

Return of Organization Exempt From Income Tax

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

2019 Open to Public Inspection

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be it	made public.
Go to www.irs.gov/Form990 for instructions and the latest in	formation.

AF	or the	2019 calendar year, or tax year beginning and	ending		
B C a	heck if pplicable:	C Name of organization		D Employer identified	cation number
	Address change	THE ST LUKE FOUNDATION FOR HAITI			
	Name Change	Doing business as		27-43777	46
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	3999 GREAT HARVEST COURT		703 878-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,901,994.
	Amende return	DOMFRIES, VA 22023		H(a) Is this a group re	eturn
	Applica-	F Name and address of principal officer: DEO RICHARD FRECHE	TTE	for subordinates	? Yes X No
	pending	8980 SW 56TH STREET, MIAMI, FL 33165		H(b) Are all subordinates in	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		E HTTP://WWW.STLUKEHAITI.ORG/		H(c) Group exemption	n number 🕨
<u>K</u> F	orm of o	organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 2010 N	State of legal domicile: VA
Pa		Summary			
~		Briefly describe the organization's mission or most significant activities: $[] THE]$			
nce	Ī	IS TO SUPPORT PROJECTS IN HAITI THAT CREA	ATE EMP	LOYMENT IN	MEDICAL,
& Governance	2 C	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	ets.
ove	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	6
Ū		lumber of independent voting members of the governing body (Part VI, line 1b)			6
se å	5 T	otal number of individuals employed in calendar year 2019 (Part V, line 2a)			0
vitie	6 T	otal number of volunteers (estimate if necessary)	6	12	
Activities	7a.⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	bΝ	let unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
Ð	8 C	Contributions and grants (Part VIII, line 1h)		2,562,517.	3,901,131.
nua	9 P	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,401.	863.
ш	11 C	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,564,918.	3,901,994.
	13 G	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,037,886.	3,163,136.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
SS		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a P	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe		otal fundraising expenses (Part IX, column (D), line 25) 19,3			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		28,129.	53,352.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,066,015.	3,216,488.
	19 R	evenue less expenses. Subtract line 18 from line 12		-501,097.	685,506.
s or			Be	ginning of Current Year 285, 274.	<u>End of Year</u> 975,780.
Assets Balanc	20 T				
it As	21 1	otal liabilities (Part X, line 26)		0.	5,000.
ER E		let assets or fund balances. Subtract line 21 from line 20		285,274.	970,780.

Part II Signature Block

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

Sign	Signature of officer		Date	
Here	FRANK KRAFFT, TREASURE	R		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	NED S. SCHERER			^r self-employed P00437387
Preparer	Firm's name 🕨 KAISER SCHERER &	SCHLEGEL, PLLC	Firm's	s EIN ▶ 52-1220482
Use Only	Firm's address 1410 SPRING HILL	ROAD, SUITE 400		
	MCLEAN, VA 22102		Phon	eno.(703) 847-4660
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form		age 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: <u>THE MISSION OF THE ORGANIZATION IS TO SUPPORT ONE OR MORE PROJECTS IN</u>	
	HAITI THAT CREATE EMPLOYMENT IN MEDICAL, EDUCATION AND EMERGENCY	
	RELIEF OPPORTUNITIES TO THE POOR OF HAITI. THE ORGANIZATION PROVIDES	
	FUNDING, TRAINING AND OTHER FORMS OF SUPPORT TO HAITIAN CHARITABLE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 \$3,163,136 including grants of \$3,163,136) (Revenue \$	<u> </u>
та	GRANTS MADE TO LA FONDATION ST. LUC A HAITIAN NONPROFIT ORGANIZATION,)
	LED BY HAITIANS, THAT PRVOIDES EDUCATION, MEDICAL CARE AND DIGNIFIED	
	HUMANITARIAN OUTREACH TO OVER A 150,000 HAITIANS EACH YEAR THROUGH KEY	
	PRIEST AND DOCTOR, STARTED THE ST. LUKE MISSION IN COLLABORATION WITH	
	AN INSPIRED GROUP OF YOUNG HAITIAN LEADERS WHO TOGETHER SAW A DIFFEREN	
	PATH FORWARD FOR THEIR COUNTRY. THE GOAL OF LA FONDATION ST. LUC IS T	5
	CREATE LASTING SOLUTIONS FOR A STRONGER AND MORE INDEPENDENT HAITI.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 3,163,136.	
	Faura 990	(0010)

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Form	990	(2019)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		v
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	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,			v
	Part VI	11a		<u> </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			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	TIE		
•	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 21
120		12a	x	
h	Schedule D, Parts XI and XII	120		
D.	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		X
14a		14a	x	
b	Did the organization maintain an office, employees, or agents outside of the United States?			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х

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

(gambling) winnings to prize winners?

1c

Form 990 (2019)				FOUNDATION			
Part V Statements	Regardi	ng C	other IR	S Filings and Tax	Com	oliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	Iccour	nt)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		. ,	_		v
5a				5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file form 2000 To			5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			60		x
h	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		- 23
D				6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).					
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a		x
b				7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	ı.	I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:		1			
a	Gross income from members or shareholders	<u>11a</u>		1		
a	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
12-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10/1	1 2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	لاغتا	1	1		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

Form 990 (20	19)	
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THE ST LUKE FOUNDATION FOR HAITI

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	6					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b	e					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	y other					
	officer, director, trustee, or key employee?		2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct s	upervision					
	of officers, directors, trustees, or key employees to a management company or other person?		3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	iled?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?						
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	e or					
	more members of the governing body?		7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholde	ers, or					
	persons other than the governing body?		7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the for	ollowing:					
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	he					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)					
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u> </u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, a	ffiliates,					
			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	filing the form?	11a	X			
b	Describe in 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	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic		12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," desc	cribe					
	in Schedule O how this was done		12c	X			
13	Did the organization have a written whistleblower policy?		13	X			
14	Did the organization have a written document retention and destruction policy?		14	X			
15	Did the process for determining compensation of the following persons include a review and approval by indep	pendent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37		
a	The organization's CEO, Executive Director, or top management official		15a		X		
b	Other officers or key employees of the organization		15b		X		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	-					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with		10-		х		
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its part		16a				
D		licipation					
	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	exempt status with respect to such arrangements?						
<u>17</u>	List the states with which a copy of this Form 990 is required to be filed NONE						
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)	availat	ble		
	for public inspection. Indicate how you made these available. Check all that apply.		2 3y)				
	Own website Another's website X Upon request Other (explain on Sche	edule ()					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	,	d financ	ial			
	statements available to the public during the tax year.	,,, u					
20	State the name, address, and telephone number of the person who possesses the organization's books and re	ecords 🕨					
	FRANK KRAFFT - 703) 878-5025						
	3999 GREAT HARVEST COURT, DUMFRIES, VA 22025						

Form 990 (20	510			-	FOUNDATION				27-
Part VII	Compensation	of Off	icers,	Directo	ors, Trustees,	Key Em	ployees,	Highest C	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 instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(-1-		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	not c , unle:	ss pei	rson i	s botł	n an	compensation	compensation	amount of
	week		cer ar	nd a d I	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e.	bens		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LEO RICHARD FRECHETTE	20.00			0	×	<u> </u>	ц <u>г</u>			
PRESIDENT	40.00	x		x				0.	0.	0.
(2) JEAN NEBEZ AUGUSTIN	10.00									
VICE PRESIDENT		х		х				0.	0.	0.
(3) PATRICIA ROWLAND	12.00									
SECRETARY		Х		Х				0.	0.	0.
(4) FRANK J KRAFFT	10.00									
TREASURER		Х		X				0.	0.	0.
(5) MARTINE MAIGNAN	10.00									•
DIRECTOR	10.00	X						0.	0.	0.
(6) ROSELINE PAUL	10.00								•	0
DIRECTOR		X						0.	0.	0.
			-			-				
		1								
		1								
		1								
			-			-				
		•								
		-								<u> </u>
		1								
	1	I	-			I		1	I	000

Form 990 (2019) THE ST LU	JKE FOUN	IDA	TI	ON	F	'OR	H	IAITI	27-43	377'	746	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(((D)	(E)			(F)	
Name and title	Average hours per		not c		more	than c		Reportable	Reportable			timate	
	week					s both r/trust		compensation from	compensatio from related			ount o other	т
	(list any	tor						the	organizations			pensat	tion
	hours for	r direc				ed		organization	(W-2/1099-MIS	I		om the	
	related	stee o	rustee			bensat		(W-2/1099-MISC)			•	anizati	
	organizations below	ual tru	ional t		ployee	t com ee						d relate	
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	3115
	,	-	<u> </u>	0	¥	Ξ	Œ						
		1											
		1											
		1											
								0		~			0
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 									000 of roportable				0.
2 Total number of individuals (including but n compensation from the organization		ose	iiste	u au	ove) wii	0 Te	eceived more than \$100,	000 of reportable	;			0
												Yes	No
3 Did the organization list any former officer,	director truste	ee k	ev e	mol	ove	e or	hia	hest compensated emp	lovee on	ĺ			
line 1a? If "Yes," complete Schedule J for s	,					'		, , ,	,		3		х
4 For any individual listed on line 1a, is the su											-		
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	hat received more than \$	100,000 of comp	pensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	hin	the organization's tax y	ear.				
(A)				_				(B)		-	(C		
Name and business	address	NC	ONE	S			_	Description of s	ervices	C	omper	nsatior	<u>ו</u>
							_						
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	tot	thos	se lis	ted	above) who received m	ore than				
\$100,000 of compensation from the organic	•				C			, u					

	<u>1 990 (</u>		DUNDATION	FOR HAIT	Ľ	27-4377	746 Page 9
Pa	rt VII						
		Check if Schedule O contains a response o	r note to any line	(A)	(B)	(C)	
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
ς Ω	1 a	Federated campaigns 1a					
ant	b	Membership dues 1b					
n G	с	Fundraising events 1c					
iifts ar A	d	Related organizations 11					
s, G milå	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and					
ibut			901,131.				
d O	g	Noncash contributions included in lines 1a-1f	17,701.				
an Co	h	Total. Add lines 1a-1f	> 3	,901,131.			
			Business Code				
e	2 a						
ervi	b						
Program Service Revenue	С						
Rev	d						
rog	е						
α.	•	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes		863.			863.
	4	other similar amounts) Income from investment of tax-exempt bond pr		005.			005.
	5	Royalties					
	5	(i) Real	(ii) Personal				
	6 a						
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
an		and sales expenses 7b					
venue	с	Gain or (loss)					
Re	d	Net gain or (loss)	►				
Other	8 a	Gross income from fundraising events (not					
đ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses 8b					
			····· ►				
	9 a	Gross income from gaming activities. See					
	L.	Part IV, line 19 9a Less: direct expenses 9b					
			▶				
	10 a	Gross sales of inventory, less returns					
	h	and allowances10aLess: cost of goods sold10b					
	C	Net income or (loss) from sales of inventory	Business Code				
sno	11 a	ł					
Miscellaneous Revenue	b						
ella	c						
lisc Be	d	All other revenue					
Σ	e	Total. Add lines 11a-11d					
		Total revenue. See instructions	▶ 3	,901,994.	0.	0.	863.

THE ST LUKE FOUNDATION FOR HAITI 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 respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	3,163,136.	3,163,136.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	27,445.		27,445.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	4,146.		3,930.	216.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	19,176.			19,176.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BANK FEES	2,585.		2,585.	
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,216,488.	3,163,136.	33,960.	19,392.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)				

THE	\mathbf{ST}	LUKE	FOUNDATION	FOR	HAITI	
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		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		283,130.	1	955,138.
	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 or				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	I			
		under section 4958(f)(1)), and persons described	l in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		2,144.	11	20,642.
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		285,274.	16	975,780.
	17	Accounts payable and accrued expenses			17	5,000.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
ŝ	22	Loans and other payables to any current or form	er officer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
abi		controlled entity or family member of any of thes	e persons		22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, page	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26			0.	26	5,000.
		Organizations that follow FASB ASC 958, che	ck here 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		235,274.	27	571,568.
Ba	28	Net assets with donor restrictions		50,000.	28	399,212.
pun		Organizations that do not follow FASB ASC 9	58, check here 🕨 📃			
Net Assets or Fund Balances		and complete lines 29 through 33.				
<u>s</u>	29	Capital stock or trust principal, or current funds			29	
se	30	Paid-in or capital surplus, or land, building, or eq			30	
tAŝ	31	Retained earnings, endowment, accumulated inc		005 05 1	31	
Ne	32	Total net assets or fund balances		285,274.	32	970,780.
	33	Total liabilities and net assets/fund balances		285,274.	33	975,780.

Form **990** (2019)

Form 990 (2019)
Part X Balance Sheet

19)		THE	2
		Cheet		

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25)	991
1 Total revenue (must equal Part VIII, column (A), line 12) 1 3,901, 2 Total expenses (must equal Part IX, column (A), line 25) 2 3,216,	991
2 Total expenses (must equal Part IX, column (A), line 25)	٩٩٨
2 Total expenses (must equal Part IX, column (A), line 25)	991
	506.
	274.
5 Net unrealized gains (losses) on investments 5	
6 Donated services and use of facilities	
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,	
	780.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
Ye	s No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	·
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	<u> </u>
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133?	<u> </u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	0 (2010)

Form **990** (2019)