## 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)

OMB No. 1545-0047 2017

Department of the Treasury

▶ 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

internal Nevertue Service											
A	For t	he 2	017 calend	ar year, or tax year begin	ning		, 2017, and en	ding	, 20		
В	Check	if app	olicable:	C Name of organization COMM:	ISSIONED BELIEV	ERS DEAF MI	NISTRIES		D Employer ident	ification no.	
Address cha			ange	ge Doing business as HAITI DEAF ACADEMY					20-115055	20-1150550	
	Name	chang	ge	Number and street (or P.O. box	Number and street (or P.O. box if mail is not delivered to street address)			Room/suite	E Telephone numb	E Telephone number	
П	Initial r	return		3766 WALKER ROA	.D						
П	Final r	eturn/	terminated	cited City or town, state or province, country, and ZIP or foreign postal code					G Gross receipts	G Gross receipts	
$\equiv$	Amen									\$ 365,219	
$\Box$			pending	F Name and address of principal	V - 22722 - 22 - 22 - 22 - 22 - 22 - 22	VINCTON		H(a) Is this a group re		es X No	
Ш	Applic	ation						H(b) Are all subordinates included? Yes No			
			77	Same as C above							
<u> </u>	Tax-ex	xempt							tach a list. (see instruction	is)	
J	Webs	ite:	N/A					H(c) Group exemption number			
		1	_		ociation Other	L	Year of formation: 2	004 M State o	f legal domicile: ID		
Part I Summary											
	1			ribe the organization's missi				A	iance by pro		
Governance		1	language academic vocational physical spiritual and economic oppertunities for deaf and								
		h	hard of hearing.								
	2	2 (	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.								
Ğ	;	3 N	Number of v	oting members of the gove	rning body (Part VI, line	1a)			3	4	
Activities &	1	4 N	Number of i	ndependent voting members	of the governing body	(Part VI, line 1b)			4	0	
			Total number of individuals employed in calendar year 2017 (Part V, line 2a)					**************************************	5	0	
					-			-A1000	6	85	
Ă				otal number of volunteers (estimate if necessary)					7a	0	
									7b	0	
	-	D I	vet uniterate	u business taxable income	month offit 550-1, line o	*		Prior Year	Current Y		
	١.		^ - mt-: lb ti - m	a and grants (Dart \/III line	16)			276,		364,486	
d)				s and grants (Part VIII, line				2/0,	033		
Ž			Program service revenue (Part VIII, line 2g)								
Revenue	10			vestment income (Part VIII, column (A), lines 3, 4, and 7d)						27	
ď	1			other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					760)	254	
	1:							271,		364,767	
	1:			similar amounts paid (Part I		)		9,	385	2,552	
	1		-	d to or for members (Part IX	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TO THE PERS	· · · · · · · · ·				0	
	1	5 5	Salaries, oth	ner compensation, employee	benefits (Part IX, colur	nn (A), lines 5-10)		59,	352	80,625	
Expenses	1	6a F	Professional fundraising fees (Part IX, column (A), line 11e)							0	
		b 7	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0								
	1	7 (	Other exper	ises (Part IX, column (A), lin	nes 11a-11d, 11f-24e)			168,	785	278,560	
	1	8 7	Total expens	ses. Add lines 13-17 (must	equal Part IX, column (	A), line 25)		237,	522	361,737	
	1		Revenue less expenses. Subtract line 18 from line 12					33,	751	3,030	
_	_							Beginning of Current	Year End of Y	ear	
ets o	2	0 7	Total assets	(Part X, line 16)			<u> </u>	148,		158,453	
Net Assets or	E 2								070	38,868	
Net	2			or fund balances. Subtract			_	116,		119,585	
					inic 21 non inic 20 .						
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.											
				TN GOVERNMEN							
Sig	n		DARWIN COVINGTON Signature of officer Date						Date		
			Ognatio of officer								
He	re		DARWIN COVINGTON, CHAIRMAN and PRESIDENT  Type or print name and title								
		,	1				Date		, DTN		
_				reparer's name	Preparer's signature			Check L	if PTIN		
Paid			JONATH		JONATHAN G GIBE	SS	11-01-2018	self-employed	P0122592	U	
Preparer				Firm's name ACCOUNTSERV CPAS PLLC					Firm's EIN ▶		
Use Only			Firm's address ► 105 E IDAHO AVE					Phone no.			
			Meridian ID 83642					208-887-3567			
May the IRS discuss this return with the preparer shown above? (see instructions)									X Yes	☐ No	