

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HAITI MAMA INC		D Employer identification number 46-5633618
	Doing business as		E Telephone number 218-205-0755
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 555,064
	57505 430TH ST		
City or town, state or province, country, and ZIP or foreign postal code NEW YORK MILLS, MN 56567		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶	
F Name and address of principal officer: TIFFANY PROVINCE 57505 430TH ST, NEW YORK MILLS, MN 56567			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2014	M State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>Haiti Mama works to reunite children in orphanages with their families providing sustainability solutions to poverty.</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 6
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 1
	6 Total number of volunteers (estimate if necessary) 2
	7a Total unrelated business revenue from Part VIII, column (C), line 12 0
	7b Total unrelated business taxable income from Form 990-T, Part I, line 11 0
	8 Contributions and grants (Part VIII, line 1h) 350,114
9 Program service revenue (Part VIII, line 2g) 22	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 100,984	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 350,136	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 121,565	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0
	14 Benefits paid to or for members (Part IX, column (A), line 4) 49,023
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 13
	16a Professional fundraising fees (Part IX, column (A), line 11e) 28,165
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,165
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 284,493
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 333,516
19 Revenue less expenses. Subtract line 18 from line 12 16,620	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 65,842
	21 Total liabilities (Part X, line 26) 315
	22 Net assets or fund balances. Subtract line 21 from line 20 65,527

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: [Signature] Date: 10-13-2022
TIFFANY PROVINCE, BOARD CHAIR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Annice Reed Preparer's signature: [Signature] Date: Check if self-employed PTIN: P01952092
 Firm's name ▶ Annice Reed CPA Firm's EIN ▶ 81-2761694
 Firm's address ▶ 1300 Custer Rd, Allen, TX 75013 Phone no. 469-270-3289

May the IRS discuss this return with the preparer shown above? See instructions Yes No