

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

# **Short Form**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

Ā	For the	2009 calendar y	ear, or tax year begi	nning Ja	inuary 1	2009, an	d ending	Dece	mber 3	1 , 2	0 09		
В					D Emplo	yer iden	tification num	ber					
	Address o		Adventive Cros	s Cultural Initiatives	·					72-1588721			
	Name cha	ange prin	it or Number and stree	t (or PO box, if mail is r	ot delivered to street ad	dress) R	oom/suite	E Teleph	one num	ber			
님	Initial retu Torminate	0		Street					704-	607-5029			
H	Amended	Spe	City or town, state	or country, and ZIP + 4				F Group	Exem	otion			
Ħ		on pending tion:		9730-4539				•	oer ▶				
=			anizations and 4947	(a)(1) nonexempt ch	aritable trusts must	attach	G Accour	nting Met	thod [	✓ Cash 🔲	Accrual		
	- 000.		completed Schedul				1	specify)					
_			· · · · · · · · · · · · · · · · · · ·		-		H Check	▶ ☐ ıf	the ora	anization is	not		
ı	Websit	te: www.adv	ventive.ca							edule B (For			
			ck only one) — 🗹 50	1(c) ( 3 ) ◀ (insert i	no) 4947(a)(1) or	527	1 '	, or 990					
_	Check •		ganization is not a sec				eceipts are no	ormally n	ot more	than \$25.00	00. A		
•••			0 return is not require			_		-					
L			o line 9 to determine gr						\$		152024		
	Part I		Expenses, and C						tions f	or Part I.)			
Z.,	1		, gifts, grants, and s						1	·	151874		
	2		ice revenue includir					Г	2		0		
	3	_	dues and assessme					. [	3		0		
Ēν	4	Investment inc						[	4		0		
0	5a		t from sale of asset	s other than invento	orv	5a		اه					
2	Ь		other basis and sale		<u>=</u>	5b		0	-				
	C		from sale of assets			from line	e 5a)		5c		0		
<u>ار</u> م	6		d activities (complete ap										
Revenue Revenue	а	•	e (not including \$						1				
2	i	reported on lir				6a		o	İ				
<u>_/</u>	Ъ	•	xpenses other than		ses	6b		0	ł				
	C		r (loss) from special	-		from line	e 6a)		6c		0		
	7a		f inventory, less ret			7a	•	٥					
90	Ь	Less: cost of				7b		0	j				
	C	•	r (loss) from sales o	of inventory (Subtra	ct line 7b from line	7a)			7c		0		
	8		e (describe > App			,		) [	8		150		
	9		e. Add lines 1, 2, 3,				<u> </u>	_ ▶ [	9		152024		
	10		milar amounts paid		I. REU	EIVE	D	[	10		0		
	11	Benefits paid	to or for members		8		. Jul	[	11		0		
ď	12	Salaries, other	r compensation, an	d employee benefit		M 204	u · S	[	12		0		
20	13	Professional fe	r compensation, an ees and other payn	nents to independe	nt contractors	1 0 201	~ .lost	. [	13		136577		
Expenses	14	Occupancy, re	ent, utilities, and ma	aintenance .			<u> </u>	[	14		166		
ũ	15	Printing, public	cations, postage, a	nd shipping		$\mathbf{M} \cdot \mathbf{L}$			15		806		
	16	Other expense	cations, postage, a es (describe  Si	nort-term mission tri	p expense reimburs	ements			16		700		
	17	Total expense	es. Add lines 10 thi	rough 16	· · · · · · · · · · · · · · · · · · ·			. ▶	17		138249		
ø	18	Excess or (def	ficit) for the year (Si	ubtract line 17 from	line 9)			L	18		13775		
e e	19		fund balances at										
A	<u>:</u>	end-of-year fig	gure reported on pr	or year's return)				· · L	19		15600		
Net Assets	20	Other changes	s in net assets or fu	ind balances (attac	h explanation)			L	20		1326		
	21	Net assets or	fund balances at er	nd of year. Combin	e lines 18 through 2	20	·		21		30701		
G	Part II	Balance S	<b>heets.</b> If Total ass			00 or mo			-	of Form 99	0-EZ.		
			(See the insti	ructions for Part II.)			(A) Begi	nning of y	ear	(B) End of	year		
2	<b>2</b> Ca	ash, savıngs, an	nd investments .					15	600 22		30701		
2	<b>3</b> La	<del></del>						0 23		0			
2	4 01	ther assets (des	cribe ► None				)		0 24	<del></del> -	0		
2		otal assets						15	600 25		30701		
2			describe ► None				)		0 26	_	0		
2	7 Ne	et assets or fur	nd balances (line 2	7 of column (B) mu	st agree with line 2	(1)	.	15	600 27	7	30701		

7(						
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)		Expenses
Vha	t is the organization's primary exempt purpose?	ReligiousChristian mission	nary agency			ired for section
	cribe what was achieved in carrying out the org			nd concise		)(3) and 501(c)(4)
nanı	ner, describe the services provided, the number of	of persons benefited, and c	ther relevant infoi	rmation for		izations and section (a)(1) trusts, optional
each	program title.				for ot	
28	Administration and SupportACCI provides ongoing	administrative and spiritual	support for the mis	sionaries		
	that it contracts with to carry on its mission around t		<b></b>			
	missionaries and associated projects.			••		
		includes foreign grants, che	eck here	. ▶ □	28a	4995
29	OutreachACCI recruits and sends contract mission					
	projects around the world to share the Gospel of Jes					
	or projects, terminated 3 projects, and maintained 15					
		includes foreign grants, che			29a	133254
30		<del></del>				
30						
	(Create # ) If the emount	includes foreign greats, ob-		▶ □	30a	
04		includes foreign grants, che	eck nere		Sua	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount Total program service expenses (add lines 28a t	includes foreign grants, che			31a	400040
					32	138249
Par	t IV List of Officers, Directors, Trustees, and Key			(d) Contribution		<u>_</u>
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	employee benefit	plans &	
		devoted to position	enter -0)	deferred compe	nsation	other allowances
	in Arnot	Director/Secretary - 1hr				
4 La	keview Circle, Etowah, NC 28729		0		0	0
	n Haley	Pres./Exec. Dir./Chair- 30hr				
2202	Dogwood Bay Lane, Tega Cay, SC 29708		0		0	0
	Hinrichs	Director/Missionary - 5hr	•			
502	Willoughby Way W., Minnetonka, MN 55035	Director/inissionary - on	\$700		0	0
Mark	( Peterkins	Director - 1hr				
5 Sk	eel, RR 3, Ashton, Ontario, Canada K0A 1B0	Director - IIII	0		0	0
Ken	Roth	Director - 1hr				
18 O	rmsby Drive, Richmond, Ontario, Canada K0A 2Z0	Director - IIII	0		0	0
Davi	d Willcock	Discotos/Traccouran Abr				
8320	W. 107th St., Bloomington, MN 55438	Director/Treasurer - 1hr	0		0	0
		1				
	<del></del>					
			_			
		1				
				<u> </u>		···-
						-
		-				<del></del>
	<u>-</u>					
	<u> </u>					<del></del>
		i l		l		

Part	Other Information (Note the statement requirements in the instructions for Part V.)		,	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		Ý
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		<b>\</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	1	<b>✓</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:		i	i
а	Initiation fees and capital contributions included on line 9		1	i
b	Gross receipts, included on line 9, for public use of club facilities			i
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I	40b		<b>✓</b>
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed. ▶ Minnesota			
42a	The organization's books are in care of ▶ John Haley  Telephone no ▶ 7	<b>'04-6</b> 0	7-5029	9
	Located at ▶ 141 East Main Street, Rock Hill, SC ZIP + 4 ▶	29730	4539	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_✓
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	<b> </b>	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45	-	<b>-</b>
		00/	<del></del>	

Add	Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	47(a)(1) nonexempt ch	nexempt charita aritable trusts mu	ble trusts only. A est answer question	II sec ns 46	tion -49t				
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47				rities on behalf of	or in opposition to		Yes	No			
18 Is the organization a school as described in section 170(b)(1)(A)(a)* If "Yes," complete Schedule E		· · · · · · · · · · · · · · · · · · ·				46		✓			
Did the organization make any transfers to an exempt non-charitable related organization?  ### Yes," was the related organization a section 527 organization?  ### Organization in the organization of the or						47		✓			
b If "Yes," was the releted organization a section 527 organization?  Completes this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None,"  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None,"  (b) Title and weight of Compensation in deferred compensation of the relocution and other allowances of the relocution and the relocution of the relocut	48	ls the organization a school as described in section	on 170(b)(1)(A)(ıı)? If "Yes,	" complete Schedul	eE	48		<b>✓</b>			
Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If the paid were then \$100,000 of compensation of the paid officer allowances.  (b) If the end average hours per week devoted to position  (c) Compensation eligible that the paid of th								<b>✓</b>			
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000						-		_✓			
(a) Name and address of each employee paid more than \$100,000 than \$100,	50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees a									
(a) Name and address of each employee paid more than \$100.000   Total number of other employees paid over \$100,000    deviced to position   Getter do compensation   Getter do compensation    f Total number of other employees paid over \$100,000   Each    Strong the stable for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000   (b) Type of service   (c) Compensation    Mone   Under penathes of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tive, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is tive, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is tive, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is tive, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is tive, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief. It is tive, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief. It is tive, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief. It is the preparer has any knowledge and belief. It is the preparer has any knowledge and belief. It is the preparer has any knowledge and belief. It is the preparer has any knowledge and belief. It is the preparer has		employees) who each received more than \$100,									
f Total number of other employees paid over \$100,000 .    51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "  (a) Name and address of each independent contractor paid more than \$100,000    (b) Type of service   (c) Compensation None  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is fine, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is fine, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is fine, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is fine, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief. It is fine, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Figure 1  John E Haley, President and Executive Director  Type or pint name and title  Preparer's genature  Prepare			hours per week	(0, 00,0000	employee benefit plans &	acc	ount a	ınd			
Sign Here    Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"	None										
Sign Here    Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"											
Sign Here    Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"					<del></del>						
Sign Here    Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"					<u> </u>						
Sign Here    Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"											
Sign Here    Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"			-								
Sign Here    Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		Total number of other employees paid over \$100	0.000	1	·						
Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Signature of officer	None	(a) Name and address of each independent contractor	paid more than \$100,000	(b) T	ype of service	(c) Cor	npensa	ation			
Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Signature of officer											
Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Signature of officer											
Under penalties of penjury, 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    Signature of officer											
Sign Here    Signature of officer   Date	d	Total number of other independent contractors e	each receiving over \$100	,000 ▶							
Here    Signature of officer   Date		Under penalties of penury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accomp of preparer (other than officer)	panying schedules and s is based on all informati	tatements, and to the bes	at of my	knowle wledge	edge e			
Type or pnnt name and title  Paid Preparer's Signature  Prim's name (or yours if self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? See instructions  Date  Check if self-employed  Freparer's identifying number (See instructions)  EIN Phone no  Yes No		1 - 1/	Director			)					
Paid Preparer's Use Only  Way the IRS discuss this return with the preparer shown above? See instructions  Self-employed ▶□  EIN  Phone no  Yes □ No				1-		L 10	<del>-</del> .				
Use Only   vorms name (or your si self-employed), address, and ZIP + 4   Phone no ▶    May the IRS discuss this return with the preparer shown above? See instructions	-	signature	Date	i self-	Preparer's identifying nur	nber (See	instruc	tions)			
May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No		yours if self-employed),		The state of the s							
	May th		n above? See instruction		<u>, ▶ [</u>						

#### SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charatable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

IVallie		ne organización								1001101100	
			Itural Initiatives						72		1588721
Pa				narity Status (All or				_			ctions
The	orga	anization is n	ot a private foun	idation because it is.	(For lines	s 1 throug	gh 11, ch	eck only	one box	)	
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	rıbed ın s	section 1	70(b)(1)(	A)(i).	
2		A school de	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3				hospital service orgar							
4		A medical re	esearch organiza	ation operated in conj	junction v	with a ho	spital de	scribed i	n <b>sectior</b>	170(b)(1	)(A)(iii). Enter the
	_	•	•	ate:							
5			tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle the replete Part II.)	ge or uni	versity ov	wned or o	operated	by a gov	ernmenta	I unit described in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v	).	
7	$\square$	•	•	y receives a substanti	•	its suppo	ort from a	governn	nental un	t or from	the general public
_	_			(1)(A)(vi). (Complete F							
8			-	d in section 170(b)(1)							
9	Ш	•	-	receives: (1) more th			• •				
				ed to its exempt func- ent income and unre							
				after June 30, 1975.						i o i i tax,	mom businesses
10	П	•	•	nd operated exclusive					•	(2)(4)	
10 11	Ы			and operated exclusive							r to carry out the
• •	ш			blicly supported organ							
				at describes the type							
		a 🗌 Type				e III–Fun				_	Type III-Other
е		, ,		tify that the organizat			•	•			• •
	_			on managers and othe				•	-	-	•
		509(a)(1) or	section 509(a)(2)								
f		If the organ	zation received	a written determinat	on from	the IRS	that it is	а Туре	l, Type II	, or Type	III supporting
		_	, check this box								🗀
g		Since Augus	st 17, 2006, has	the organization acce	epted any	gift or c	ontribution	on from a	any of the	<del>)</del>	
		following pe	rsons?								<u> </u>
				r indirectly controls, e				th persor	is descri	bed in (ii)	
			-	ning body of the sup		ganızatıo	n?			•	11g(i)
		(ii) A family	member of a pe	rson described in (i) a	above?				•	• •	11g(ii)
_			•	of a person described				• •			11g(iii)
_ <u>h</u>	<b>N</b> I =			ation about the support	T	organization	· · · · · · · · · · · · · · · · · · ·	ou notify	440	lo tho	(uu) Amount of
(1)		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your		nization in		ls the tion in col	(vii) Amount of support
	-		ł	above or IRC section (see instructions))	governing document? col (i) of y support						
			İ	(See mondonon)	Yes	No	Yes	No	Yes	No	
					1.55	<del></del>	1			1	· · · ·
									İ		
									İ		
				_			l				
					<del> </del>				<del></del>	<del> </del>	<del></del>
Tota	<b>.1</b>		I	I	}	1	ı	I	ı	1	

Caba	tule A /Form 000 or 000 F71 2000						Page <b>2</b>
	t II Support Schedule for Org (Complete only if you check					and 170(b)(1	
Sec	tion A. Public Support	tou the pox t	,,,,				
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	75510	81648	89382	145333	151874	543747
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the	0	0	o	0	0	0
	organization without charge	75510	81648	89382	145333	151874	543747
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each		3,3,5	3332		70,00	
5	person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						122732
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						421015
<u>6</u> Sec	tion B. Total Support					·	421010
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	75510	81648	89382	145333	151874	543747
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	650	150	150	950
11	Total support. Add lines 7 through 10 .						544697
12	Gross receipts from related activities, etc	•	•			12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	id, third, fourth			n 501(c)(3) ► □
	tion C. Computation of Public Su			1 1 (6)		14	77.3 %
14	Public support percentage for 2009 (line					15	75.3 %
15	Public support percentage from 2008 Sci						
16a	and stop here. The organization qualifies	as a publicly s	supported organ	nization , ,			▶ ☑
ь	33½ % support test—2008. If the organization quality and stop here. The organization quality	alifies as a publi	cly supported of	organization ,			▶ □
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "forganization meets the "facts-and-circum"	acts-and-circun	nstances" test,	check this box	and <b>stop here.</b>	Explain in Part	IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 private facts of the organization did	acts-and-circum ances" test. The	stances" test, o organization qua	check this box a alifies as a public	and <b>stop here.</b> By supported or	Explain in Part ganization	IV how the ▶ □

## Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

	Complete only if you checke	d the box of	ine 9 of Fa	111.1.1	<u> </u>		<del></del>
	tion A. Public Support elendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ca	mendar year (or fiscal year beginning in)	(a) 2003	(b) 2000	(6) 2007	(u) 2006	(e) 2009	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.")  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						<u> </u>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			<u> </u>			
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	<del></del>	r	•	T	T	
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourti			on 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su					11	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	ne 13, column		15	<u>%</u> %
Sec	tion D. Computation of Investmen					<del></del>	
17 18	Investment income percentage for 2009 Investment income percentage from 2009				olumn (f)) .	17	<u>%</u> %
19a		anization did n	ot check the b	ox on line 14, a			
b	33% % support tests - 2008. If the organ line 18 is not more than 33% %, check this	nzation did not	check a box o	n line 14 or line	19a, and line	l6 is more than	33½ %, and _
20	Brigate foundation If the organization		-				_

Page	4

### 2009 FORM 990-EZ ADVENTIVE CROSS CULTURAL INITIATIVES EIN: 72-1588721

#### **Explanation for Part I, Line 20:**

In 2009, Adventive Cross Cultural Initiatives (ACCI) discovered two accounting errors. The first was a 2007 double entry of an expense of \$1,489.54. This was reconciled by acknowledging a credit for the same amount in 2009. The second was a 2009 credit for an amount of \$164 which was actually received in 2008, and also credited in 2008. This double credit was reconciled by acknowledging a debit for the same amount in 2009. The reconciliations (a credit of \$1,489.54 and a debit of \$164) totaled a change of \$1326 (rounded to the nearest dollar) for 2009.