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990

Return of Organization Exempt From Income Tax

2016

20

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

2016, and ending

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

Open to Public Inspection

D Employer identification no.

OMB No 1545-0047

Department of the Treasury	▶ Do not enter so
Internal Revenue Service	► Information abo
A For the 2016 calenda	r year, or tax year beginning

Check if applicable

Final return/terminated

Address change

Amended return

Website >

10

20

21

22

Part II

Sign Here

Paid

Preparer

Use Only

JAMES P SEIFRIED

THE SEA

May the IRS discuss this return with the preparer shown above? (see instructions)

115 NORTH CHEROKEE AVE

CLAREMORE OK 74017

Firm's name

Firm's address

Part I

Activities & Governance

SCANNED JUN 07 2017 Revenue

Application pending

Form of organization

Name change

Initial return

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

C Name of organization MISSIONS IN HAITI, INC.

73-1594533 Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number PO BOX 2996 (918)341-8911 282,875 City or town, state or province, country, and ZIP or foreign postal code CLAREMORE, OK 74018 G Gross receipts\$ H(a) is this a group return for subordinates? Yes No Name and address of principal officer WANDA MCCRATE H(b) Are all subordinates included? Yes No 10124 E 470 ROAD, CLAREMORE, OK 74017 ☐ 501(c) () (insert no) 4947(a)(1) or If "No," attach a list (see instructions) WWW.MISSIONSINHAITI.COM H(c) Group exemption number L Year of formation 2000 M State of legal domicile Summary Briefly describe the organization's mission or most significant activities: OPERATION OF AN ORPHANAGE & RELATED PROGRAMS TO ASSIST DISADVANTAGED CHILDREN AND THEIR FAMILIES WITH SCHOOL SUPPLIES, FOOD, CLOTHING, HOUSING, AND MEDICAL CARE. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 1 Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . 37 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) . . . 269,375 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 13,500 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 282,875 331,073 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 174,085 183,190 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 36,170 36,170 Professional fundraising fees (Part IX, column (A), line 11e)
 Total fundraising expenses (Part IX, column (D), line 25) 0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 74,001 65,985 Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 284,256 285,345 (2,470)Revenue less expenses. Subtract line 18 from line 12. 46,817 Beginning of Current Year End of Year 641,699 Total assets (Part X, line 16) 649,169 Total liabilities (Part X, line 26) 5,00d Net assets or fund balances Subtract line 21 from line 20 641,699 Signature Block Under penalties of penury, 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 land 5-11-2017 WANDA MCCRATE, OFFICER/DIRECTOR Type or print name and title Date Print/Type preparer's name

Firm's EIN

self-employed

05-05-2017

Form 990 (2016

P00548042

X Yes

918-341-5424

Forn	n 990 (2016) MISSIONS IN HAITI, INC.	73-1594533	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	Bnefly describe the organization's mission:		
	OPERATION OF AN ORPHANAGE & RELATED PROGRAMS TO ASSIST DISADVANTAGED CHILDRE	N AND THEIR	ર
	FAMILIES WITH SCHOOL SUPPLIES, FOOD, CLOTHING, HOUSING, AND MEDICAL CARE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
		Yes	X No
			_
3			
Part II Statement of Program Service Accomplishments	x No		
4	•	sured by	
•			
		o outcio,	
	the total expenses, and revenue, it any, for each program service reported.		
12	(Code: \ / Expenses \$ 201 000 including greats of \$ \ \ /Payanya	<u> </u>	
7 0		· ———	/
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		IIS IN AKEA	
	SCHOOLS.		
			
			
	· · · · · · · · · · · · · · · · · · ·		
4b)
		RUCTURES; PI	ROVIDED
	FUNDING TO COMPLETE ADDITIONAL STRUCTURES FOR COMMUNITY USE.		
4c	(Code) (Expenses \$5,500 including grants of \$) (Revenue	\$)
	FEEDING/NUTRITION PROGRAM: PROVIDED FOOD ASSISTANCE TO APPROXIMATELY 1200 PR	OPLE THROU	GH THE
	GOOD HOPE CHURCH IN LIZON. MEDICAL HELP, CLOTHING, AND HOUSING ASSISTANCE WA	AS ALSO PRO	VIDED
	WHEN NEEDED.		
44	Other program services (Describe in Schedule O.)		
→u		,	
40			
	Total program Service expenses ► 214,321		000 (004)
EEA		FC	rm 990 (2016

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	- 1	- 1	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	ì	- }	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		l	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_ 5		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or 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		_X_
C	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		X
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		X
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	X_	
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 (see instructions)	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	L	X
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	<u> </u>	X

Page 4

Part IV Checklist of Required Schedules (continued) No <u>X_</u> 20a **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 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 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 X 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 X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 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? X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 28 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). \mathbf{X}_{-} A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 28c Х 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," -Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 34 Х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 37 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, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.

Check if Schedule O contains a response or note to any line in this Part V 18 Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable 1 b	1 01	Statements Regarding Other IRS Filings and Tax Compliance			
18 Enter the number reported in Box 3 of Form 1096. Enter -0-in not applicable 1		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W/2G included in line 1a. Enter -0- if not applicable 1b C Diff the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gainkling) winnings to prize winners? 1c 2a 2b Z Enter the number of embyloger reported on Form W-3. Transmittal of Wage and Tax Sistements, filed for the calendar year ending with or within the year covered by this return. 2a 2b X Note. If the sum of fines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3b If ves, his aut of fines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3b If ves, his aut of filed a form 990. The this year? 3a 3a Vite organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a Vite organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a Vite organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a Vite organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a Vite organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a Vite organization and year of the organization was a bank account, securities account, or other numbers over, a financial account in organization for segment of the organization of the organization for segment of the organization for financial accounts (FBAR) Vite organization for financial accounts (FBAR) Vite organization for financial accounts (FBAR) Vite organization segment organization file from 8886-17 So Vite organization segment organization file organization file organization file organization file				Yes	No
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Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 a bill the reginarization have unrelated business gross income of \$1,000 or more during the year? 3 a bill 1st Yes, "has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3 b 4 A famy time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial eccount in a foreign country (such as a bank account, securities account, or other financial accountry? 4 bill "Yes," enter the name of the foreign country: } See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization selficial any contributions that vere not tax deductible as chantable contributions or giffs were not tax deductible? 6 Did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization that may receive deductible contributions under section 170(c). 9 Did the organization shall may receive deductible contributions under section 170(c). 1 If Yes," did the organization notify the donor of the value of the goods or services provided? 7 To bill the organization shall may receive deductible contributions under section 170(c). 9 Did the organization shall ensure that section 170(c). 1 If Yes," did the organization necesses accommentation of the value of the goods or services provided? 7 To Did the organization shall be organization foreign the payor? 1 If Yes, and the organization shall be organization foreign the payor? 1 If Yes, and the organizati			1		
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b If Yes,* has it flied a Farm 990-T for this year? If 'No' to Inio 30, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authonity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country; b 5b If Yes,* enter the name of the foreign country; b 5e instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR?) 57 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 50 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* to line 5a or 5b, did the organization in the Form 8885-T? 6c If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organizations that may receive deductible contributions under section 170(c). 6c Did the organizations that may receive deductible contributions under section 170(c). 6c Did the organization shall may receive deductible contributions under section 170(c). 6c Did the organization shall may receive deductible contributions under section 170(c). 6c Did the organization shall be payor? 6c Did the organization shall be payor? 6d Did the organization shall be payor? 6d Did the organization shall be payor? 6d Did the organization shall be payor					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; over, a financial account in a foreign country. 4a b if "Yes," enter the name of the foreign country. See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5f Was the organization a party to a prohibited fax shelter transaction at any time during the tax year? 5a bid any taxable party notify the organization flie Form 8896-17? 6b 1f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as organization of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible; 6b 7 Organizations that may receive deductible contributions under section 170(c). 6b 7 Organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 To did the organization notify the donor of the value of the goods or services provided? 7 To b If "Yes," indicate the number of Forms 8282 filed during the year. 7 To Did the organization organization seal, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 To Did the organization received a contribution of qualified intellectual property, did the organization fleating of the payment of Forms 829 as required? 7 To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required? 7 To Did the organization received a contribu	_		\rightarrow		_X_
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g / Th If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C? 7h If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C? 7h If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C? 7h If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C? 7h If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C? 7h If the organization make any taxable distribution ad onor advised fund maintained by the sponsoring organization make a distribution under section 4966? 9 Sponsoring organization make a distribution under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization section to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 11 Initiation fees and capital contributions included on Part VIII, line 12 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 13 Section 501(c)(12) organizations. Enter: 14 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 15 Section 501(c)(12) organizations. Enter: 16 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 17 Section 4947(a)(1) non-exempt charitable trusts. Is the organization	d	If "Yes," indicate the number of Forms 8282 filed during the year			
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13 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 Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
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Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
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Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10	Section 501(c)(7) organizations. Enter:			
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a	а	Initiation fees and capital contributions included on Part VIII, line 12			
a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a	11				
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Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	b		-		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		against amounts due or received from them.)			
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13c			12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13a 13a 13a 13b 13b	b				
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			*****		
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	а		13a		
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		Note. See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states in which			
14a Did the organization receive any payments for indoor tanning services during the tax year?		the organization is licensed to issue qualified health plans		ŀ	
and the contract of the contra	С	Enter the amount of reserves on hand			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			14a		Х
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X 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? 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? . . . 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . Section 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 X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15b 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 X 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **> Oklahoma** 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website ☑ Upon request ☐ Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 🕨 WANDA MCCRATE (918) 341-8911, 10124 E 470 ROAD, CLAREMORE, OK 74017

Page	7

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Form	990	(201	6)

Form 990 (20	16) MISSIONS IN HAITI, INC.		73-1	594533	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employ	ees, Highe	st Compensated	Employees	, and
	Independent Contractors				_
	Check if Schedule O contains a response or note to any line in this Part VII .	<u></u>	<u></u>	<u> </u>	<u></u>

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated amployees, and former such persons

1 1			"	2)		- 1		1	
(B) Average hours per week (list any	box,	unles	Pos eck m s pen	ition ore th	both ar		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
60.00	х						33,600	0	
60.00	х						(0	
20.00	х		Х				(
1.00_	Х							0	
1.00_	х							0	
1.00	х							0	
	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line) - 60.00 X - 20.00 X - 1.00 X - 1.00 X - 1.00 X - X - 1.00 X - X - X - X - X - X - X - X - X - X	(B) Average hours per week (list any hours for related organizations below dotted line) - 60.00	Average hours per week (list any hours for related organizations below dotted line) - 60.00 X - 20.00 X - 1.00 X - 1.00 X - 1.00 X - X - X - X - X - X - X - X	(B) Average hours per week (list any hours for related organizations below dotted line) - 60.00 - 1	(B) Average hours per week (list any hours for related organizations below dotted line) - 60.00 - 20.00 - 1.00 - X - 1.0	(B) Average hours per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line)

		Check if Schedule O contains a response or n	ote to any line in th	nıs Part VIII			
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रु रह	1a	Federated campaigns 1a				· · · · · · · · ·	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b			-		
e, ₹	С	Fundraising events 1c			-		
a iit	d	Related organizations 1d			:		
ıs, (Sim	e	Government grants (contributions) . 1e					
ig je	f	All other contributions, gifts, grants,			1		
들 돌	}	and similar amounts not included above 1f	269,375		‡		
and	g	Noncash contributions included in lines 1a-1f: \$			1		
_	h	Total. Add lines 1a-1f		269,375			
			Business Code			······································	
5	2a						1
Program Service Revenue	b				-		
ice	С				-		
Şe∠	d						
E	е						
īgo T	f	All other program service revenue					
<u> </u>		Total. Add lines 2a-2f					
	t .	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond prod	-				
	5	Royalties	L		<u>, </u>		
		(ı) Real	(ii) Personal			***************************************	
	6a	Gross rents	(II) Feisoliai				
		Less: rental expenses		•			
		Rental income or (loss)					
		Net rental income or (loss)		Ì			
		` ' r 	(II) Other				
	/a	Gross amount from sales of assets other than inventory (i) Secunities	13,500	-	ļ		
	١ ,	•	13/300		Ì		
	"	Less. cost or other basis and sales expenses		1			
	c	Gain or (loss)	13,500	1			
	1	Net gain or (loss)		13,500	13,500		
ne	1	Gross income from fundraising		13,300	13,300		
/enne	-	events (not including \$					
Other Rev		of contributions reported on line 1c).					
<u> </u>		See Part IV, line 18 a					
₽	ь	Less. direct expenses b					
		Net income or (loss) from fundraising events .					
		Gross income from gaming activities.				***************************************	
		See Part IV, line 19 a					
	ь	Less. direct expenses b					
		Net income or (loss) from gaming activities		· Í			
		Gross sales of inventory, less					-
	IVa	returns and allowances a			į		
	b	Less: cost of goods sold b		:		+	
		Net income or (loss) from sales of inventory .		•	1		
		Miscellaneous Revenue	Business Code				
	11a	THE CONTROL OF THE CO	Duamesa Coue	ĺ			1
	b						
	c						
		All other revenue					
		Total. Add lines 11a-11d					-
		Total revenue. See instructions		282,875	13,500		d ,
				,-,-	,_,		٠,

73-1594533

Part IX Statement of Functional Expenses

3000	on 501(c)(3) and 501(c)(4) organizations must complete all c. Check if Schedule O contains a response or note to				
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22		[
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	İ	į		
	ındıviduals See Part IV, lines 15 and 16	183,190	183,190		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	33,600		33,600	
6	Compensation not included above, to disqualified			j	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<u> </u>
9	Other employee benefits				
10	Payroll taxes	2,570		2,570	
11	Fees for services (non-employees).				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)			2.704	
12	Advertising and promotion	3,704		3,704	1.1.2
13	Office expenses	6,903		6,903	
14	Information technology				
15	Royalties	4 500	4 500		
16	Occupancy	4,500	4,500	24,047	
17	Travel	24,047		21,01/	
18	Payments of travel or entertainment expenses			i	
19	for any federal, state, or local public officials	 _			
20	-				
21	Interest				
22	Depreciation, depletion, and amortization	26,831	26,831		
23	Insurance	20,031	20,032		<u>.</u>
24	Other expenses. Itemize expenses not covered				
- '	above (List miscellaneous expenses in line 24e. If		-		
	line 24e amount exceeds 10% of line 25, column		-		
	(A) amount, list line 24e expenses on Schedule O.)				
а	(, , a mount, not mile 2 to expenses on conseque city				***************
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	285,345	214,521	70,824	0
26	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				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 61,515 1 12,694 2 2 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 7 8 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . | 10a 917,597 10c 587,654 629,005 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 649,169 16 641,699 17 17 18 18 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D $\ \ldots \ \ldots$ 21 -iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 5,000 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 Total liabilities. Add lines 17 through 25 5,000 26 0 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗌 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 644,169 31 641,699 32 Retained earnings, endowment, accumulated income, or other funds 32 33 644,169 33 641,699 649,169 34 641,699

Form	990 (2016) MISSIONS IN HAITI, INC. 73-15	94533	P	age 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		282,	875
2	Total expenses (must equal Part IX, column (A), line 25)		285,	345
3	Revenue less expenses. Subtract line 2 from line 1		(2,	470)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		644,	169
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		641,	699
Par	† XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		. 🗆
			Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.		F	
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:		ſ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	
b	Were the organization's financial statements audited by an independent accountant?	2	b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1
	separate basis, consolidated basis, or both:			
	☐ 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		f	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2	С	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3	b	
EEA		Fc	rm 990	(2016)

SCHEDULE A

(E)

Total

(Form 990 or 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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number MISSIONS IN HAITI, INC. 73-1594533 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a 🔲 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e 🔲 Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (v) Amount of monetary (iv) is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D)

MISSIONS IN HAITI, INC. 73-1594533

D -	All Comment Colonials Colonials	4: 5		(: 470/1.)//	17476.3	70/L\/4\/A\/:\				
ra	till Support Schedule for Org									
	(Complete only if you chec						under			
	. Part III. If the organization	fails to qualify u	nder the tests	listed below, p	lease complete	Part III.)				
	tion A. Public Support	r								
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Tot	al		
1	Gifts, grants, contributions, and	j	Ì							
	membership fees received. (Do not	1	1							
	include any "unusual grants.")	269,994	246,545	291,995	331,073	269,375	1,40	8,982		
2	Tax revenues levied for the organization's 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	269,994	246,545	291,995	331,073	269,375	1,40	8,982		
5	The portion of total contributions by									
	each person (other than a	ŀ	-							
	governmental unit or publicly					1				
	supported organization) included on			ì						
	line 1 that exceeds 2% of the amount			1						
	shown on line 11, column (f)			ŧ			14	6,435		
6	Public support. Subtract line 5 from line 4							2,547		
	tion B. Total Support	<u> </u>				<u> </u>		_,,		
	ndar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) To	al		
7	Amounts from line 4	269,994	246,545	291,995				8,982		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10 .						1,40	8,982		
12	Gross receipts from related activities, etc.	(see instructions) .				12				
13	First five years. If the Form 990 is for the organization, check this box and stop here	9 <u>.</u>	<u></u>	rth, or fifth tax yea	r as a section 501	(c)(3)	<u> </u>	▶ 🗆		
Sec	tion C. Computation of Public Su									
14	Public support percentage for 2016 (line 6			* * * *			89.61	_%		
15	Public support percentage from 2015 Sche						88.75	%		
16a	33 1/3% support test - 2016. If the organic									
	box and stop here. The organization quali	•	• •				🕨	X		
b	33 1/3% support test - 2015. If the organi							_		
	this box and stop here. The organization of	qualifies as a public	ly supported organ	nization			🕨	· 📙		
17a	10%-facts-and-circumstances test - 201	-								
	10% or more, and if the organization meet									
	Part VI how the organization meets the "fa		-	•				_		
	organization						•	. 📙		
b										
	15 is 10% or more, and if the organization									
	Explain in Part VI how the organization me			•		-				
	supported organization						. •			
18	Private foundation. If the organization did	l not check a box o	n line 13, 16a, 16b	, 17a, or 17b, che	ck this box and se	ee		_		
	Instructions							.		

che	dule A (Form 990 or 990-EZ) 2016 MISSI	ONS IN HAI	TI, INC.			73-159453	Page 3
Pa	tt III Support Schedule for Orga						
	(Complete only if you check						er Part II.
30	If the organization fails to qu	lalify under the	ne tests listed b	elow, please o	complete Part I	(.)	
	etion A. Public Support	(5) 2040	(h) 0042	(-) 0044	(4) 2045	1 (2) 2046	10 Total
_		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5		ļ	ļ	<u> </u>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					ļ	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		<u></u>			
	endar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11, and 12)						

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f) . . . 15

Public support percentage from 2015 Schedule A, Part III, line 15 . . . 16 Section D. Computation of Investment Income Percentage % Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . .

% Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page 4

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 of Part I, If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	1		
	2		
	3a		H*** .
	3b		
	3c		
	4a		
	4 a		
	41-		
	4b		
	4c		
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	5a		
	5b		_
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	9b	-	
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	10a		ļ
	10b	1	
			

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1 111	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Ī		
	below, the governing body of a supported organization?	11a	- 1	
b	A family member of a person described in (a) above?	11b		
_ c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Ī		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,	Ì		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	ļ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	1	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	.		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	.		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		-	
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ions).	•
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		-	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		-	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		-	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		}	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	

Schedule A (Form 990 or 990-EZ) 2016 MISSIONS IN HAITI, INC.		73-15	94533 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations	s must complete Sectio	
Section A - Adjusted Net Income	į	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	<u> </u>	
6 Portion of operating expenses paid or incurred for production or		<u> </u>	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	,		Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1	······································	
2 Enter 85% of line 1	2	''	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		***
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	······································	····
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		- //+++++++++++++++++++++++++++++++++	···
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-instructions).		ated Type III supporting	g organization (see
mon donorray,			

THE AVERT COO TO CO ET COOK MICCIONS IN UNITE INC				Page :
	(3) Supporting Organiz		7733	rage
ction D - Distributions	(o) outplotting organization	1000	Current	Year
Amounts paid to supported organizations to accomplish exe	empt purposes			
Amounts paid to perform activity that directly furthers exempt				
organizations, in excess of income from activity				
Administrative expenses paid to accomplish exempt purpos	ses of supported organizati	ons		
Amounts paid to acquire exempt-use assets				
Qualified set-aside amounts (prior IRS approval required)				
Other distributions (describe in Part VI). See instructions.				
Total annual distributions. Add lines 1 through 6.				
Distributions to attentive supported organizations to which to	he organization is respons	ive		
(provide details in Part VI). See instructions.				
Distributable amount for 2016 from Section C, line 6				
Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	Distrib	utable
Distributable amount for 2016 from Section C, line 6				
Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI). See instructions.				
	Amounts paid to supported organizations to accomplish exists Amounts paid to perform activity that directly furthers exemply organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions. Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI). See	Cition D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, and acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is respons (provide details in Part VI). See instructions. Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI). See	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) ction D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI). See	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Ction D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI). See

9	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a			11777	
b			-	HI
c	From 2013			
d	From 2014			
	From 2015			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from		7 1 1-1-1 H-27-11	
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h		ATTACK TO THE TACK	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013		41-414	
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

	m 990 0r 990-EZ) 2016 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	2. A second resident in the second resident resident in the second resident in the second resident resident in the second resident
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	20 and 2h, Bort V. line 4, Bort V. Contine D. line 4a, Bort V. Contine D. lines F. C. and O. and Bort V. Contine E.
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2.5, and 6. Also complete this part for any additional information. (See instructions.)
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	

Schedule A (Form 990 or 990-EZ) 2016

EEA

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number MISSIONS IN HAITI 73-1594533 INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) . 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements . . Total acreage restricted by conservation easements . . 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		92,500	:	92,500
b	Buildings		643,816	150,279	493,537
С	Leasehold improvements				
d	Equipment		80,815	65,624	15,191
е_	Other STMD1E		100,466	72,689	27,777
Tota	I. Add lines 1a through 1e. (Column (d) must equal Fo	orm 990. Part X. columi	n (B), line 10c)		629,005

73-1594533

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990, P	art IV, line 11b. See Form 990,	Part X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
1) Financial	derivatives			
2) Closely-ho	eld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col (B) line 12)			, , , , , , , , , , , , , , , , , , ,
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990, P	Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market	1
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				_
(7)				
(8)		 		
(9)				
	must equal Form 990, Part X, col (B) line 13)			······································
Part IX	Other Assets.		- 	
لستيننسيتسنندنسند	Complete if the organization answere	d "Yes" on Form 990. F	Part IV. line 11d. See Form 990,	Part X, line 15.
		escription		(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)	~ , _ , _ , , _ , _ , _ , _ , 			
(3)				
(4)				
(5)		 		
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 1	E \		
Part X	Other Liabilities. Complete if the organization answere		· · · · · · · · · · · · · · · · · · ·	m 990, Part X,
	line 25.		- 7	
l.	(a) Description of liability	(b) Book value		
	income taxes			
(2)		<u> </u>		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(3)				
	must equal Form 990, Part X, col (B) line 25)			
otal. (Column (b)	must equal Form 990, Part X, col (B) line 25) uncertain tax positions. In Part XIII, provide the t	ext of the footnote to the ora	anization's financial statements that ret	orts the

73-1594533

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.]
а	Net unrealized gains (losses) on investments	_ 1
b	Donated services and use of facilities	_
C	Recoveries of prior year grants	_
d	Other (Describe in Part XIII.)	_
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	_
b	Other (Describe in Part XIII.)	_
C	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Pai	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	rt XIII Supplemental Information.	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line	4; Part X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
		

Schedule F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

2016

Department of the Treasury

► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service

Name	of the organization				Į	Employer ide	entification number
MIS	SIONS IN HAITI, INC.					73-159	4533
		on on Activities	s Outside the	United States. Complete if	the organizati	ion answer	ed "Yes" on
	Form 990, Part IV, li	ne 14b.					
1	For grantmakers. Does the org	ganization maint	ain records to su	ubstantiate the amount of its gr	ants and other		
	assistance, the grantees' eligib	ility for the grants	s or assistance,	and the selection criteria used	to award the		
	grants or assistance?						☐ Yes ☐ No
2	For grantmakers. Describe in lassistance outside the United S	=	ization's proced	ures for monitoring the use of i	ts grants and ot	her	
3	Activities per Region. (The follo			uplicated if additional space is			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) if activity listed a program sei describe specific service(s) in the	rvice, type of	(f) Total expenditures for and investments in the region
	CENTRAL AMERICA AND				1		
(1):	THE CARIBBEAN	1	2	PROGRAM SERVICES	ORPHANAGE/	SCHOOL	214,521
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)			<u> </u>				
(10)					<u> </u>		
(11)							
(12)							
(13)	- 						
							
(14)							
(15)					ļ -		
(16)							
(17)							
3a	Sub-total		2				214,521
b	Total from continuation			*************************************	1		
	sheets to Part I				<u> </u>		
c	Totals (add lines 3a and 3b)	-	2		1		214.521

MISSIONS IN HAITI, INC. Schedule F (Form 990) 2016

Page 2 (i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of noncash assistance 73-1594533 (g) Amount of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (b) IRS code section and EIN (if applicable) (a) Name of organization Part (10) E (12) £ (14) (12) (16) 8 9 € 3 9 8

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

1

MISSIONS IN HAITI, INC.

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Jine 16. Part III

Schedule F (Form 990) 2016 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance 11 **(5)** 41 (4) (10) (12) (13) (14) (15) (16) (17) **E** 2 (3) (2) 9 3 8 6

Yes

X No

Schedule F (Form 990) 2016

EEA

SCHEDULE O · (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Employer identification number

OMB No 1545-0047

2016

Open to Public Inspection

MISSIONS IN HAITI, INC.	73-1594533
01. Officer, directors, etc. family relationship (Part VI	(, line 2)
DAVID LLOYD AND ALICIA LLOYD ARE HUSBAND AND WIFE; WANDA	MCCRATE IS THE MOTHER OF ALICIA
LLOYD AND THE MOTHER-IN-LAW OF DAVID LLOYD.	
02. Form 990 governing body review (Part VI, line 11)	
PRIOR TO THE TRANSMITTAL OF FORM 990, COPIES OF THE TAX I	RETURN AND ALL ASSOCIATED
SCHEDULES ARE PROVIDED TO BOARD MEMBERS FOR REVIEW AND DE	ISCUSSION AT A BOARD MEETING.
03. Governing documents, etc, available to public (Part V	/I, line 19)
COPIES OF THE ORGANIZATIONAL DOCUMENTS ARE AVAILABLE TO	THE GENERAL PUBLIC UPON WRITTEN
REQUEST.	
•	