as contribution of q				Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did I "Ves," has it field a Form 990 T for this year? "In Viso T to line 3b, provide an explanation on Schedule O 3c Did I "Ves," a series the name of the foreign country gloss as a bank account, securities account, or derif mancial accounts (FBAP). 3c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Did any taxole party notify the organization that was or is a party to a prohibited tax shelter transaction? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Did was the organization and accountage organization and was or is a party to a prohibited tax shelter transaction? 5c Did was the organization have explained that was or is a party to a prohibited tax shelter transaction? 5c Did was the organization have explained that was or is a party to a prohibited tax shelter transaction? 5c Did was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did was the organization necess of SS made party as contribution and party for goods and services evolved to the payor? 7c Did the organization exceeds payment in excess of SS made party as contribution and party for which it was required to file Form 8282? 7c Did the organization selection payment in excess of SS made party as contribution and party for which it was required to file Form 8282? 7d Did the organization organization facility or indirectly, to pay premiums give a personal benefit contract? 7d Did the organization organization selection organization falli	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
b If at least one is reported on line 24, did the organization file all required federal employment as returns? a Did the organization have uninetated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a form 990° for this year? If "No" to line 3b, provide an explanation on Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or the financial account is financial. Accounts (PBAP). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Dd any translate party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5c Was the organization aparty, to a prohibited tax that are organization and prohibited tax and prohibited tax sheller transaction? 5c Does the organization anal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions and separate than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). b If "Yes," did the organization notice with every solicitation an express statement that such contributions or oritis were not tax deductible? 7 Organization she may receive deductible contributions under section 170(c). b If the organization receive a pyment in excess of \$75 made party as a contribution and party for product and services provided? 7 Organization and the organization receives a portification of the qualty of the goods or services provided? 7 If Yes, did the organization receive a portification of the goods or services provided? 9 If "Yes," did the organization origin was provided to the programation of the provided to the programation origin		filed for the calendar year ending with or within the year covered by this return 2a 1			
3a DX bit fires, "fast field a form 980 Fire" to fire Sign 297 Fire" to fire Sign 297 Fire" to fire Sign 297 Fire	b		2b	Х	
b if Yes, 'has it field a Form 990-T for this year? 'No' to line' 3b, provide an explanation on Schedule O a At any time during the calendary apar, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b If "Yes," either the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line So or 5b, did the organization from 888617 (FBAR). 5c If "Yes" to line So or 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c Id So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 5c Id Was the did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and party for goods was services provided to the payor? 7c Id If If were a such as a	b		3b		
francial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a West the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any excellab party notify the organization file Form 8889 7? c If Yes' to line Sa or 5b, did the organization file Form 88898 7? 6 Does the organization and amount gloross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If Yes, if did the organization include with every solicitation an express statement that such contributions or paths were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 6 Did the organization neares payment in excess of \$15 made party is a contribution and party for goods and services provided to the payor? 7 To Lot the organization neares payment in excess of \$15 made party is a contribution and party for goods and services provided to the payor? 7 To Lot the organization neares payment in excess of \$15 made party is a contribution and party for goods and services provided to the payor? 7 To Lot Lot the organization neares payment in excess of \$15 made party is a contribution on quantitation or the value of the goods or services provided? 7 To Lot Lot the organization neares payment in excess of \$15 made party is a contribution on quantitation from the services provided to the payor? 7 Lot Lot the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Lot Lot the organization received a contribution of care, boats, airplanes, or other valvicles, did the organization file and the payor of the payment of the pa	4a				
b If Yes,* either the name of the foreign country See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB6R) 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the organization the form 8896 To it is year to be seen the organization to rot ax deductibles or form 8896 To it is year to the organization to tax deductibles of schartable contributions? 50 If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of schartable contributions? 70 Organizations that may receive deductible contributions under section 174(c). 81 If Yes,* did the organization notify the donor of the value of the goods or services provided? 71 Organizations that may receive deductible contributions under section 174(c). 82 If Yes,* did the organization notify the donor of the value of the goods or services provided? 72 Organizations and, exchange, or otherwise dispose of fangible personal property for which it was required to the payor? 83 If Yes,* did the organization receive a pay funds, directly or indirectly, to pay premiums of a personal benefit contract? 94 If Yes,* indicate the number of Forms 8282 flied during the year 95 If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization flied and contribution of acres, boats, airplanes, or other vehicles, did the organization flied and contribution of acres, boats, airplanes, or other vehicles, did the organization flied a Form 1098-C? 96 Sponsoring organizations maintaining donor advised funds. Did a core advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a core advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a core advised fund maintained by the sponsoring organizations makes and taxibilition for acres, boats of the org			4a		Х
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			17		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 11			
ь				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	v
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	X	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	21	Х
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		71
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iou	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SCOTT MORGAN - 973-865-0128			
	68 JAY STREET, BROOKLYN, NY 11201			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SCOTT MORGAN	40.00	4		,,				125 000	_	26 526
EXECUTIVE DIRECTOR (2) LIONEL TURNER	5.00		_	Х				135,000.	0.	36,536.
PRESIDENT	3.00	Х		х	X			0.	0.	0.
(3) JEAN SEBASTIEN BAYARD	5.00							0.	0.	<u></u>
TREASURER	3.00	x		Х				0.	0.	0.
(4) DR. PIERRE CREMIEUX	10.00								-	
MEMBER		X						0.	0.	0.
(5) DR. PAUL SAMUELSON	1.00							_	_	_
MEMBER	1 22	Х						0.	0.	0.
(6) DR. DAN FITZGERALD	1.00				ľ					0
MEMBER (7) DR. JAMES GAETJENS	1.00	X		-				0.	0.	0.
MEMBER	1.00	x						0.	0.	0.
(8) DR. SERENA KOENIG	2.00							0.	0.	<u></u>
MEMBER	2.00	Х						0.	0.	0.
(9) DR. JEAN WILLIAM PAPE	1.00							-	-	
MEMBER		Х						0.	0.	0.
(10) DR. ALAIN MERIEUX	1.00									
MEMBER		Х						0.	0.	0.
(11) DR. MARIE - MARCELLE DESCHAMPS	1.00	ļ								•
MEMBER	1 00	Х						0.	0.	0.
(12) DR. DAAN BOTJE MEMBER	1.00	х						0.	0.	0.
(13) DR. DOMINIQUE DORSAINVIL	1.00	^						0.	0.	<u> </u>
MEMBER	1.00	x						0.	0.	0.
(14) DR. WARREN JOHNSON	1.00									
MEMBER		Х						0.	0.	0.
		<u> </u>	_			_				
		4								
		-								
		1								
-	1	1	<u> </u>				<u> </u>			= 000 (acca)

Form 990 (2022) HAITIAN	GLOBAL H	IEA	LT	Ή	AL	LI	ΑN	ICE	98-015	8310	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week	box	not cl , unles	ss per	ition more rson is	than o s both r/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F Estim amou oth	nated unt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compei from organi and re organiz	the zation elated
							2				
								135,000.	0	26	536.
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A		4					135,000.	0	•	0.
Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	V	1 es No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s				_						3	X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportabl 0,000? If "Yes,	e co " <i>co</i> .	mpe mple	ensa ete S	tion Sche	and dule	oth J f	ner compensation from to such individual	he organization	4 Σ	2
Did any person listed on line 1a receive or rendered to the organization? If "Yes," con Section B. Independent Contractors		_								5	Х
Complete this table for your five highest countered the organization. Report compensation for								the organization's tax y			
(A) Name and business	address	NC	ONE	3				(B) Description of s	services	(C) Compensa	ation
Total number of independent contractors (\$100,000 of compensation from the organ	•	ot lin	nited	d to 1	thos		ted	above) who received me	ore than		
The organization from the organ										Form 99	0 (2022)

art VIII Statement of Revenue

			Check if Schedule O contains a respons	e or note to anv lir	ne in this Part VIII			
			•	•	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
						iunction revenue	business revenue	sections 512 - 514
S (0	1	_	Federated campaigns 1a					
ant	•				-			
ğ d				58,474.	-			
Ţ\$,			•	30,474.	-			
igit ilar			Related organizations 1d		-			
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e		-			
er S		f	All other contributions, gifts, grants, and	005 004				
ib th			similar amounts not included above 1f	987,234.	-			
d tr		g	Noncash contributions included in lines 1a-1f 1g \$	34,998.				
<u>S</u> E		h	Total. Add lines 1a-1f		1,045,708.			
				Business Code				
ø	2	а						
Ş		b						
Sel		С						
E S		d						
Be		e						
Program Service Revenue			All other program service revenue					
			Total. Add lines 2a-2f					
	3	y	Investment income (including dividends, inte					
	3							
			other similar amounts)					
	4		Income from investment of tax-exempt bond	-				
	5		Royalties(i) Real					
				(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
len /		С	Gain or (loss)7c					
her Revenue		d	Net gain or (loss)					
e			Gross income from fundraising events (not					
즁			including \$ 58,474. of					
			contributions reported on line 1c). See					
			1 /	a 1,125.				
		h		b 62,960.	-			
			Net income or (loss) from fundraising events	•	-61,835.			-61,835.
			Gross income from gaming activities. See		01/0331			01/0331
	9	а						
		L	Part IV, line 19		-			
				b				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			·····	Da	-			
			J)b				
		С	Net income or (loss) from sales of inventory					
S				Business Code				
Miscellaneous Revenue	11	а						
ane		b			1			
eve		С						
Ais		d	All other revenue					
_			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		983,873.	0.	0.	-61,835.
_	_	_		·	·		·	Form 990 (2022)

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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 560,936. individuals. See Part IV, lines 15 and 16 560,936. Benefits paid to or for members Compensation of current officers, directors, 13,723. 171,536. 85,768. 72,045. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10,327. 5,164. 826. 4,337. 10 Payroll taxes Fees for services (nonemployees): Management Legal 5,250. 5,250. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 24,671. 18,120. 511. 6,040. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 16,791. 6,995. 1,119. 8,677. Office expenses 13 Information technology 14 15 Royalties 6,138. 3,069. 491. 2,578. 16 Occupancy 18,350. 9,175. 9.175 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,428. 2,428. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 69,708. 9,948. 59,760. All other expenses 886,135. 689,227. 34,296. 162,612. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		73,894.	1	213,527
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
۷	9	Prepaid expenses and deferred charges		36,495.	9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		110.000	15	040 505
	16	Total assets. Add lines 1 through 15 (must ed		110,389.	16	213,527
	17	Accounts payable and accrued expenses			17	5,400
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
es	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, suk				
ja ja		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin				
	00			0.	25	5,400
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c		0.	26	3,400
S		and complete lines 27, 28, 32, and 33.	neck liefe 21			
2	27	Net assets without donor restrictions		110,389.	27	208,127
3ala	28	Net assets with donor restrictions			28	200,121
B	20	Organizations that do not follow FASB ASC			20	
필		and complete lines 29 through 33.	Joo, check here			
ō	29	Capital stock or trust principal, or current fund	de l		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		110,389.	32	208,127
z	33	Total liabilities and net assets/fund balances		110,389.	33	213,527
		Total habilities and not assets/fully baldifices			00	Form 990 (202)

Pai	T 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				<u>73.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				35.
3	Revenue less expenses. Subtract line 2 from line 1	3				38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		110), <u>3</u>	89.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		208	3,1	<u> 27.</u>
Pai	t XII Financial Statements and Reporting		*			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			
			-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	$oxed{oxed}$
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.	.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)

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.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open to Public

Inspection

Name of the organization

HAITIAN GLOBAL HEALTH ALLIANCE

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.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

he	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck 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 orga	anization described in so	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in
•		section 170(b)(1)(A)(iv). (C				, 3-		,
6				antal unit described in	cootion 1	70/6\/4\/4\	64)	
6	♥	A federal, state, or local gov	-					and the first of a second second for
′	X	An organization that norma	•	ntial part of its support fi	om a gove	ernmentai	unit or from the general p	oublic described in
		section 170(b)(1)(A)(vi). (C	-					
8	\square	A community trust describe						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin						
		See section 509(a)(2). (Cor				·	, ,	·
11		An organization organized a	•	vely to test for public sa	fetv. See	section 50	09(a)(4).	
12	Ħ	An organization organized a	=					nurnoses of one or
-		more publicly supported or	=				•	
		lines 12a through 12d that	~	1 11 1				STICON THE BOX OH
_		1						air in a
а	L	Type I. A supporting orga	•			•		•
		the supported organization			majority c	or the direc	ctors or trustees of the st	ipporting
		organization. You must o	· · · · · · · · · · · · · · · ·					
b		Type II. A supporting org	· ·					-
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	organizations					
g	Prov	ide the following information	about the supporte	d organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
•								
[∧ta							1	i

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 fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	259,337.	338,593.	1033654.	1292549.	1046039.	3970172.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					A	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	259,337.	338,593.	1033654.	1292549.	1046039.	3970172.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2280963.
6	Public support. Subtract line 5 from line 4.						1689209.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	259,337.	338,593.	1033654.	1292549.	1046039.	3970172.
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, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1					
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3970172.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here	***************************************				
	ction C. Computation of Publi						
	Public support percentage for 2022 (I					14	42.55 %
	Public support percentage from 2021					15	48.03 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>
						Schedule A	(Form 990) 2022

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-					A	
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513					, i	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	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		4				
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	1			Т	T	T
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)	<u> </u>					
	Total support. (Add lines 9, 10c, 11, and 12.)					04()(0)	<u> </u>
14	First 5 years. If the Form 990 is for the	•					
Sec	check this box and stop here						·····
	Public support percentage for 2022 (I		<u>-</u>	column (f))		15	%
	Public support percentage from 2021	, (,,	,	(,,		16	
	etion D. Computation of Inves					,	70
	Investment income percentage for 20			ne 13. column (fl)		17	%
	Investment income percentage from			(1)		18	<u> </u>
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
3a		
3b		
3с		
4 -		
4a		
4b		
4c		
-10		
5a		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9c		
10a		
401-		
10b		Щ.

232024 12-09-22

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?			
а	A perso	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c bel	low, the governing body of a supported organization?	11a		
b	A family	y member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		Part VI.	11c		
Sect	ion B.	. Type I Supporting Organizations			
				Yes	No
1	Did the	governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		upported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		rs, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the ted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		organization operate for the benefit of any supported organization other than the supported	•		
		ration(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		sed. or controlled the supporting organization.	2		
Sect	ion C.	Type II Supporting Organizations			
		71 11 3 3		Yes	No
1	Were a	majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		agement of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	ion D.	ported organization(s) All Type III Supporting Organizations	•		
		л II 3 3		Yes	No
1	Did the	organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
		ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ration's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
		ration(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
			2		
		anization maintained a close and continuous working relationship with the supported organization(s). son of the relationship described on line 2, above, did the organization's supported organizations have a			
		ant voice in the organization's investment policies and in directing the use of the organization's			
	-	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		, ,	3		
Sect	ion E.	ted organizations played in this regard. Type III Functionally Integrated Supporting Organizations			
		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 governmental entity (see ins	truction	c)	
		es Test. Answer lines 2a and 2b below.	itiaction	Yes	No
		ostantially all of the organization's activities during the tax year directly further the exempt purposes of			
		oported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
		activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		ctivities but for the organization's position that its supported organization(s) would have engaged in	2b		
		of Supported Organizations. Answer lines 3a and 3b below.			
		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		s of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		upported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule	A (For	rm 990)	2022

5

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

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	t v Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ıed)	
<u>Secti</u>	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>_i</u>	Carryover from 2017 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

HAITIAN GLOBAL HEALTH ALLIANCE

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Name of the organization

Employer identification number

98-0158310

Organization type (check one):						
Filers of:	Filers of: Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is	covered by the General Rule or a Special Rule.					
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
contributor, during literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., etc., contributions totaling \$5,000 or more during the year section.					
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** HAITIAN GLOBAL HEALTH ALLIANCE 98-0158310 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

HAITIAN GLOBAL HEALTH ALLIANCE

Employer identification number 98-0158310

Pa	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 w	-	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	, , , , ,	
Pai			
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreati		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
•	Preservation of open space		of a community of a community of the land
2	Complete lines 2a through 2d if the organization held a qualified day of the tax year.	ed conservation contribution in the form	Held at the End of the Tax Year
_			
_	Total number of conservation easements		l l
b		atura inaliuslad in (a)	
	Number of conservation easements on a certified historic stru- Number of conservation easements included in (c) acquired at		
u	• • • • • • • • • • • • • • • • • • • •		2d
3	historic structure listed in the National Register Number of conservation easements modified, transferred, rele		
3	year	ased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
Ū	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
_			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	ition 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 conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther 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	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	B, 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 furtl	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			'
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2022

Par	t III Organizations Maintaining Co	ollections of Art	t, Histo	orical Tre	asures, o	r Othe	r Similar	Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	following tha	t make s	ignificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🔲 i	Loan or exc	hange progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	how the	ey further th	ne organizatio	on's exer	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations of	of art, his	storical treas	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	contributions	s or other as	sets not	included	_	_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing ta	able:						
									Amount	
	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year						1e			
f	Ending balance						. 1f		_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabil	ity?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.							<u></u>		
Par	t V Endowment Funds. Complete if									
		(a) Current year	(b) P	rior year	(c) Two yea	irs back	(d) Three y	ears back	(e) Four ye	ars back
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre		e (line 1g	i, column (a))) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	ssion of the organiza	ition that	are held ar	nd administe	red for th	ne			
	organization by:								Y	es No
	(i) Unrelated organizations								3a(i)	+-
	(ii) Related organizations								3a(ii)	+-
b	If "Yes" on line 3a(ii), are the related organizate								3b	
Dor	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		wment fu	unds.						
Par			. David IV			N David V	line 10			
	Complete if the organization answered							 	/ N D :	
	Description of property	(a) Cost or o			or other	. , ,	ccumulate	d	(d) Book v	alue
	 	basis (investn	nent)	Siesd	(other)	de	preciation			
	Land									
	Buildings									
	Leasehold improvements							_		
	Equipment									
	Other									0.
ı otal	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part	x colum	n (R) line 1	()c.)					U •

Schedule D (Form 990) 2022

	BAL HEALTH ALI	LIANCE 98	-0158310 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) book value	(c) Method of Valuation. Cost of end	u-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			•
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	5111 01111 550, 1 art 14, iiiic	TTC OF THE OCC FORM 330, Fait X, line 23	(b) Book value
(1) Federal income taxes			(=,====================================
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

X

(7) (8) (9)

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With R	evenue per Re	turn.	·9-
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,046,833.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b					
С					
d			62,960.		
е				2e	62,960.
3	Subtract line 2e from line 1			3	983,873.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	983,873.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With E	xpenses per F	leturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total expenses and losses per audited financial statements			1	949,095.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	62,960.		
е	Add lines 2a through 2d			2e	62,960.
3	Subtract line 2e from line 1			3	886,135.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c (This must equal Form 000, Part I line)	101		5	886.135.

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.

PART X, LINE 2:

THE HAITIAN GLOBAL HEALTH ALLIANCE QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, IT IS NOT SUBJECT TO STATE OR FEDERAL INCOME TAXES. THE ALLIANCE FOLLOWS PROFESSIONAL STANDARDS WHICH CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ALLIANCE'S FINANCIAL STATEMENTS AND PRESCRIBE A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN. THE STANDARDS ALSO PROVIDE GUIDANCE ON DERECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN.

Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization		Employer identification number				
HAITIAN GLOBAL	неагли а	LLTANCE			98-015831	0
			side the United States. Comple	ete if the organ	ization answered "Y	es" on
Form 990, Part I'			ССПРІ	oto ii tiro organ	nzacion anoworda i	00 011
		n maintain record	ds to substantiate the amount of its gra	nts and other	assistance.	
			he selection criteria used to award the			Yes X No
0 0 ,	J	,		•		
2 For grantmakers. Desc	cribe in Part V the	organization's	procedures for monitoring the use of its	grants and ot	her assistance outs	ide the
United States.						
3 Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type	investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	TO SUPPORT PROGRAM SERVICES			560,936.
		4				
3 a Subtotal	0	0				560,936.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						1

232071 10-17-22

and 3b)

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

560,936.

Schedule F (Form 990) 2022

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)
			TO SUPPORT PROGRAM SERVICES	560,936.	WIRE	0.		
		C						
			recognized as charities by the for counsel has provided a sect			•		1

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

Schedule F (Form 990) 2022 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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? 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	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 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. PART I, LINE 2: HGHA PROVIDES TWO KINDS OF GRANTS TO GHESKIO: A)UNRESTRICTED FOR GENERAL OPERATING EXPENSES THAT REQUIRE REPORTING AND B) PROGRAM-SPECIFIC GRANTS WHICH REQUIRE A PROGRESS REPORT AT TIMES SPECIFIED IN EACH INDIVIDUAL GRANT AGREEMENT.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **Employer identification number** 98-0158310 HAITIAN GLOBAL HEALTH ALLIANCE Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2022

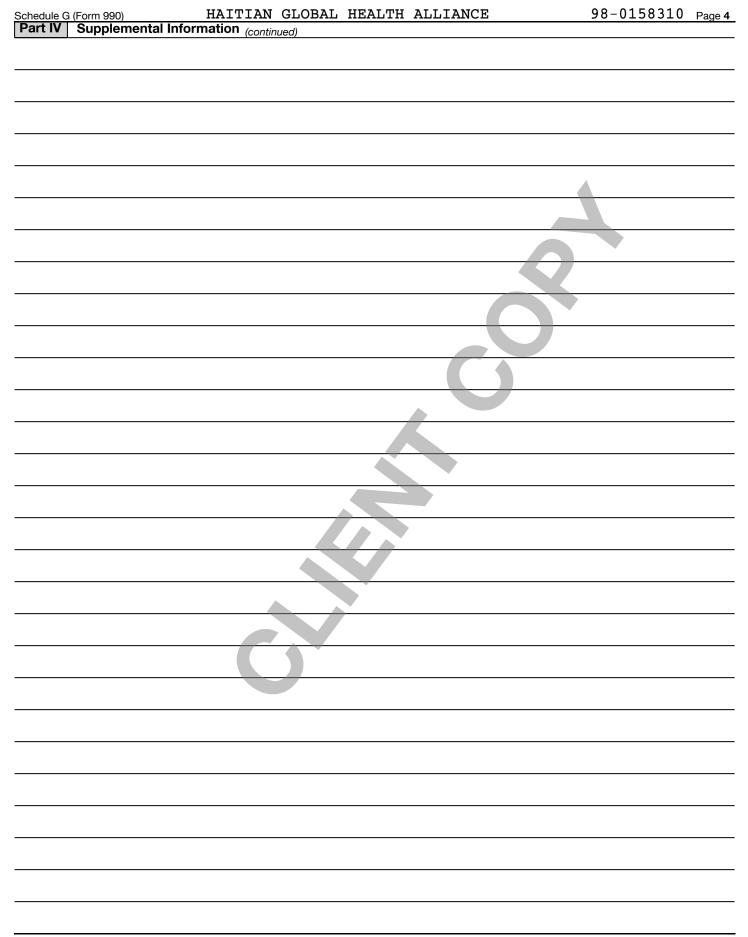
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AWARD FOR		NONE	(add col. (a) through
			LIFETIME CON	(ayant type)	(total number)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	59,599.			59,599.
ш	2	Less: Contributions	58,474.			58,474.
			,			,
	3	Gross income (line 1 minus line 2)	1,125.			1,125.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
xbe	Ū					
ect E	7	Food and beverages	18,515.			18,515.
٦	_		24 102			24 102
	8	Entertainment	34,192. 10,253.			34,192. 10,253.
	9 10	Other direct expenses				62,960.
		Net income summary. Subtract line 10 from li				-61,835.
Pa	rt I	Gaming. Complete if the organization a				02/0000
		\$15,000 on Form 990-EZ, line 6a.			,	
			(a) Dinas	(b) Pull tabs/instant	(a) Oth an arasina	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
Ж	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Ě						
)irec	4	Rent/facility costs				
	_					
	5	Other direct expenses	7 V			
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	O	Volunteer labor	NO	NO	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)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
46						
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		/ear'?	Yes No
O	II "	Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sche	edule G (Form 990) 2022 HAITIAN GLOBAL HEALTH ALLIANCE 98	-0158310	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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
12	Indicate the percentage of gaming activity conducted in:		
		10-	0/
	The organization's facility		<u>%</u>
	An outside facility	. 13b	<u>%</u>
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
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
D			
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	TVAITIC		
	Opening responses to the contract of the contr		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?	Yes	☐ No
L	•		140
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			_



SCHEDULE J (Form 990)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

HAITIAN GLOBAL HEALTH ALLIANCE

 $Employer\ identification\ number \\ 98-0158310$

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			37
	The organization?	5a		X
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
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:			v
	The organization?	6a		X
b	Any related organization?	6b		_
_	If "Yes" on line 6a or 6b, describe in Part III.			
7		-		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	0		Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SCOTT MORGAN	(i)	135,000.	0.	0.	4,050.	32,486.	171,536.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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_	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	HAITIAN GLOBAL HEALTH ALLIANCE 98-						310	
Par	t 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 de noncash contribu		_	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	34,998.	FMV			
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							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organization			1 1				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
					I		Yes	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·	· ·			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							77
31	Does the organization have a gift acceptance p	-	•	•	ions?	31		X
32a	Does the organization hire or use third parties	· ·	5	, ,				v
_	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	oiumn (c) for	a type of property	ror which column (a) is chec	cked,			
1114	describe in Part II.	the leaters :	iono for Form CO	<u> </u>	Calcada &	/F	, 000	2000
LHA	For Paperwork Reduction Act Notice, see	tile ilistruct	10115 101 FORM 990	J.	Schedule M	ı (rorn	ı 岁岁∪)	2022

Schedule M (Form 990) 2022

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Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HAITIAN GLOBAL HEALTH ALLIANCE	98-0158310
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY A CPA FIRM. ONCE THE FORM 990	IS COMPLETED, IT
IS THEN SUBMITTED TO THE BOARD OF DIRECTORS FOR APPROVAL.	ONCE APPROVED, IT
IS THEN FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS DISCUSSED AT BOARD MEET	INGS FROM TIME TO
TIME TO REMIND BOARD MEMBERS TO ENSURE THAT NOTHING HAS CH	ANGED THAT WOULD
PUT THEM IN A COI POSITION.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE PROCESS FOR DETERMINING THE COMPENSATION OF THE EXECUT	IVE DIRECTOR
INVOLVES A REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS.	THE BOARD OF
DIRECTORS CONSIDERS COMPARABLE SALARIES OF SIMILAR POSITIO	NS IN OTHER
ORGANIZATIONS.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE TO THE PUBL	IC UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCI	AL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	

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

Schedule O (Form 990) 2022