Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

\sim	OI UI	e 2020 Caleridai year, or tax year beginning	enuing						
B	Check if applicab	C Name of organization		D Employer identific	cation number				
	Addre								
	□ Name chang	Doing business as		27-43777	46				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r				
F	Final return	3999 CDEAT HARVECT COIDT		703-878-					
	termir ated			G Gross receipts \$ 3,094,321					
	∏Amen	ded DITMEDIEC XXX 22025	H(a) Is this a group re						
H	return App l ic tion		דתיין	for subordinates					
	tion pendi				=				
_				H(b) Are all subordinates in					
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1)	or 527	1	list. See instructions				
		te: ► WWW.STLUKEHAITI.ORG		H(c) Group exemptio					
		forganization: X Corporation Trust Association Other	L Year	of formation: 2010 N	🖊 State of legal domicile: VA				
Pa	art I	Summary							
a\	1	Briefly describe the organization's mission or most significant activities: WE P.							
Activities & Governance		EDUCATION, AND DIGNIFIED HUMANITARIAN OUT	REACH	TO THE LEAS	T SERVED				
'n	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.				
<u>S</u>	3	Number of voting members of the governing body (Part VI, line 1a)		3	8				
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8				
ა ბ თ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0				
ţį	6	Total number of volunteers (estimate if necessary)			15				
ξį	72				0.				
Ą	′ "	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
	B	Thet differed business taxable income from Form 990-1, Fait I, line 11							
	١,	Cantributions and grants (Dart VIII line 1b)		Prior Year 3,901,131.	Current Year 3,093,767.				
ne	8	Contributions and grants (Part VIII, line 1h)		0.					
Revenue	9	Program service revenue (Part VIII, line 2g)			0.				
šę	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		863.	554.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,901,994.	3,094,321.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,163,136.	3,781,324.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
be	. ь	Total fundraising expenses (Part IX, column (D), line 25)	03. 🗀						
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		53,352.	42,760.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,216,488.	3,824,084.				
	19	Revenue less expenses. Subtract line 18 from line 12		685,506.	-729,763.				
	_	Tiovondo 1990 expended. Gastraet into 10 from line 12		ginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)	1 26	975,780.	244,065.				
ASSE Rail	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		5,000.	2,767.				
let /	21	Net assets or fund balances. Subtract line 21 from line 20		970,780.	241,298.				
	<u>22</u> art II	Signature Block		310,100.	241,290.				
					. I a				
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and beliet, it is				
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.					
		Circohus of officer		Data					
Sig	n	Signature of officer		Date					
Her	е	FRANK KRAFFT, TREASURER							
		Type or print name and title		· · · · · · · · · · · · · · · · · · ·					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	d	JEFF SCHROEDER JEFF SCHROEDER	0	9/30/21 self-employ	ed P01245303				
Pre	parer	Firm's name ► SASSETTI LLC		Firm's EIN ▶	36-2239746				
Use	Only	Firm's address 6611 NORTH AVENUE							
		OAK PARK, IL 60302		Phone no. (7	08) 386-1433				
May	v the I	RS discuss this return with the preparer shown above? See instructions		,	X Yes No				
a	,								

Form	n 990 (2020) THE ST. LUKE FOUNDATION FOR HAITI	27-4377746 ₽	Page 2
Pa	rt III Statement of Program 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 PROVIDE HEALTHCARE, EDUCATION AND DIGNIFIED HUMANITA	ARIAN OUTREACH	
	TO THE LEAST SERVED POPULATIONS OF HAITI, WITH PROGRAMS		
	MORE THAN 1000 HAITIAN STAFF MEMBERS.		
	HOND THAN 1000 HATTIAN DIATI HUMDUND.		
2	Did the organization undertake any significant program services during the year which were not listed on the		7
	prior Form 990 or 990-EZ?	Yes 🔀	ON 2
	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 🔀	∑ 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 other	ers, the total expenses, and	
	revenue, if any, for each program service reported.	, ,	
4a	(Code:) (Expenses \$3,772,004. including grants of \$3,772,004.) (Reve	* aug	
	GRANTS MADE TO LA FONDATION ST. LUC, A HAITIAN NONPROFIT		
	LED BY HAITIANS, THAT PROVIDES EDUCATION, MEDICAL CARE,		
	HUMANITARIAN OUTREACH TO OVER 150,000 HAITIANS EACH YEAR		
	•		
	PROGRAMS EMPLOYING 900 HAITIANS. FATHER RICK FRECHETTE,		
	PRIEST AND DOCTOR, STARTED THE ST. LUKE MISSION IN COLLA		
	AN INSPIRED GROUP OF YOUNG HAITIAN LEADERS WHO TOGETHER		
	PATH FORWARD FOR THEIR COUNTRY. THE GOAL OF LA FONDATION		<u>'O</u>
	CREATE LASTING SOLUTIONS FOR A STRONGER AND MORE INDEPEN	IDENT HAITI.	
4b	(Code:) (Expenses \$9,320 • including grants of \$9,320 •) (Reve		
	GRANTS MADE TO NOS PETITS FRERES ET SOEURS (NFPS), A NON		
	ORGANIZATION THAT SERVES HAITIANS, FOR MAINTENANCE OF TH		<u>. U.</u>
	AND SUPPLIES.	H HHEIRIC GRI	<u></u>
	WID SOLLHIES.		
40	(Code:) (Expenses \$ including grants of \$) (Reve		
+0	(Code) (Expenses \$ including grains of \$) (never	nue o	
	-		
	•		
	Other program continue (Decayibe on Cake-title O.)		
4d	,	· ·	
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 3,781,324.		(000000
		Form 990	(2020)

			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	Х	
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			
	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		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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		X
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		X
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		<u> </u>
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		X
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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THE ST. LUKE FOUNDATION FOR HAITI 27-4377746 Page 4 Form 990 (2020) Part IV Checklist of Required Schedules (continued) Yes No 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 X 22 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 X 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 Х 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 Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 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 Х <u>3</u>7 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portal	o l e gaming			
	(gambling) winnings to prize winners?			1c	Х	

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Form 990 (2020) THE ST. LUKE FOUNDATION FOR HAITI 27-4377746 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i leonimaed)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		Yes	No
Za	filed for the calendar year ending with or within the year covered by this return	2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		- 0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial ac		4a		Х
b	If "Yes," enter the name of the foreign country				
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		Х
d		7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, and the organization of cars		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		_		
9			8		
э a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	•••••	36		
.c	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.		Fa=	990	(2000)

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	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	8		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
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			
	more members of the governing body?	7a		X
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		X
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		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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 conflicts?		X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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 independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	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 a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ▶ 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 on l y	availa	.ble
	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, a	nd finar	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			
	FRANK KRAFFT - 703-878-5025			
	3999 GREAT HARVEST COURT, DUMFRIES, VA 22025			

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 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 ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	<mark>າ</mark> than d	nne	Reportab l e	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of
	week	_	cer ar	na a a	recto	or/trus	(ee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	tee			sated		organization (W-2/1099-M I SC)	(W-2/1099-M I SC)	from the organization
	organizations	ruste6	trus		ee	Key employee Highest compensated employee Former		(W-2/1099-WISC)		and related
	below	dualt	riona	_	(old m	st col	70			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highe	Former			
(1) FR. RICK FRECHETTE	20.00									
PRESIDENT	40.00	Х		х				0.	0.	0.
(2) JEANNEBEZ AUGUSTIN	10.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) FRANK KRAFFT	10.00									
TREASURER		Х		Х				0.	0.	0.
(4) PATRICIA ROWLAND	12.00									
SECRETARY		Х		X				0.	0.	0.
(5) MARTINE MAIGNAN	2.00									
DIRECTOR		Х						0.	0.	0.
(6) LINDA ROBESON	2.00									
DIRECTOR		Х						0.	0.	0.
(7) ROBIN FORESTAL	10.00									
DIRECTOR		Х						0.	0.	0.
(8) ROSELINE PAUL	1.00									
DIRECTOR		Х						0.	0.	0.
				_						
	-									
		-	\vdash	\vdash	_	\vdash				
		ł								
					\vdash					
		ł								
		\vdash	\vdash	\vdash	\vdash	\vdash				
		1								

Section A. Officers, Directors, Trust	tees, Key Emp	<u> Ploye</u>	ees,	anc	Hig	ghes	t C	ompensated Employee	s (continued)	—			
(A) Name and title	(B) Average		(C) Position (do not check more than one					(D) Reportab l e	(E) Reportab l e		Es	(F) timate	ed.
name and hile	hours per	box,	, unle	ss per	son i	s both	an	compensation	compensation	1		nount	
	week (list any	\vdash	cer an	aaa	recto	or/trust	.ee)	from the	from related organizations			other pensa	tion
	hours for	r direct				pa		organization	(W-2/1099-MIS			om the	
	related	stee or	rustee		<i>a</i>	pensat		(W-2/1099-MISC)			_	anizati	
	organizations be l ow	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	_					d re l ate anizatio	
	line)	Individ	Institu	Officer	Key er	Higher emplo	Former						
		$\vdash\vdash$								\dashv			
										\Box			
		Ш								\dashv			
		H								\dashv			
		Ш								ightharpoonup			
		\vdash								\dashv			
		.											
		$\vdash\vdash$								\dashv			
1b Subtotal							<u> </u>	0.		0.			0.
c Total from continuation sheets to Part VII	, Section A							0.		<u>0.</u>			0.
d Total (add lines 1b and 1c)							o ro	0.		0.			0.
compensation from the organization	or minited to th	036	IISIG	u au	ove	;) VVII	016	cerved more than \$100,	500 of reportable				0
												Yes	No
3 Did the organization list any former officer,	•		•		•		_	• •	•				37
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su											3		X
and related organizations greater than \$150			•					•	J		4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	∋ J fo	or su	ıch <u>r</u>	oers	on .					5		X
Section B. Independent Contractors 1 Complete this table for your five highest cor	mnensated ind	lene	nder	nt cc	ntra	actor	's th	nat received more than \$	100 000 of comp	neati	ion fro	ım	
the organization. Report compensation for t	-								•	, noati		,,,,,	
(A)				_				(B)			(C		
Name and business	address	NC	ONE	5			\dashv	Description of s	ervices		omper	nsation	1
							4						
2 Total number of independent contractors (ir	nc l udina hut na	ot lin	niter	to t	thos	se lis	l ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	_				(
										F	Form	990 (2	2020)

032008 12-23-20

Form 990 (2020) THE ST. LUKE FOUNDATION FOR HAITI 27-4377746 Page 9
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
								000110110 0 12 0 1 1
nts Ets	1		Federated campaigns 1a		-			
ara Ou			Membership dues 1b		-			
S, (Fundraising events 1c		_			
뚩님		d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e					
ie S		f	All other contributions, gifts, grants, and					
Bet			similar amounts not included above 1f 3	,093,767.				
ĒÖ		a	Noncash contributions included in lines 1a-1f	80,453.				
泛덻		h	Total. Add lines 1a-1f		3,093,767.			
<u> </u>				Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
اہ	2	а						
<u>i</u>	2							
e e		b						
n S		С						
e a		d						
Program Service Revenue		е						
₫		f	All other program service revenue					
		g	Total. Add lines 2a-2f)				
	3		Investment income (including dividends, inter	est, and				
			other similar amounts)		554.			554.
	4		Income from investment of tax-exempt bond	oroceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	_		(.,,	1			
	О		Gross rents 6a		-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
			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					
e			and sales expenses 7b					
her Revenue		С	Gain or (loss)7c					
- B			Net gain or (loss)					
ē	8		Gross income from fundraising events (not					
∌∣			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses					
			Net income or (loss) from fundraising events	<u>, </u>				
	_							
	9	а	Gross income from gaming activities. See					
			Part IV, line 19		-			
			Less: direct expenses 9)				
			Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances10	a				
		b	Less: cost of goods sold10	b				
		С	Net income or (loss) from sales of inventory	>				
				Business Code				
Miscellaneous Revenue	11	а						
ne Tie		b						
ella Ver		c						
Besc			All other revenue					
Σ			Total. Add lines 11a-11d		1			
	10				3,094,321.	0.	0.	554.
	12		Total revenue. See instructions		<u> -,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,</u>		ı	

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 Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general 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 3,781,324. individuals. See Part IV, lines 15 and 16 3,781,324. Benefits paid to or for members Compensation of current officers, directors, 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 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): Management Legal 30,405. 30,405. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 722. 722 17 Travel 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 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 8,919. 6,138. 2,781. SOFTWARE AND OTHER BANK CHARGES 2,714. 2,714. С d All other expenses 3,824,084. 3,781,324. 39,257. 3,503. 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)

rai	π. Α	Check if Schedule O contains a response or	r note to	any line in t	this Part Y			
		oncon il occiedale o contains a response or	note to	any mie m	and all A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				955,138.	1	209,436.
	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 currer						
		trustee, key employee, creator or founder, su						
		controlled entity or family member of any of	these p	ersons			5	
	6	Loans and other receivables from other disq	ualified					
		under section 4958(f)(1)), and persons descr		-			6	
S	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
As	9						9	9,003.
	_	Land, buildings, and equipment: cost or other						·
		basis. Complete Part VI of Schedule D		_{0a}				
	h	Less: accumulated depreciation					10c	
	11	Investments - publicly traded securities				20,642.	11	25,626.
	12	Investments - other securities. See Part IV, li					12	
	13	Investments - program-related. See Part IV, I		13				
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must				975,780.	16	244,065.
	17	Accounts payable and accrued expenses	5,000.		2,767.			
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Comple					21	
	22	Loans and other payables to any current or f						
Liabilities		trustee, key employee, creator or founder, su						
i i i		controlled entity or family member of any of					22	
Lia	23	Secured mortgages and notes payable to ur					23	
	24	Unsecured notes and loans payable to unrel					24	
	25	Other liabilities (including federal income tax						
	25	parties, and other liabilities not included on I						
		of Schedule D	inics in	24). Compi	Sto Fart A		25	
	26	Total liabilities. Add lines 17 through 25				5,000.	26	2,767.
	20	Organizations that follow FASB ASC 958,				2,000	20	277071
S		and complete lines 27, 28, 32, and 33.	CHECK					
Š	27					571,568.	27	167,982.
sala	28	Net assets with donor restrictions				399,212.	28	73,316.
힏	20	Organizations that do not follow FASB AS				333,222	20	70,0201
Ē		and complete lines 29 through 33.	JO 330,	CHECK HEIC				
<u></u>	29	Capital stock or trust principal, or current fur			29			
ets	30	Paid-in or capital surplus, or land, building, or					30	
\ss	31	Retained earnings, endowment, accumulate					31	
Net Assets or Fund Balances	32	Total net assets or fund balances				970,780.	32	241,298.
Ž						975,780.	33	244,065.
	33	Total liabilities and net assets/fund balances	·			213,100.	33	Z44,003.

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)		3,09						
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,82						
3	Revenue less expenses. Subtract line 2 from line 1	3	-72						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97	0,7	<u>80.</u>				
5	5 Net unrealized gains (losses) on investments5								
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			<u> </u>				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	24	1,2	98.				
Pai	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	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	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin								
	Act and OMB Circular A-133?	_	За		х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
	-		Form	990	(2020)				

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

r 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE ST. LUKE FOUNDATION FOR HAITI

Employer identification number

		THE	ST. LUKE FO	OUNDATION FOR	R HAIT	ΓI		2	7-4377746
Pa	ırt I	Reason for Public C	Charity Status.	(All organizations must o	omp l ete th	nis part.) S	ee instructions		
Γhe	orgai	nization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in section	n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedu l e E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	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 fo	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	lly receives a substar	ntial part of its support f	rom a gove	ernmental ı	unit or from the	genera l p	oub l ic described in
		section 170(b)(1)(A)(vi). (C	omp l ete Part II.)						
8	Ш	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a la	and-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of th	ne college	or
	_	university:							
10		An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	fees, and	d gross receipts from
		activities related to its exem	•	•					•
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	red by the orga	ınization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	•						
11		An organization organized a	· ·	-	-				
12		An organization organized a	· ·		-			-	
		more publicly supported org	=						Check the box in
		lines 12a through 12d that o							
а		Type I. A supporting orga	· ·	•		-			
		the supported organization	., .		majority c	of the direc	tors or trustees	s of the su	apporting
		organization. You must o	- ·				-liti	(a) la la a .	da a
b) L	Type II. A supporting orga	-				-		=
		control or management of			ame perso	ns that coi	ntrol or manage	e trie supp	oorted
_		organization(s). You mus Type III functionally inte			in connect	tion with a	and functionally	, intograto	nd with
C		its supported organization	-				-	integrate	eu with,
d		Type III non-functionally						ed organiz	zation(s)
ŭ		that is not functionally int	•					•	* *
		requirement (see instructi	_	= -	-		-	ari attoriti	7011033
е		Check this box if the orga	•	•				Type III	
Ĭ	_	functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
f	Ent	ter the number of supported o		,					
g		ovide the following information	•	d organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of r	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
									
Fota	 al								

16121020 707170 8016

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.)

Calendar year (or fiscal year beginning in) P Gifts, grants, contributions, and membership fees received. (Do not include any 'unrousal grants.') 4705825. 2582944. 2562517. 3901132. 3093767. 16846185. 4705825. 2582944. 2562517. 3901132. 3093767. 1684618	Sec	ction A. Public Support	<u>_</u>	·	•				
membership fees received, (Do not include any runusual grants.) 2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf with the organization without charge through a governmental unit to the organization without charge 4 Total Add lines 1 through 3 The yable of services or facilities furnished by a governmental unit to the organization without charge 4 Total Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f) 6 Public support. Seesant received on securities loans; and the seesant of the se	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
A Total, Add lines 1 through 3	1	Gifts, grants, contributions, and							
2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support. Service in exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 6 Public support. Service in exceeds 2% of the amounts from line 4 6 Public support. Service in exceeds 2% of the amounts from line 4 6 Public support. Service in exceeds 2% of the amounts from line 4 6 Public support. Service in exceeds 2% of the amounts from line 4 6 Public support. Service in exceeds 2% of the amounts from line 4 6 Public support. Service in exceeds 2% of the amounts from line 4 6 Public support. Service in exceeds 2% of the amounts from line 4 6 Public support. Service in exceeds 2% of the amounts from line 4 6 Public support. Service in exceeds 2% of the amounts from line 4 6 Public support. Service in exceeds 2% of the amounts from line 4 6 Public support. Service in exceeds 2% of the amounts from line 4 7 Public support. Service in exceeds 2% of the exc		membership fees received. (Do not							
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