

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2021 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

**C** Name of organization: **HAITIAN CHRISTIAN MISSION, INC**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. BOX 880808**  
 City or town State ZIP code  
**BOCA RATON FL 33488**  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number: **43-1170717**

**E** Telephone number: **(317) 574-9933**

**G** Gross receipts \$: **1,253,290**

**F** Name and address of principal officer:  
**Edwens Prophete 3807 East Beresford St, West Palm Beach, FL 33417**

**H(a)** Is this a group return for subsidiaries?  Yes  No  
**H(b)** Are all subsidiaries included?  Yes  No  
 If "No," attach a list. See instructions

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

**J** Website: **www.haitianchristianmission.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1974** **M** State of legal domicile: **MO**

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The primary purpose of the Organization is to provide evangelism, medical, education, nutrition, career skills and leadership training to the people of Haiti. The Organization sends majority of its contributions to Haiti.</u>	
	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 8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 6
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 11
	6	Total number of volunteers (estimate if necessary)	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,218,299 Current Year 1,253,150
	9	Program service revenue (Part VIII, line 2g)	1 140
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0 0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0 0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,218,300 1,253,290
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0 0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	242,278 318,920
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0 28,391
b		Total fundraising expenses (Part IX, column (D), line 25)	119,193
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	98,119 164,697
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,249,217 1,286,861	
19	Revenue less expenses. Subtract line 18 from line 12	-30,917 -33,571	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 278,788 End of Year 217,582
	21	Total liabilities (Part X, line 26)	38,517 0
	22	Net assets or fund balances. Subtract line 21 from line 20	240,271 217,582

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

**Sign Here**

Signature of officer: Edwens Prophete Date: \_\_\_\_\_  
 Type or print name and title: CEO

**Paid Preparer Use Only**

Print/Type preparer's name: Paul C Resil Preparer's signature: Paul C Resil Date: 11/8/2022 Check  if self-employed PTIN: P00284331  
 Firm's name: Resil Financial Services Inc Firm's EIN: 20-8679411  
 Firm's address: 599 Pleasant Street, Brockton, MA 02301 Phone no.: (508) 894-1127

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