

Form

990

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

MISSION HAITI INC

Doing business as

Mission Haiti

Number and street (or P.O. box if mail is not delivered to street address)

7360 Curry Ford Rd PO Box721612

Room/suite

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

Orlando, FL 32872

F Name and address of principal officer:

Peter Meier

same as C above

Orlando, FL 32872

D Employer identification number

59-3599396

E Telephone number

(954) 205-9794

G Gross receipts \$ 185,686

I Tax-exempt status:

☒ 501(c)(3)
☐ 501(c) () (insert no.)
☐ 4947(a)(1) or
☐ 527

J Website:

www.missionhaiti99.org

K Form of organization:

☒ Corporation
☐ Trust
☐ Association
☐ Other

L Year of formation: 1999

M State of legal domicile: FL

H(a) Is this a group return for subordinates?

☐ Yes
☒ No

H(b) Are all subordinates included?

☐ Yes
☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To minister to the physical and spiritual needs of the people of Haiti.		
Activities & Governance	2 Check this box <input type="checkbox"/>		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
Revenue	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	311,559	185,484
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	157	202
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	311,716	185,686
	14 Benefits paid to or for members (Part IX, column (A), line 4)	294,185	169,220
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	18,771	11,505
	b Total fundraising expenses (Part IX, column (D), line 25) 0	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	0
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,542	4,882
	19 Revenue less expenses. Subtract line 18 from line 12	319,498	185,607
Net Assets or Fund Balances		-7,782	79
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	81,620	20,848
Net Assets or Fund Balances	22 Net assets or fund balances. Subtract line 21 from line 20	80,074	19,223
		1,546	1,625

Part II Signature Block

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

Sign
Here

Signature of officer
Peter Meier Secretary
Type or print name and title

2024-05-15

Date

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

May the IRS discuss this return with the preparer shown above? See Instructions.

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2023)

Page 2

Form 990 (2023)

Page 2

Part 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:

To minister to the physical and spiritual needs of the people of Haiti.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 \$ 109,120 including grants of \$ 0) (Revenue \$ 109,570)
Provided humanitarian aid, food, water, clothing, and shoes. Provided assistance to four pastors to maintain orphanages and feeding programs. Maintained water harvesting system for school reservoir in Colminy. Provided Covid sanitation and hygiene supplies for multiple communities. Completion of construction of two churches in Bien Amie and Fond Rouge, Haiti

4b (Code:) (Expenses \$ 55,750 including grants of \$ 0) (Revenue \$ 55,750)
Provided tuition, uniforms, school supplies for 50 students. Provided compensation for teachers in the Jeremie area.

4c (Code:) (Expenses \$ 4,350 including grants of \$ 0) (Revenue \$ 3,900)
Community health outreach: women received prenatal care and instruction on hygiene and nutrition

4d Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 169,220

Form 990 (2023)

Page 3

Form 990 (2023)

Page 3

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A ☒
- 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. ☒
- 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
- 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
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III
- 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

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		