

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

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

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

A For the 2018 calendar year, or tax year beginning 10-01, 2018, and ending 09-30, 2019																	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization HAITI MISSION INC</td> <td>D Employer identification no. 14-1861365</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number (985) 855-3127</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">PO BOX 694</td> <td rowspan="2">G Gross receipts \$ 642,531</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code THIBODAUX, LA 70302</td> </tr> <tr> <td colspan="2">F Name and address of principal officer:</td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ </td> </tr> </table>	C Name of organization HAITI MISSION INC		D Employer identification no. 14-1861365	Doing business as		E Telephone number (985) 855-3127	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	PO BOX 694		G Gross receipts \$ 642,531	City or town, state or province, country, and ZIP or foreign postal code THIBODAUX, LA 70302		F Name and address of principal officer:		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																	
J Website: ▶ www.haitimissioninc.com																	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶																	
L Year of formation: 2003 M State of legal domicile: LA																	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CHARITY WORK IN HAITI																																											
Revenue	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																											
	3 Number of voting members of the governing body (Part VI, line 1a)	3																																										
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4																																										
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5																																										
	6 Total number of volunteers (estimate if necessary)	6																																										
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a																																										
	b Net unrelated business taxable income from Form 990-T, line 38	7b																																										
Expenses	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">576,590</td> <td style="text-align: right;">608,211</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">51,806</td> <td style="text-align: right;">18,820</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">628,396</td> <td style="text-align: right;">627,031</td> </tr> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">441,902</td> <td style="text-align: right;">508,095</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">33,800</td> <td style="text-align: right;">49,761</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">475,702</td> <td style="text-align: right;">557,856</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">152,694</td> <td style="text-align: right;">69,175</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	576,590	608,211	9 Program service revenue (Part VIII, line 2g)		0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,806	18,820	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	628,396	627,031	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	441,902	508,095	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,800	49,761	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	475,702	557,856	19 Revenue less expenses. Subtract line 18 from line 12	152,694	69,175	
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Part II Signature Block

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

Sign Here	LLOYD DUPLANTIS Signature of officer	Date			
	LLOYD DUPLANTIS, MANAGER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Jacob A Watkins CPA	Preparer's signature	Date 12-02-2019	Check <input type="checkbox"/> if self-employed	PTIN P01295640
	Firm's name ▶ Watkins CPA APC	Firm's EIN ▶			
	Firm's address ▶ 214 Progressive Blvd	Phone no. 985-872-0830			
	Houma LA 70360				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)