

Return of Organization Exempt From Income Tax

2020

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning **2020**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **COMMISSIONED BELIEVERS DEAF MINISTRIES**
 Doing business as **HAITI DEAF ACADEMY**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3766 WALKER ROAD
 City or town, state or province, country, and ZIP or foreign postal code
Walker, IA 52352

D Employer identification number
20-1150550

E Telephone number
(484) 784-8703

G Gross receipts
\$ **256,076**

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 ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **N/A**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2004** **M** State of legal domicile: **ID**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: We strive to offer self-reliance by providing language academic vocational physical spiritual and economic opportunities for deaf and hard of hearing.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 252,823 Current Year: 281,305
	9	Program service revenue (Part VIII, line 2g)	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31 (25,229)
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	252,854 256,076
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)	812 2,252
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	29,842 71,120
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	189,263 168,746
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	219,917 242,118	
19	Revenue less expenses. Subtract line 18 from line 12	32,937 13,958	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 157,782 End of Year: 164,832
	21	Total liabilities (Part X, line 26)	7,000 0
	22	Net assets or fund balances. Subtract line 21 from line 20	150,782 164,832

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

▶ **LESLIE WILDERMUTH**
Signature of officer Date

▶ **LESLIE WILDERMUTH, TREASURER**
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **JONATHAN G GIBBS** Preparer's signature: **JONATHAN G GIBBS** Date: **06-03-2021** Check if self-employed PTIN: **P01225920**

Firm's name ▶ **ACCOUNTSERV CPAS PLLC** Firm's EIN ▶
 Firm's address ▶ **PO Box 1388 Meridian ID 83680** Phone no. **208-887-3567**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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: We strive to offer self-reliance by providing language academic vocational physical spiritual and economic oppertunities for deaf and hard of hearing.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No

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 \$ 234,825 including grants of \$) (Revenue \$ 281,305) The world was in turmmoil in 2020, including Haiti. Some domestic unrest continued and the borders were closed for months due to Covid. Our students were able to attend Haiti Deaf Academy for limited periods of time. During those times HDA was still able to provide board and room for 36 deaf students age 4 to 18. We also had 5 day students who received the same educational opportunities and meals. Regardless of age, we've found language development is critical, it opens so many doors to the world for our deaf children, we provide the educational opportunities, scholastic tutoring and spiritual development, but language itself enables self-expression, the ability to advocate for themselves and to even understand encouragement being offered. A wonderful addition to our programming was our redesigned "Life Skills Program" for students aged 14-18. Academics is not enough to negotiate life in Haiti, especially for a deaf individual.

4b (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 234,825