

Return of Organization Exempt From Income Tax

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

2017

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning SEPTEMBER 1, 2017 , and ending AUGUST 31, 2018	
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	C Name of organization CENTRAL INSTITUTE FOR THE DEAF Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 825 SOUTH TAYLOR AVENUE City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63110
	D Employer identification number 43-0662456 E Telephone number 314-977-0132
	G Gross receipts \$ 22,027,349
	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)
	F Name and address of principal officer: ROBIN FEDER SAME AS C ABOVE
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: ▶ HTTPS://CID.EDU	H(c) Group exemption number ▶
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: 1914 M State of legal domicile: MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO TEACH CHILDREN WHO ARE DEAF AND HARD OF HEARING TO LISTEN, TALK, READ AND SUCCEED. WE PARTNER WITH FAMILIES AND COLLABORATE WITH UNIVERSITIES, EDUCATORS AND OTHER PROFESSIONALS WORLDWIDE TO HELP CHILDREN COMMUNICATE TO ACHIEVE THEIR FULLEST POTENTIAL.</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 68		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 68		
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 109		
	6 Total number of volunteers (estimate if necessary) 6 227		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a		
b Net unrelated business taxable income from Form 990-T, line 34 7b 19,964			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,982,576	2,863,251
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,526,072	2,337,688
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,110,881	4,083,943
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,114	4,630
		7,630,643	9,289,512
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,364,786	1,268,026
	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)	4,046,344	4,073,197
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 462,405		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,098,939	2,025,988
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,510,069	7,367,211
19 Revenue less expenses. Subtract line 18 from line 12	120,574	1,922,301	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	80,549,487	86,095,304
	22 Net assets or fund balances. Subtract line 21 from line 20	203,468	210,317
	80,346,019	85,884,987	

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	7/12/2019 Date
	AMY R. TIGHE, BUSINESS MANAGER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

OUR MISSION IS TO TEACH CHILDREN WHO ARE DEAF AND HARD OF HEARING TO LISTEN, TALK, READ AND SUCCEED. WE PARTNER WITH FAMILIES AND COLLABORATE WITH UNIVERSITIES, EDUCATORS, AND OTHER PROFESSIONALS WORLDWIDE TO HELP CHILDREN COMMUNICATE TO ACHIEVE THEIR FULLEST POTENTIAL.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,343,292 including grants of \$ 1,268,026) (Revenue \$ 2,183,143)

THE CID SCHOOL IS A LISTENING AND SPOKEN LANGUAGE SCHOOL WHERE CHILDREN (0-12 YEARS) WHO ARE DEAF AND HARD OF HEARING LEARN TO LISTEN, TALK, READ AND SUCCEED AS THEY LEARN AGE APPROPRIATE ACADEMIC SUBJECTS THROUGH OUR FAMILY CENTER, EARLY CHILDHOOD CENTER AND PRIMARY DEPARTMENTS. IN ADDITION WE PROVIDE PEDIATRIC AUDIOLOGY SERVICES TO OUR STUDENTS AND ALUMNI TO MAINTAIN THEIR HEARING DEVICES IN OPTIMAL CONDITION FOR LISTENING & SPEAKING. DURING OUR FISCAL YEAR ENDED AUGUST 31, 2018 WE SERVED 235 CHILDREN THROUGH OUR SCHOOL SERVICES. GRANTS CONSIST OF NONCASH SCHOLARSHIPS OFF OUR STATED TUITION RATE TO STUDENTS IN BOTH THE EARLY CHILDHOOD CENTER & PRIMARY DEPARTMENTS. HOWEVER, OUR STATED TUITION RATE REPRESENTS APPROXIMATELY 50% OF THE TOTAL COST TO EDUCATE EACH CHILD. THEREFORE, ALL OF THE CHILDREN IN OUR PROGRAM BENEFIT FROM THE PUBLIC SUPPORT WE RECEIVE. AS AN EDUCATIONAL INSTITUTION, THE NAMES OF THE SCHOLARSHIP RECIPIENTS ARE NOT REPORTED. FOR OUR FISCAL YEAR ENDED 8/31/18, 42 STUDENTS RECEIVED SCHOLARSHIP.

4b (Code:) (Expenses \$ 474,962 including grants of \$ 0) (Revenue \$ 159,267)

CID'S PROFESSIONAL DEVELOPMENT PROGRAM PROVIDES TEACHER TRAINING, WORKSHOPS, CONSULTING AND CID-DEVELOPED TEACHING MATERIALS FOR OTHER TEACHERS AND PROFESSIONALS WHO SERVE CHILDREN WHO ARE DEAF AND HARD OF HEARING OUTSIDE OF CID. DURING OUR FISCAL YEAR ENDED 8/31/18 WE PROVIDED TRAINING AND CONSULTING TO 2,459 PROFESSIONALS AND SOLD 1,076 EDUCATIONAL MATERIALS TO SCHOOLS AND PROFESSIONALS. IN ADDITION WE SERVED AS A PRACTICUM SITE FOR 26 COLLEGE STUDENTS TRAINING TO BE EITHER DEAF EDUCATORS, AUDIOLOGISTS OR SPEECH LANGUAGE PATHOLOGISTS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

5,818,254

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input checked="" type="checkbox"/>	
14 a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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 employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
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 transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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 disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	X	
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, W-2G forms, backup withholding, employees, unrelated business income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

		Yes	No
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.		
1b	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 any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
	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 with a taxable entity during the year?		X
16b	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 organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE REQUIRED
- 18** 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 Another's website Upon request Other (explain in Schedule O)
- 19** 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: ►
 AMY R. TIGHE, 825 S. TAYLOR AVE, ST LOUIS, MO 63110 314.977.0132

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. 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 employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR. JOHN ARENBERG DIRECTOR	.25	X								
(2) MR. THEODORE M. ARMSTRONG DIRECTOR	.25	X								
(3) MR. CRAIG ASLIN DIRECTOR	.25	X								
(4) MRS. KATHY BEILEIN DIRECTOR	.25	X								
(5) MRS. TIFFANY CHARLES DIRECTOR	.25	X								
(6) MR. ROBERT G. CLARK DIRECTOR	.25	X								
(7) MR. MARK S. COCHRAN DIRECTOR	.25	X								
(8) DR. JEROME R. COX, JR. DIRECTOR	.25	X								
(9) MR. ROBERT CRUMPTON DIRECTOR	.25	X								
(10) MS. JENNIFER CULLEN DIRECTOR	.25	X								
(11) MR. C. BAKER CUNNINGHAM DIRECTOR	.25	X								
(12) MRS. KAYLA L. DENNIS DIRECTOR	.25	X								
(13) MRS. ELIZABETH F. DORR DIRECTOR	.25	X								
(14) MS. MISSY FISH DIRECTOR	.25	X								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MR. MICHAEL H. FREUND DIRECTOR	.25	X								
(16) MRS. LINDA GOLDSTEIN DIRECTOR	.25	X								
(17) MR. LOUIS S. GOLTERMANN, JR. DIRECTOR	.25	X								
(18) MR. GARRICK R. HAMILTON DIRECTOR	.25	X								
(19) MRS. ROBIN A. HATTORI DIRECTOR	.25	X								
(20) MRS. FLORENCE WELD HAWES DIRECTOR	.25	X								
(21) MR. MICHAEL HIGGINBOTHAM DIRECTOR	.25	X								
(22) MS. ANTONNETTE M. JACKSON DIRECTOR	.25	X								
(23) MR. THOMAS R. JAYNE DIRECTOR	.25	X								
(24) MRS. KERRIN M. KOWACH DIRECTOR	.25	X								
(25) DR. RICHARD KURZ DIRECTOR	.25	X								
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							437,863		72,831	
d Total (add lines 1b and 1c)							437,863	0	72,831	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WASHINGTON UNIVERSITY: 600 S EUCLID AVE, ST LOUIS, MO 63110	CUSTODIAL & MAINTENANCE	144,178
COMMERCE TRUST: 8000 FORSYTH AVE, CLAYTON, MO 63105	INVESTMENT MANAGEMENT	124,880

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable Compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MRS. KAREN S. LEEBOLT DIRECTOR	0.25	X								
(27) MR. STEPHEN H. LEWIS DIRECTOR	0.25	X								
(28) MRS. NOEL HAWES MANGANO DIRECTOR	0.25	X								
(29) MRS. HABIBAH MAYS DIRECTOR	0.25	X								
(30) MRS. LISA D. MCLAUGHLIN DIRECTOR	0.25	X								
(31) MR. STEVE MCMILLAN DIRECTOR	0.25	X								
(32) MR. EDWIN B. MEISSNER, JR. DIRECTOR	0.25	X								
(33) MR. PAUL MENDELSON DIRECTOR	0.25	X								
(34) MRS. BARBARA B. MORRISS DIRECTOR	0.25	X								
(35) MR. BRANDON W. NEUSCHAFFER DIRECTOR	0.25	X								
(36) MRS. ADRIANNE G. NEVILLE DIRECTOR	0.25	X								
(37) MRS. ELIN C. NOZEWSKI DIRECTOR	0.25	X								
(38) MRS. RACHEL H. OLIVER DIRECTOR	0.25	X								
(39) DR. GWENDOLYN PACKNETT DIRECTOR	0.25	X								
(40) MRS. JENNAH R. PURK DIRECTOR	0.25	X								
(41) MRS. CAROLYN K. RAYNER DIRECTOR	0.25	X								
(42) MRS. JADA D. REESE DIRECTOR	0.25	X								
(43) MR. DAVID J. SCHEPERS DIRECTOR	0.25	X								
(44) MR. HUGH SCOTT, III DIRECTOR	0.25	X								
(45) MRS. THERESA SECREST DIRECTOR	0.25	X								
(46) DR. JAMES W. SEESER DIRECTOR	0.25	X								
(47) MR. DAN SHERMAN DIRECTOR	0.25	X								
(48) MR. ERIC STISSER DIRECTOR	0.25	X								
(49) MR. SAMIR A. TAYOB DIRECTOR	0.25	X								
(50) MR. JAMES R. VON DER HEYDT DIRECTOR	0.25	X								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable Compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(51) MRS. ANABETH WEIL DIRECTOR	0.25	X								
(52) MR. SCOTT J. WILSON DIRECTOR	0.25	X								
(53) MRS. CARRIE L. JOHNSON PRESIDENT/DIRECTOR	0.5	X		X						
(54) MR. SCOTT D. MONETTE PAST-PRESIDENT/DIRECTOR	0.5	X		X						
(55) MS. MARIQUITA L. BARBIERI VICE-PRESIDENT/DIRECTOR	0.5	X		X						
(56) MR. FRANK S. CHILDRESS VICE-PRESIDENT/DIRECTOR	0.5	X		X						
(57) MRS. LAURIE HAFFENREFFER VICE-PRESIDENT/DIRECTOR	0.5	X		X						
(58) MRS. JOANNE P. KNIGHT VICE-PRESIDENT/DIRECTOR	0.5	X		X						
(59) MR. NED O. LEMKEMEIER VICE-PRESIDENT/DIRECTOR	0.5	X		X						
(60) MR. WILLIAM B. SHELDON VICE-PRESIDENT/DIRECTOR	0.5	X		X						
(61) MR. JAMES M. SNOWDEN, JR VICE-PRESIDENT/DIRECTOR	0.5	X		X						
(62) MR. W. BRUCE SPRINGER VICE-PRESIDENT/DIRECTOR	0.5	X		X						
(63) MR. EUGENE M. TOOMBS, III VICE-PRESIDENT/DIRECTOR	0.5	X		X						
(64) MR. JEFFREY TUCKER VICE-PRESIDENT/DIRECTOR	0.5	X		X						
(65) MR. JOHN D. WEIL VICE-PRESIDENT/DIRECTOR	0.5	X		X						
(66) MR. DENNIS M. REAGAN TREASURER/DIRECTOR	0.5	X		X						
(67) MRS. TINA L. KLOCKE ASSISTANT TREASURER/DIRECTOR	0.5	X		X						
(68) MS. LAURIE W. MILLER SECRETARY/DIRECTOR	0.5	X		X						
(69) MRS. AMY R. TIGHE (NON-VOTING) ASSISTANT SECRETARY/BUSINESS MANAGER	37.5			X			105,933	0	32,575	
(70) MRS. ROBIN M. FEDER (NON-VOTING) ASSISTANT SECRETARY/EXECUTIVE DIRECTOR	37.5			X			222,805	0	23,485	
(71) MRS. LYNDA BERKOWITZ PRINCIPAL	37.5					X	109,125	0	16,771	
(72)										
(73)										
(74)										

ONLY ROBIN FEDER, EXECUTIVE DIRECTOR AND AMY TIGHE, BUSINESS MANAGER ARE FULL-TIME EMPLOYEES OF CID WHO EARN COMPENSATION & BENEFITS AS A RESULT OF THEIR NON DIRECTOR RESPONSIBILITIES. ALL OTHER BOARD OFFICERS AND DIRECTORS VOLUNTEER THEIR TIME. THE AMOUNT OF TIME SPENT BY EACH VOLUNTEER RANGES FROM 13 HOURS TO 26 HOURS ANNUALLY. THESE VOLUNTEERS RECEIVE NO COMPENSATION, BENEFITS OR EXPENSE ALLOWANCES.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	217,514					
	b Membership dues	1b						
	c Fundraising events	1c	281,440					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,364,297					
	g Noncash contributions included in lines 1a-1f: \$		139,234					
	h Total. Add lines 1a-1f			2,863,251				
Program Service Revenue	Business Code							
	2a TUITION		616000	1,952,748	1,952,748			
	b AUDIOLOGY SERVICES & SALES		611710	225,673	225,673			
	c EDUCATOR PROFESSIONAL TRAINING		611710	30,242	30,242			
	d PUBLICATION SALES		611710	129,025	129,025			
	e _____							
	f All other program service revenue .							
g Total. Add lines 2a-2f			2,337,688					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,912,601			1,912,601	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)	0	0				
	d Net rental income or (loss)			0				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		14,765,977						
		b Less: cost or other basis and sales expenses			12,594,635			
		c Gain or (loss)	2,171,342	0				
	d Net gain or (loss)			2,171,342			2,171,342	
	8a Gross income from fundraising events (not including \$ 281,440 of contributions reported on line 1c). See Part IV, line 18	a		116,854				
		b Less: direct expenses	b	143,202				
		c Net income or (loss) from fundraising events .			(26,348)			(26,348)
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities . .			0				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory . .			0				
Miscellaneous Revenue			Business Code					
11a BEFORE/AFTER SCHOOL CARE		624410	22,580			22,580		
b MISCELLANEOUS		900099	8,398	4,722		3,676		
c _____								
d All other revenue								
e Total. Add lines 11a-11d			30,978					
12 Total revenue. See instructions.			9,289,512	2,342,410		4,083,851		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 individuals. See Part IV, line 22	1,268,026	1,268,026		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	383,445		284,842	98,603
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,992,772	2,499,803	278,610	214,359
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	103,514	84,093	10,906	8,515
9 Other employee benefits	358,485	285,710	42,944	29,831
10 Payroll taxes	234,981	175,681	37,792	21,508
11 Fees for services (non-employees):				
a Management				
b Legal	8,646		8,646	
c Accounting	21,500		21,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	201,442		201,442	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	153,928	126,555	11,691	15,682
12 Advertising and promotion	36,572	32,594	178	3,800
13 Office expenses	71,893	41,358	20,046	10,489
14 Information technology	140,056	44,275	79,994	15,787
15 Royalties				
16 Occupancy	791,492	738,808	31,558	21,126
17 Travel	48,643	35,759	11,800	1,084
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	224,220	197,478	20,217	6,525
23 Insurance	82,653	77,151	3,296	2,206
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.)				
a MATERIALS & SUPPLIES	73,957	49,700	15,748	8,509
b COST OF HEARING DEVICES	71,854	71,854		
c STAFF TRAINING	33,307	27,300	4,043	1,964
d				
e All other expenses	65,825	62,109	1,299	2,417
25 Total functional expenses. Add lines 1 through 24e	7,367,211	5,818,254	1,086,552	462,405
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	226,777	1	410,093
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,056,248	3	1,096,123
	4 Accounts receivable, net	78,517	4	29,744
	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 organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,341,978		
	b Less: accumulated depreciation	10b 1,953,073	2,433,623	10c 2,388,905
	11 Investments—publicly traded securities	68,145,274	11	75,303,815
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,609,048	15	6,866,624
16 Total assets. Add lines 1 through 15 (must equal line 34)	80,549,487	16	86,095,304	
Liabilities	17 Accounts payable and accrued expenses	157,867	17	180,858
	18 Grants payable		18	
	19 Deferred revenue	45,601	19	29,459
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	203,468	26	210,317
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	34,837,434	27	36,797,203
	28 Temporarily restricted net assets	2,954,163	28	5,368,663
	29 Permanently restricted net assets	42,554,422	29	43,719,121
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	80,346,019	33	85,884,987
34 Total liabilities and net assets/fund balances	80,549,487	34	86,095,304	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,289,512
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,367,211
3	Revenue less expenses. Subtract line 2 from line 1	3	1,922,301
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80,346,019
5	Net unrealized gains (losses) on investments	5	3,616,667
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,884,987

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Name of the organization CENTRAL INSTITUTE FOR THE DEAF	Employer identification number 43-0662456
--	--

Part I 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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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:
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.)
- 9 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 university:
- 10 An organization that normally receives: (1) more than 33¹/₃% 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 33¹/₃% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a 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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2017. 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—2016. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

		Yes	No
1	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.		
2	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.		
3b	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.		
3c	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.		
4a	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.		
4b	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.		
4c	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).		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	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 .		
7	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).		
8	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 .		
9b	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 .		
9c	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.		
10b	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.)		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section 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 tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section 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)? <i>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).</i>	1	

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section 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 instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	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? <i>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.</i>	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	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? <i>Provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(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		
6 Portion of operating expenses paid or incurred for production or 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)
1 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
1 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		0	
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			0
7 Excess distributions carryover to 2018. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule of Contributors

2017

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization CENTRAL INSTITUTE FOR THE DEAF	Employer identification number 43-0662456
---	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CENTRAL INSTITUTE FOR THE DEAF	Employer identification number 43-0662456
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div>	\$ 764,212	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div>	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<div style="background-color:black; width:200px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div>	\$ 217,514	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div>	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div>	\$ 100,703	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<div style="background-color:black; width:250px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div>	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL INSTITUTE FOR THE DEAF	Employer identification number 43-0662456
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%;"></div>	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%;"></div>	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%;"></div>	\$ 70,655	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%;"></div>	\$ 50,703	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%;"></div>	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%;"></div>	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL INSTITUTE FOR THE DEAF	Employer identification number 43-0662456
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:120px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:180px; height:15px;"></div>	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:120px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:180px; height:15px;"></div>	\$ 23,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:180px; height:15px;"></div>	\$ 25,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<div style="background-color:black; width:80px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:180px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:180px; height:15px;"></div>	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<div style="background-color:black; width:200px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px;"></div>	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<div style="background-color:black; width:400px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:180px; height:15px;"></div>	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL INSTITUTE FOR THE DEAF	Employer identification number 43-0662456
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:250px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:180px; height:15px;"></div>	\$ 14,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:250px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:180px; height:15px;"></div>	\$ 14,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:250px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:180px; height:15px;"></div>	\$ 13,562	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22	<div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:200px; height:15px;"></div>	\$ 11,655	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23	<div style="background-color:black; width:300px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:200px; height:15px;"></div>	\$ 11,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:200px; height:15px;"></div>	\$ 11,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL INSTITUTE FOR THE DEAF	Employer identification number 43-0662456
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black;"></div>	\$ 10,450	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black;"></div>	\$ 10,225	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black;"></div>	\$ 10,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black;"></div>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black;"></div>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="background-color:black; height:15px; width:100%; border-bottom: 1px dashed black;"></div>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL INSTITUTE FOR THE DEAF	Employer identification number 43-0662456
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 9,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL INSTITUTE FOR THE DEAF	Employer identification number 43-0662456
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div>	\$ 9,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div>	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div>	\$ 8,966	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
40	<div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div>	\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div>	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom:5px;"></div>	\$ 7,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL INSTITUTE FOR THE DEAF	Employer identification number 43-0662456
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:200px; height:15px;"></div>	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:200px; height:15px;"></div>	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<div style="background-color:black; width:250px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:250px; height:15px;"></div>	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:250px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px;"></div>	\$ 6,950	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:200px; height:15px;"></div>	\$ 6,722	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:250px; height:15px;"></div>	\$ 5,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL INSTITUTE FOR THE DEAF	Employer identification number 43-0662456
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:200px; height:15px;"></div>	\$ 5,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:300px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px;"></div>	\$ 5,180	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
51	<div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:250px; height:15px;"></div>	\$ 5,092	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
52	<div style="background-color:black; width:250px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px;"></div>	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px;"></div>	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="border-top: 1px dashed black; margin-bottom:5px;"></div> <div style="background-color:black; width:200px; height:15px;"></div>	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL INSTITUTE FOR THE DEAF	Employer identification number 43-0662456
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	_____ _____ _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	_____ _____ _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	_____ _____ _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	_____ _____ _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL INSTITUTE FOR THE DEAF	Employer identification number 43-0662456
---	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
21	EQUIPMENT ----- ----- -----	\$ 13,562	1/19/2018
22	SECURITIES ----- ----- -----	\$ 10,105	12/11/2017
39	SECURITIES ----- ----- -----	\$ 5,141	12/8/2017
50	SECURITIES ----- ----- -----	\$ 5,180	10/29/2017
51	SECURITIES ----- ----- -----	\$ 2,551	11/11/2017
51	SECURITIES ----- ----- -----	\$ 2,541	12/28/2017

Name of organization CENTRAL INSTITUTE FOR THE DEAF	Employer identification number 43-0662456
---	---

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: CENTRAL INSTITUTE FOR THE DEAF; Employer identification number: 43-0662456

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for held easements at the end of the tax year.

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.

Form for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including revenue and asset reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	66,664,883	60,340,618	50,007,919	51,679,181	45,905,018
b Contributions	2,350,737	2,706,666	7,938,509	3,067,254	2,419,823
c Net investment earnings, gains, and losses	7,034,820	6,200,707	4,711,836	(764,290)	7,242,962
d Grants or scholarships	(710,046)	(530,430)	(678,502)	(435,335)	(605,512)
e Other expenditures for facilities and programs	(2,054,081)	(2,052,678)	(1,639,144)	(3,538,891)	(3,283,110)
f Administrative expenses					
g End of year balance	73,286,313	66,664,883	60,340,618	50,007,919	51,679,181

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 44.7%
- b** Permanent endowment ▶ 49.6%
- c** Temporarily restricted endowment ▶ 5.7%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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				
b Buildings				
c Leasehold improvements		2,890,063	998,490	1,891,573
d Equipment		318,717	209,702	109,015
e Other		1,133,198	744,881	388,317
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,388,905

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part 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 value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	270,289
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	6,596,335
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	6,866,624

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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	11,436,711
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 3,616,667		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	3,616,667
3	Subtract line 2e from line 1		3	7,820,044
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 201,442		
b	Other (Describe in Part XIII.)	4b 1,268,026		
c	Add lines 4a and 4b		4c	1,469,468
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	9,289,512

Part XII 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	5,897,743
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	5,897,743
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 201,442		
b	Other (Describe in Part XIII.)	4b 1,268,026		
c	Add lines 4a and 4b		4c	1,469,468
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	7,367,211

Part XIII Supplemental Information.

Provide 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; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V LINE 4:

CID'S PROGRAM REVENUES ARE SIGNIFICANTLY LESS THAN OUR TOTAL OPERATING EXPENSES. CID RELIES ON DISTRIBUTIONS FROM ITS COMBINED ENDOWMENT (PERMANENT AND BOARD RESTRICTED) TO FUND PROGRAM EXPENSES AND GENERAL OPERATING COSTS IN EXCESS OF OUR PROGRAM REVENUES. CID UTILIZES A BOARD-APPROVED SPENDING POLICY COMPUTATION TO DETERMINE THE AMOUNT THAT CAN BE DISTRIBUTED FROM THE ENDOWMENTS EACH YEAR. EARNINGS ON ENDOWMENTS WITH PURPOSE RESTRICTIONS FROM THE DONOR ARE CLASSIFIED AS TEMPORARILY RESTRICTED AND RELEASED AS THE RESTRICTED PURPOSE IS MET. RESTRICTED PURPOSES INCLUDE: SCHOLARSHIP, COSTS TO EDUCATE ABOVE THE STATED TUITION RATE, STAFF TRAINING, CURRICULA DEVELOPMENT, AND GENERAL OPERATIONS.

FROM 2014 - 8/31/2016 CID CONDUCTED A SUCCESSFUL \$25 MILLION "MAKING CONVERSATIONS HAPPEN" CENTENNIAL CAMPAIGN. THE PRIMARY PURPOSE OF THE CAMPAIGN WAS TO RAISE FUNDS FOR ENDOWMENT, MAKING A CID EDUCATION POSSIBLE FOR MORE FAMILIES AND ENABLING CID TO SHARE BEST PRACTICES WITH OTHERS IN OUR COMMUNITY AND THROUGHOUT THE WORLD. PART V LINE 1b REFLECTS THE IMPACT OF THE CAMPAIGN ON CONTRIBUTIONS.

Part XIII Supplemental Information *(continued)*

PART XI LINE 4b & PART XII LINE 4b: \$1,268,026 - NONCASH TUITION SCHOLARSHIPS

SCHOLARSHIPS FOR TUITION GRANTED TO INDIVIDUALS ARE NETTED AGAINST TUITION REVENUE ON THE
AUDITED FINANCIAL STATEMENTS.

**SCHEDULE E
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Schools

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CENTRAL INSTITUTE FOR THE DEAF

Employer identification number

43-0662456

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
<u>CID'S RACIALLY NONDISCRIMINATORY POLICY IS PRINTED IN ITS PUBLICATIONS AND ON ITS WEBSITE RELATING TO PROGRAMS, ADMISSIONS, TUITION AND SCHOLARSHIPS.</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CENTRAL INSTITUTE FOR THE DEAF

Employer identification number

43-0662456

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DINNER (event type)	TRIVIA NIGHT (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	366,229	32,065		398,294
	2 Less: Contributions	273,694	7,746		281,440
	3 Gross income (line 1 minus line 2)	92,535	24,319		116,854
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	12,542	2,100		14,642
	7 Food and beverages	51,555			51,555
	8 Entertainment	1,550			1,550
	9 Other direct expenses	67,542	7,913		75,455
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				143,202
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(26,348)	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

43-0662456

CENTRAL INSTITUTE FOR THE DEAF

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIP	42		1,268,026	BOOK	DISCOUNT OFF TUITION RATE
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

CID GRANTS SCHOLARSHIPS TO CHILDREN WHO ARE DEAF AND HARD OF HEARING AND WHO ARE CANDIDATES FOR LEARNING LISTENING AND SPOKEN LANGUAGE SKILLS. UPON ACCEPTANCE TO THE EARLY CHILDHOOD CENTER OR PRIMARY DEPARTMENTS, FAMILIES MAY APPLY FOR SCHOLARSHIP BY FILLING OUT A CID FINANCIAL AID APPLICATION AND PROVIDING INCOME DOCUMENTATION. THE APPLICATION AND SUPPORTING DOCUMENTATION IS THEN REVIEWED BY THE SCHOLARSHIP COMMITTEE AND AN AWARD IS DETERMINED. SCHOLARSHIP IS BASED ON FINANCIAL NEED AND DISCOUNTED OFF OF THE STATED TUITION RATE. SCHOLARSHIP IS A NONCASH TRANSACTION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

CENTRAL INSTITUTE FOR THE DEAF

Employer identification number

43-0662456

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | |
|--|-----------|---|
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | |
|--|-----------|---|
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | |
|--|-----------|---|
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ROBIN FEDER EXECUTIVE DIRECTOR	(i) 222,805	(ii)	(iii)	9,018	14,467	246,290	
2		(i)	(ii)	(iii)				
3		(i)	(ii)	(iii)				
4		(i)	(ii)	(iii)				
5		(i)	(ii)	(iii)				
6		(i)	(ii)	(iii)				
7		(i)	(ii)	(iii)				
8		(i)	(ii)	(iii)				
9		(i)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
16		(i)	(ii)	(iii)				

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

A series of 24 horizontal dashed lines intended for providing supplemental information.

**SCHEDULE L
(Form 990 or 990-EZ)**

Transactions With Interested Persons

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

CENTRAL INSTITUTE FOR THE DEAF

43-0662456

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		31,100	NEEDS BASED SCHOLARSHIP	PRE-K EDUCATION
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization: **CENTRAL INSTITUTE FOR THE DEAF** Employer identification number: **43-0662456**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		5,955	COST OF DONATED PROPERTY
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	78,515	AVERAGE PRICE ON GIFT DATE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	4	1,625	SELLING PRICE OF DONATED PROPERTY
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISC)	X	115	53,139	COST OF DONATED PROPERTY
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

CENTRAL INSTITUTE FOR THE DEAF

Employer identification number

43-0662456

PART VI LINE 2:

MR. JOHN D. WEIL & MRS. ANABETH WEIL - FAMILY RELATIONSHIP

MR. SCOTT J. WILSON & MR. MARK S. COCHRAN - BUSINESS RELATIONSHIP

PART VI LINE 11B:

THE 990 IS DISTRIBUTED TO THE FINANCE COMMITTEE, WITH A REDACTED SCHEDULE B. THE COMMITTEE
REVIEWS AND SUBMITS COMMENTS. THE 990 IS THEN FINALIZED, DISTRIBUTED TO THE FULL BOARD AND
FILED WITH THE IRS. IT IS MADE AVAILABLE FOR VIEWING AS DESCRIBED IN PART VI LINE 19.

PART VI LINE 12C:

EACH BOARD MEMBER, OFFICER AND SENIOR EMPLOYEES ARE ASKED TO COMPLETE A CONFLICT OF INTEREST
QUESTIONNAIRE ANNUALLY. RESPONSES ARE THEN REVIEWED BY THE FINANCE COMMITTEE TO DETERMINE
IF ANY CONFLICTS EXIST. BOARD MEMBERS EXCUSE THEMSELVES FROM DELIBERATIONS AND VOTES ON POTENTIAL
CONFLICTS THAT INVOLVE THEM.

PART VI LINE 15A:

THE EXECUTIVE COMPENSATION COMMITTEE IS A STANDING COMMITTEE OF THE BOARD OF DIRECTORS WHICH
CONSISTS OF MEMBERS WHO ARE INDEPENDENT OF THE EXECUTIVE DIRECTOR. MEMBERS INCLUDE THE PRESIDENT,
THE IMMEDIATE PAST PRESIDENT, THE FINANCE COMMITTEE CHAIR, AND UP TWO ADDITIONAL MEMBERS AT THE
DISCRETION OF THE PRESIDENT. THE COMMITTEE REVIEWS THE COMPENSATION AND BENEFITS OF THE EXECUTIVE
DIRECTOR. THE COMMITTEE USES COMPARABLE SALARY DATA RETRIEVED FROM SOURCES SUCH AS THE 990S OF
LIKE ORGANIZATIONS AND SALARY SURVEYS IN DETERMINING COMPENSATION. BASED ON DOCUMENTED DECISIONS BY
THE COMMITTEE, THE PRESIDENT COMPLETES A WRITTEN EVALUATION OF THE EXECUTIVE DIRECTOR AND
DOCUMENTS THE RECOMMENDED RATE INCREASE BASED ON PERFORMANCE AND IN ACCORDANCE WITH BUDGETARY
CONSTRAINTS RELATED TO THE ORGANIZATION AS A WHOLE.

Name of the organization

Employer identification number

CENTRAL INSTITUTE FOR THE DEAF

43-0662456

PART VI LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FULL FINANCIAL STATEMENTS ARE AVAILABLE

ON REQUEST AND CAN BE INSPECTED AT 825 S TAYLOR AVE, ST LOUIS, MO 63110. THE 990 AND

OPERATING FINANCIAL DATA, WHICH IS INCLUDED IN THE ANNUAL REPORT, CAN BE VIEWED ON THE

FOLLOWING WEBSITES: WWW.CID.EDU, WWW.GUIDESTAR.ORG, & CHARITYNAVIGATOR.ORG.