SCANNED FEB 0 8 2020

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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

Open to Public

		f the Treasury nue Service	► Go to www.irs	s.gov/Form990 fo	r instruction	s and th	ne latest in	formation.		Inspect	ion	
A			ndar year, or tax year beginnir	ng		, 2018, a	nd ending			, 20		
В		ck if applicable C Name of organization Christian Adventures Int'l Inc								D Employer identification number		
$\bar{\Box}$	Address		Doing business as McNulty M							59-3231102		
$\overline{\sqcap}$	Name ch	-	Number and street (or P O box if		to street add	ess)	Room/surte	3	E Telepho	ne number		
$\overline{\Box}$	Initial ret	-	PO Box 15136				ļ			(386) 252-9803		
$\bar{\Box}$		m/terminated	City or town, state or province, co	ountry, and ZIP or for	reign postal co	ode	<u> </u>					
$\overline{\Box}$	Amende		Daytona Beach, FL 32115						G Gross re	eceipts \$	408,180	
			F Name and address of principal off	ficer Dr Kevin N	cNulty			H(a) Is this a g	roup return for	subordinates? Yes	☑ No	
			120 Flamingo Ave, Daytona B		•		. 1			s included? 🔲 Yes		
I Tax-exempt status										a list. (see instructio	ns)	
J	Website		w.McNulty Ministries.com				$\overline{\mathcal{C}}$	H(c) Group	exemption	number >		
K	Form of o	organization	✓ Corporation ☐ Trust ☐ Associ	ciation ☐ Other ▶		L Yea	r of formatic	n 1994	M State	of legal domicile	FL	
P	art I	Summ	ary									
	1	Briefly de	escribe the organization's mis	ssion or most si	gnificant ac	tıvıties:	Evange	lısm, Evanç	jelism Tra	aining, Global Oi	utreach	
çe		"Global A	dvancement of the Gospel" th	rough Tent Minis	stries and C	onferenc	ces, Telev	sion and L	iterature l	Distribution		
าลา												
Activities & Governance	2	Check th	is box ▶ ☐ if the organizatio	n discontinued i	ts operatio	ns or dis	sposed of	more than	1 25% of	its net assets.		
ő	3	Number of	of voting members of the go	verning body (Pa	art VI, line 1	a)			3_		5	
ಳ	4	Number of	of independent voting memb	ers of the gover	ning body	(Part VI,	line 1b)		4		5	
ties	5	Total nun	nber of individuals employed	i in calendar yea	ır 2018 (Pai	t V, lıne	2a) .		5		7	
ïŧ	6		nber of volunteers (estimate				11161	1a · ·	6		0	
Ā	7a		elated business revenue fron				11.171	l.]	7a		0	
	b	Net unrel	ated business taxable incom	ne from Form 99	<u> Mariana di Mariana d</u>	VED			7b		0	
	•			1-1-			-	Prior Yo		Current Ye		
ē	8		tions and grants (Part VIII, lin	1001 /	NAV TO	·	S-0SC		326,868		408,180	
enc	9		service revenue (Part VIII, lin		MON TO	. ZUTS	-1911		0		0	
Revenue	10		nt income (Part VIII, column				181		0		0	
-	11		renue (Part VIII, column (A), li				=		0		0	
	12								326,868	_	408,180	
	13		nd similar amounts paid (Par				· ·		24,337		30,164	
	14		paid to or for members (Part				· .:		0		455.047	
es	15		other compensation, employed	•		A), lines t	5-10)		119,187		155,017	
ens	16a		onal fundraising fees (Part IX,						U Sarassina	御屋御屋 を送れ、その途 よう	U	
Expenses	b		draising expenses (Part IX, c			2	1,297	e e dan distrib	A. 15 CAMPS	MILITARY TO SERVICE STATE OF THE SERVICE STATE OF T	1	
	17		penses (Part IX, column (A), I				$\cdot \cdot \cdot \vdash$		246,685		232,917	
	18		enses. Add lines 13–17 (mus			, line 25	' ·		390,209	· .=	418,098	
	19	Revenue	less expenses. Subtract line	18 from line 12		· · · ·	· ·	eginning of Cu	-63,341	End of Ye	-9,918	
Net Assets or Fund Balances		T-4-1	oto (Dort V. line 16)				100	-	675,923	2110 01 101		
(SSe	20		ets (Part X, line 16)			· · ·	· ·		201,024		663,432 211,582	
get age	21		ilities (Part X, line 26)	tha 21 from ha			· · -		474,899		451,850	
	22 art II		ture Block	Lime 21 Iron iiii	e 20 .				474,033	 	431,030	
			ry, I declare that I have examined thi	in sotura, inaliidina ar		schedules	and statem	ents and to t	he best of r	my knowledge and	helief it is	
			ete Declaration of preparer (other th							ny knowicago una	001101, 11 10	
_		TE	1 11	MACAL	117					,		
Sig	ın	Sign:	ature of officer	41(U/\/	$\mathcal{N}_{\mathcal{W}}$	41		Da	te , j	111/2 04	_	
Here			1 FSILE	EC M	r K/1/) :	<i>†</i> V			////	141411	7	
		Type	or print name and title	- (CINUD	' / 			• • • •	11001	/	
		1.	pe preparer's name	Preparer's signat	ure		Date	•	Check	If PTIN		
Pa									self-emp			
	epare		ame ▶					Fım	n's EIN ▶			
US	e Onl	y	ddress ▶						ne no			
Ma	y the IF		s this return with the prepare	r shown above?	(see instru	ctions)				🗌 Yes	☐ No	
_			ction Act Notice, see the sepa				Cat No	11282Y		Form 9	90 (2018)	

10:32



Part	Ш	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1		fly describe the organization's mission:
		ngelism; Evangelism Training, Global Outreach "Global Advancement of the Gospel" through Tent Ministries and Conferences,
	lele	vision and Literature Distribution
2	Did	the organization undertake any significant program services during the year which were not listed on the
_		r Form 990 or 990-EZ?
	If "Y	es," describe these new services on Schedule O.
3	Dıd	the organization cease conducting, or make significant changes in how it conducts, any program
	serv	ices?
	If "Y	es," describe these changes on Schedule O.
4	Desc	cribe the organization's program service accomplishments for each of its three largest program services, as measured by
	expe	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	tne t	total expenses, and revenue, if any, for each program service reported.
4a	/Coc	de.) (Expenses \$352,143 including grants of \$) (Revenue \$)
44	Eval	ngelistic efforts is US, Eurasia and other countries; Ministry and Bible training, global outreach, television outreach, and Ministry
	ın Ci	hurches, tent meetings and conferences in international and domestic venues.
		narches, term meetings and conferences in members and domestic visites.
4b	(Cor	de.) (Expenses \$including grants of \$) (Revenue \$)
75	,000	/ (Expended to the state of the
4c	(Coc	de:) (Expenses \$ including grants of \$) (Revenue \$)
4d		er program services (Describe in Schedule O.)
		enses \$ including grants of \$) (Revenue \$)
4e	Tota	Il program service expenses ► 352,143

Form 990 (2018)

Page 2



Form 99	00 (2018)	<u>ر ب</u>	<u> </u>	Page 3
Part	V Checklist of Required Schedules			,
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? If "Yes," complete Schedule C, Part II	4		1
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? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	* -		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	∀
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		\
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		\
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	

Part	Checklist of Required Schedules (continued)			
			Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a	_	✓
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? If "Yes," complete Schedule L, Part I	25b		√
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? If "Yes," complete Schedule L, Part II	26	1	
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? If "Yes," complete Schedule L, Part III	27		✓
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		✓
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	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? If "Yes," complete Schedule L, Part IV .	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√ _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
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? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a_		✓
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)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	· ·	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	1	Yes	No
ıa b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
		Form	1 990	(2018)

Statements, filed for the calendar year ending with or within the year covered by this return? Statements, filed for the calendar year ending with or within the year covered by this return? Note, if the sum of the calendar year ending with or within the year covered by this return? Note, if the sum of these ta and 2a is greater than 250, you may be required to e-file (see instructions). But the organization have unrelated business gross income of \$1.000 or more during the year? All 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 accounts? See instructions for filing requirements for fincEN form 114, Report of Foreign Bank and Financial accounts? (FBAR). We shall be calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts? (FBAR). We shall be calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts? (FBAR). We shall be calendar year, the fire file of the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible contributions under section 170(c). By If Yes, if did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible or the file of t	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return 2 7 2b				Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, lift es um of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes," has it filed a Form 990-T for this year? If "No" to fine 3b, provide an explanation in Schedule 0 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country! such as a bank account, securities account, or other financial account? 4a ✓ 4b If "Yes," then the name of the foreign country. In the companization is a financial account in a foreign country such as a bank account, securities account, or other financial account? 5b Was the organization as the foreign country. In the companization and the foreign such that the security to a prohibited tax shelter transaction at a such a such a such as a such as a such account, securities account, or other financial account? 5c If "Yes" then the name of the foreign such tax shelter transaction? 5c If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the organization include with every solicitation an express statement that such contributions or gift is were not tax deductible? 6c Doganization shat may receive deductible contributions under section 170(c). 6d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," the organization receive any funds, directly or indirectly, or	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a					
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" or libin 2b, provide an explanation in Schedule O 4d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizationis that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Did the organization of the payor? 8 If "Yes," did the organization of the payor or otherwise dispose of tangible personal property for which it was required to file Form 8282? Indied during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required? 9 If the organization received a contribution of cars, beats, airplanes, or other vehicles, did the organization file a Form 1094-C? 9 If the organization received a contribution of cars, beats, airplanes, or other vehicles, did the organization file a Form 1094-C? 10 Section 501(c)(7) organizations. Enter: 10 In this organization received a contribution of tax-exempt increase the care of th	b		2b	4	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? b If "Yes," enter the name of the foreign country; ► See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5a Does the organization she and a service of the section of the organization solicit any contributions that were not tax deductible as charitable contributions? 5b J If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 6b D Oth the organization notify the donor of the value of the goods or services provided? 7 If "Yes," indicate the number of Forms 8282 filed during the year 9 If "Yes," indicate the number of Forms 8282 filed during the year 10 D Oth the organization received a contribution of qualified intellectual property, did the organization received a contribution of accidence of the form 8282? 10 D Othe organization received a contribution of accidence of the form 8283 as required to the Form 8282? 11 Eves," indicate the number of Forms 8282 filed during the year 12 D Othe organization received a contribution of unaffectily, to pay premiums on a personal benefit contract? 13 D Othe organization received a contribution of unaffectily, to pay premiums on a personal benefit contract? 14 If the organization received a contribution of	_		<u> </u>	·	
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: P See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? of If "Yes," bit line Sa or 5b, odd the organization file Form 8886-17? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt may receive deductible contributions are contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(e). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? organizations that may receive deductible contributions under section 170(e). b If "Yes," indicate the number of Forms 8282 filed during the year organization sell, exchange, or otherwise dispose of tangble personal benefit contract? organizations and contribution of qualified intellectual property, did the organization file form 8282? If the organization sell account organization file form 8282 filed during the year organization received a contribution of qualified intellectual property, did the organization file form 8283 er sequence organization have access business holdings at any time during the year? Sponsoring organization have excess business holdings at any time during the year? b If the organization have excess business holdings at any time during the year? b If the organizati	_				-
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		12a		
a Is the organization licensed to issue qualified health plans in more than one state?					
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		13a		
the organization is licensed to issue qualified health plans		· · · · · · · · · · · · · · · · · · ·			
Did the organization receive any payments for indoor tanning services during the tax year?	b				-
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	C				
 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	14a		-		✓_
excess parachute payment(s) during the year?	b		14b		<u> </u>
If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. If "Yes," complete Form 4720, Schedule O.	15		ا ۔ ِ ا		,
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			15		V
If "Yes," complete Form 4720, Schedule O.	16		16		
	10	· · · · · · · · · · · · · · · · · · ·			1
		11 100, Complete Form 4720, Concodic C.	Form	n 990	(2018)

Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change. Check if Schedule O contains a response or note to any line in this Part VI				. 🔽
Secti	on 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	1a	5		
	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.		_		
b	Enter the number of voting members included in line 1a, above, who are independent		<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2	1	
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		1 3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		1
5	Did the organization become aware during the year of a significant diversion of the organization		5		✓
6	Did the organization have members or stockholders?		6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		t 7a		1
b	Are any governance decisions of the organization reserved to (or subject to approva		,		
	stockholders, or persons other than the governing body?		7b		1
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			
а	The governing body?		8a	1	-
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be the section of the secti			,	
C = =4:	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	000	<u> </u>
Secu	on B. Policies (This Section B requests information about policies not required by th	e iriterriai neve	ilue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	1.00	1
b	If "Yes," did the organization have written policies and procedures governing the activities o		,		
110	affiliates, and branches to ensure their operations are consistent with the organization's exeme Has the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of this Form 990 to all members of its governing body before the organization of the organization o		10b	-	1
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1.0		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?		1	
С	Did the organization regularly and consistently monitor and enforce compliance with the indescribe in Schedule O how this was done			1	
13	Did the organization have a written whistleblower policy?		13		1
14	Did the organization have a written document retention and destruction policy?		14	1	
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	✓	
ь	Other officers or key employees of the organization		15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similarly during the year?	lar arrangement	16a		✓
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain in Sci.	ıt apply.	-T (Sed	tion 5	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume		nterest	nolicy	/ and
	financial statements available to the public during the tax year.				, , and
20	State the name, address, and telephone number of the person who possesses the organization Joan DeCamp, 1918 S Atlantic Ave, Daytona Beach Shores, FL 32118, (386) 252-9803	on s Dooks and I	ecords		

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

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.

-ta- and an experience of the second second

☐ Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ated any currer	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than one than one		Reportable	Reportable	Estimated
	hours per					or/trusi		compensation	compensation from	amount of
	week (list any	8 2	=	0	<u>~</u>	œΞ	'n	from	related	other
	hours for related	함	l≨	Officer	1 %	를	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	eg E	ð	4	Key employee	yet c	9	(W-2/1099-MISC)		organization
	below dotted	५ ई	ᇛ		oy	"ä				and related
	line)	Individual trustee or director	Institutional trustee		ě] B				organizations
		"	tee			Highest compensated employee				
						ā				
(1) Dr Kevin McNulty	60.0									
President/Director		✓_		✓				33,542		
(2) Dr Leslie McNulty	60.0]								
VP/Secretary/Director		✓		1				30,625		
(3) Simon Reynolds	1.0									
Director		✓								u
(4) Rev Jeff Miller	1.0									
Director		✓			<u> </u>					
(5) Pastor Darrell Morgan	1.0									
Director		✓								
(6)										
						_				
(7)		j			'	1	[1		
							L			
(8)								1		
						_				
(9)										
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(10)	<u> </u>									
(11)										
(12)	1		li							
(13)										
(14)										
	T				l	1	ŀ	1		

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
		(C)											
	(A)	(B)	(do n	ot ch		ition	e than (one	(D)	(E)		(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportati compensatio		Estimated amount of	
		hours per week (list any		ı	_		or/trus		compensation from	related		other	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensat employee	Former	the	organizati		compensation	
		related organizations	rect	E	ğ	<u>§</u>	est	БĒ	organization (W-2/1099-MISC)	(W-2/1099-I	/IISC)	from the organization	
		below dotted	악파	nal		Š	e com		ľ			and related	
		line)	ıste	l ag		8	pen					organizations	
			°	tee			sated				:		
(45)		 	-				-	-					_
(15)		ļ					l						
(46)				-	_							·	_
(16)		 	ł				ŀ						
(47)				-		-	-						-
(17)		 											
(18)	· · · · · · · · · · · · · · · · · · ·							-			$\overline{}$		_
(10)		 							ł				
(19)											-		_
7.137			1			1			•				
(20)		 			\vdash	\vdash		-			$\overline{}$	 	_
3207	••••	 	1										
(21)	· · · · · · · · · · · · · · · · · · ·	-						┢					_
37								l					
(22)													_
3/			İ										
(23)													
3			İ										
(24)													
		T	1										
(25)													
			l										
1b	Sub-total								64,167		0		0
C	Total from continuation sheets to Part			•	•			>	0		0		0
d	Total (add lines 1b and 1c)							<u> </u>	64,167		0		0
2	Total number of individuals (including but		to th	ose	list	ed	above	e) w		ore than \$1	00,00	0 of	
	reportable compensation from the organ	zation >							0				_
												Yes No	<u>_</u>
3	Did the organization list any former of									est compe	ensate		
	employee on line 1a? If "Yes," complete											3 🗸	_
4	For any individual listed on line 1a, is the	sum of rep	portal	ble o	com	per	nsatio	n a	nd other comp	ensation fr	om th	e	
	organization and related organizations		an \$1	150,	000	12 1	"Ye	s,"	complete Sch	edule J fo	ir suci		
_	individual			٠.				•				4 1	
5	Did any person listed on line 1a receive of for services rendered to the organization											5 V	
Santia	on B. Independent Contractors	: 11 163, 6	Unipi	CIC	SCI.	ieut	ne o i	01 3	uch person	· · ·	· · ·	<u> </u>	_
	Complete this table for your five highest			J	1					d mara the	- ¢10		_
1	compensation from the organization. Rep												
	year.	on compo	1134110	,,,,	J. L.	iÇ C	aiciid	iui y	car criding wit			gamzanon o tax	
	(A)					-		1	(B)			(C)	_
	Name and business add	ress						l	Description of s	ervices	ĺ	Compensation	
								П					0
	· · · ·												0
													0
													0
													0
2	Total number of independent contractor							th	ose listed abo	ove) who			
	received more than \$100,000 of compens	ation from t	the or	gan	ızat	ion l	>						È

Form **990** (2018)

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII								
		Check if Schedule O contains a response or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
ats 1.5	1a	Federated campaigns 1a	n			,				
Conributions, Gif.s, Grants and Other Sim for Amoun's	ь	Memhership dues 1b	0	' .	•					
S, C	e e	Fundraising events 1c	0		']				
ii. Er,	d	Related organizations 1d	0	, , ,						
ě, E	e	Government grants (contributions) 1e	0)]					
io i	t	All other contributions, gifts, grants,				'				
bul the		and cimilar amounts not included above if 408,18	o			, :				
10	_ g	Noncash contributions included in lines 1a=11 \$	7	-	'	· .				
Co		Total. Add lines 1a–1f	408,180]						
ue		Business Code								
Ne.	2a		0							
Rei	ь		0							
)Ce	С		0		-					
erv	d		0							
E S	e		0		<u> </u>					
Program Service Revenue	f	All other program service revenue .	0	-						
Pro	g	Total. Add lines 2a-2f	0							
	3	Investment income (including dividends, interest,		· · · · · · · · · · · · · · · · · · ·						
		and other similar amounts)	0							
	4	Income from investment of tax-exempt bond proceeds	0		 					
	5		0	· · · · · ·	 					
		Royalties		· · · · · · · · · · · · · · · · ·		1				
	6a		0							
	ь									
	C									
	d	Net rental income or (loss)	0		-					
- 1	7a	Gross amount from sales of (i) Securities (ii) Other				1				
1	ra		0							
İ	b	Less cost or other basis	-							
ĺ		l i	o			į				
ł	С		<u></u>							
	d	Net gain or (loss)	0			<u> </u>				
	.	rect gaint of (loss)								
venue	8a	Gross income from fundraising events (not including \$ 0								
Other Re		of contributions reported on line 1c). See Part IV, line 18 a]				
둦	b	Less direct expenses b	<u> </u>							
۱ ۲		Net income or (loss) from fundraising events . ▶	0							
		Gross income from gaming activities.				,				
!		0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0							
j	b	<u> </u>	<u> </u>		}					
ĺ		Net income or (loss) from gaming activities	0							
1		Gross sales of inventory, less				i				
			n							
i	b		₫ ·	•	1					
		Net income or (loss) from sales of inventory	0			<u> </u>				
ł		Miscellaneous Revenue Business Code								
ł	11a		0							
	b		0							
ļ	C		0	 .						
	d	All other revenue	0		 					
j	e	Total. Add lines 11a-11d	0	 	 	1				
	12	Total revenue. See instructions	408.180		-					

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization:	s must complete colu	ımn (A).
	Check if Schedule O contains a respons	e or note to any lin	ne in this Part IX .	<u>,</u>	🗆
	t include amounts reported on lines 6b, 7b, , 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	29,164	29,164		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,000	1,000		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	64,167	54,542	6,417	3,208
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		_		
_	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	84,351	71,698	8,435	4,218
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				0
_	· · · · · · · · · · · · · · · · · · ·	0	0	0	0
9	Other employee benefits	6,499	5,524	650	325
10 11	Fees for services (non-employees):	0,433	3,324	030	323
''a	Management	0	0	o	0
b	Legal	0	0	0	0
c	Accounting	12,300	1,845	9,840	615
ď	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
9	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	3,038	3,038	0	. 0
12	Advertising and promotion	0	0	0	0
13	Office expenses	45,200	36,160	4,520	4,520
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	3,252	0
17	Travel	32,521	29,269	3,232	
18	for any federal, state, or local public officials	0	۸		n
19	Conferences, conventions, and meetings .	2.737	274	2,463	
20	Interest	17,001	13,601	1,700	1,700
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	39,029	31,223	3,903	3,903
23	Insurance	5,576	4,460	558	558
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				;
	(A) amount, list line 24e expenses on Schedule O.)				
а	Meals/Fellowship/Hospitality	1,279	959	256	64
ь	Missions Outreach - Europe & Northern Asia	7,857	7,857	0	0
c	Missions Outreach - South East Asia	5,160	5,160	0	0
ď	Missions Outreach - All Other	48,256	48,256	2 664	2 186
e	All other expenses	12,963 418,098	8,113 352,143	2,664 44,658	2,186 21,297
25 26	Joint costs. Complete this line only if the	4 18,098	352,143	44,038	
20	organization reported in column (B) joint costs				
	from a combined educational campaign and	Í			
	fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

۲	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X <u></u> .	<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	14,172	1	12,740
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section		İ	_
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	•	į	-
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			 .
Assets		organizations (see instructions). Complete Part II of Schedule L	0	6	0
SS	7	Notes and loans receivable, net	0	7	0
٩	8	Inventories for sale or use	13,286	8	13,286
	9	Prepaid expenses and deferred charges	199	9	199
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 1,586 764			
	_	Less accumulated depreciation 10b 989,459	599.651	100	597,305
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	48,615		39,902
	16	Total assets. Add lines 1 through 15 (must equal line 34)	675,923	16	663,432
	17	Accounts payable and accrued expenses	11,789	17	27,605
	18	Grants payable		18	
	19	Deferred revenue		19	· ·
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	68,958		67,448
-	23	Secured mortgages and notes payable to unrelated third parties	14,799	23	14,799
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17–24). Complete Part X		1	
		of Schedule D	92,358	25	101,730
	26	Total liabilities. Add lines 17 through 25	187,904		211,582
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets	495,762	27	461,778
Bal	28	Temporarily restricted net assets		28	· · · · · ·
덜	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		ŀ	ļ
Net Assets or Fund Balances		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	·	30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	31	
et/	32	Retained earnings, endowment, accumulated income, or other funds .	495,762	32	451,850
Ž	33 34	Total net assets or fund balances	683,666		663,432
	J-4	Total navilities and het assets/fully balances	003,000		Form 990 (2018)

Form 9	90 (2018)			_	Ра	ge 12
Par	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			40	8,180
2	Total expenses (must equal Part IX, column (A), line 25)	2			_41	8,098
3	Revenue less expenses. Subtract line 2 from line 1	3		_	-	9,918
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			49	5,762
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8			-	7,739
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-			45	1,850
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			-		Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 📝 Accrual 🔲 Other		_	ļ		1
	If the organization changed its method of accounting from a prior year or checked "Other," exp	plaın	n	ļ		**
	Schedule O.					لنسد
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		.	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled	or			
	reviewed on a separate basis, consolidated basis, or both		ŀ	*		1
	Separate basis Consolidated basis Both consolidated and separate basis			•		
b	Were the organization's financial statements audited by an independent accountant?		.	2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a	ļ		
	separate basis, consolidated basis, or both.		1			
	Separate basis Consolidated basis Both consolidated and separate basis		-			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			_		
	of the audit, review, or compilation of its financial statements and selection of an independent accou			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	n			
	Schedule O.		,			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n			,
	the Single Audit Act and OMB Circular A-133?	• •	.	3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde		е	a.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	uaits.	- 1	3b		

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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. Employer identification number

59-3231102 Christian Adventures Int'l Inc 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (ii) EIN (described on lines 1-10 listed in your governing other support (see support (see document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

Part	(Complete only if you checked the						
	Part III. If the organization fails to						
	on A. Public Support	· · · · · · · · · · · · · · · · · · ·	·	T	1 10 2212		/
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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			\/			
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organization			or fifth tax yo	12 ear as a section	n 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line			1, column (f))		14	%
15 16a	Public support percentage from 2017 Sci 331/3% support test—2018. If the organization quality and stop here. The organization quality and stop here.	ization did not Ilifies as a∮publ	check the box icly supported	organization		· · · · · · · · · · · · · · · · · · ·	▶ 🛚
	331/3% support test—2017. If the organithis box and stop here. The organization	qualifies as a p	publicly suppo	rted organizat	ion	· · · · /	▶ 🗆
	a 10%-facts-and-circumstances test—2018. 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						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization is supported organization in the control of the control organization is supported organization in the control organization is supported organization.	ation meets the	e "facts-and-o	circumstances	" test, check t	this box and s	top∖here.
18	Private foundation. If the organization di						see \
	instructions		· · · · · ·	• • • • •		nedule A (Form 990	or 990-EZ) 2018
	1				301		Τ, ισ

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total _
- 1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	640,435	426,532	375,842	326,669	407,400	2,176,878
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	o	68	o	199	780	1,047
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	i					0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Totai. Add lines 1 through 5	640,435	426,600	375,842	326,868	408,180	2,177,925
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .]	0
ь	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		-				0
С	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	line 6.)	لننسا				<u> </u>	2,177,925
	on B. Total Support	(-) 0044	(-) 0045	(-) 0016	(4) 0047	(-) 0010	(6 Tatal
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	640,435	426,600	375,842	326,868	408,180	2,177,925
10a	Gross income from interest, dividends, payments received on securities loans, rents,		-				
	royalties, and income from similar sources.						0
ь							
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b					- ·	0
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,				·		_
	and 12.)	640,435	426,600	375,842	326,868	408,180	2,177,925
14	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he	re			· · · · ·	· · · · ·	> 🗆
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2018 (line 8		-			15	100 %
16	Public support percentage from 2017 Sch			<u> </u>	<u></u>	16	100 %
	on D. Computation of Investment In			, ;,-	(2)	1 1	
17	Investment income percentage for 2018 (17	<u> %</u>
18	Investment income percentage from 2017					18	· %
19a	331/3% support tests—2018. If the organ						
_	17 is not more than 33 ¹ / ₃ %, check this box		_				
b	331/3% support tests—2017. If the organiz						
20	line 18 is not more than 331/3%, check this to						_

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.)

Secti	on 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.	1	<u></u>		
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).	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.	3a			
b	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.	3b			
С	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	3c			
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.				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b			
С	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.	4c			
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).	5a			
b	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?	5b			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c			
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.	6			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		-	
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).	8	ļ. <u>. </u>	ļ	
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.	9a			
b	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 .	9b			
С	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.	9c			
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.				
Ь	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.)	10b			

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	i		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>		<u> </u> i
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	_	├
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		V	NI-
4	Did the discrete at water as a second custom of one or many granted arrangestions have the power to		res	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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,	[
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on 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?			لـــــا
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:		
2	Activities Test. Answer (a) and (b) below.	لــــــ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		┝╼╌┙
2	-	20		1
	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
k	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- 50		
Ь	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b		l

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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	1Ь		
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	1	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		-
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	egrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continuea)					
Secti	Current Year							
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exe							
	organizations, in excess of income from activity			_				
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
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.							
	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive					
	(provide details in Part VI). See instructions.			_				
9	Distributable amount for 2018 from Section C, line 6		····					
10	Line 8 amount divided by line 9 amount		(ii)	(iii)				
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018							
	(reasonable cause required—explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2018							
<u>a</u>	From 2013							
	From 2014							
	From 2015							
	From 2016							
	From 2017							
f_	Total of lines 3a through e							
	Applied to underdistributions of prior years Applied to 2018 distributable amount			· · · · · · · · · · · · · · · · · · ·				
<u>h</u> i	Carryover from 2013 not applied (see instructions)							
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from							
7	Section D, line 7.							
а	Applied to underdistributions of prior years							
<u>_</u>	Applied to 2018 distributable amount			···· ·				
	Remainder, Subtract lines 4a and 4b from 4.	.=						
5	Remaining underdistributions for years prior to 2018, if							
•	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		-					
8	Breakdown of line 7							
a	Excess from 2014 .	-						
b	Excess from 2015							
C	Excess from 2016							
d	Excess from 2017							
e	Excess from 2018							

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•	
•	
••••	
•	

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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

Open to Public Inspection

Name C	the organization		Linployer identification fidinger
Christ	an Adventures Int'l Inc		59-3231102
Par	Organizations Maintaining Donor Ad	lvised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	_	
		 -	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		ald in depart advised
5	Did the organization inform all donors and dono	or advisors in writing that the assets r	eld in donor advised
	funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	nt funds can be used
	only for charitable purposes and not for the bend		
	conferring impermissible private benefit?		· · · · · · · · · Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered	l "Yes" on Form 990, Part IV, line 7.	_
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreations)		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.	icid a qualifica conscivation contribution	Held at the End of the Tax Year
			45. 13x 1
a			
b	Total acreage restricted by conservation easemer		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		I I
	historic structure listed in the National Register		
3	Number of conservation easements modified, train	nsferred, released, extinguished, or teri	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	ervation easement is located ►	
5	Does the organization have a written policy re	egarding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation e	asements it holds?	· · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcin	g conservation easements during the year
	>	5. 5	•
7	Amount of expenses incurred in monitoring, inspecti	ing handling of violations, and enforcing	conservation easements during the year
•	►\$	ing, nationing of violations, and officioning	sometrument successions during the year
8	Does each conservation easement reported on line	e 2/d) above satisfy the requirements of	section 170(h)(4)(B)(i)
o	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · No
_			
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		ianciai statements that describes the
	organization's accounting for conservation easem		011 0: 11 4
Part			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SI	•	
	works of art, historical treasures, or other similar	· · · · · · · · · · · · · · · · · · ·	
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under s		
	works of art, historical treasures, or other similar	ar assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide the following amounts rela		
	·	_	▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of ar	t historical treasures or other similar	r assets for financial dain provide the
~	following amounts required to be reported under		
a	Revenue included on Form 990, Part VIII, line 1		
ь	Assets included in Form 990, Part X		<u>▶ \$</u>

Par	Organizations Maintaining Co	ollections of A	Art, Hist	orical 1	reasures,	or Ot	her Similar A	Assets (continued)
3	Using the organization's acquisition, according to the collection items (check all that apply):	cession, and oth	ner recor	ds, chec	k any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition		d [☐ Loan	or exchang	e prog	rams	
ь	☐ Scholarly research				-			
С	Preservation for future generations							
4	Provide a description of the organization	n's collections a	nd expla	in how t	hey further	the org	anization's ex	empt purpose in Part
	XIII.							
5	During the year, did the organization sol	licit or receive of	donation	s of art,	historical tr	easure	s, or other sim	nılar
	assets to be sold to raise funds rather that	an to be maintai	ned as p	art of the	e organızatı	on's co	llection? .	· 🗌 Yes 🗌 No
Part	IV Escrow and Custodial Arrang	gements.						
	Complete if the organization are 990, Part X, line 21.	nswered "Yes"						
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?							
b	If "Yes," explain the arrangement in Part	XIII and comple	te the fo	llowing ta	able:		- 	
								Amount
С	Beginning balance					10		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount of	on Form 990, Pa	ırt X, line	21, for e	scrow or cu	ustodia	account liabil	ity? 🗌 Yes 🗍 No
b	If "Yes," explain the arrangement in Part	XIII. Check here	of the ex	planatio	n has been	provide	ed on Part XIII	<u> </u>
Par								
	Complete if the organization ar	nswered "Yes"	on For	<u>n 990, f</u>				
_		(a) Current year	(b) Prio	r year	(c) Two year	s back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance							
ь	Contributions							
С	Net investment earnings, gains, and losses					` _		
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	current year end	d balanc	e (line 1g	, column (a)) held a	as:	
а	Board designated or quasi-endowment							
b	Permanent endowment ▶		•					
С		%						
	The percentages on lines 2a, 2b, and 2c	should equal 10	00%.					
За	Are there endowment funds not in the po			ation tha	at are held	and ad	ministered for	the
	organization by:							Yes No
	(i) unrelated organizations							. (3a(i)
	(ii) related organizations							. 3a(ii)
ь	If "Yes" on line 3a(ii), are the related orga	inizations listed	as requir	ed on So	chedule R?			. 3b
4	Describe in Part XIII the intended uses of							
Part	VI Land, Buildings, and Equipme	ent.	•				-	
	Complete if the organization an	nswered "Yes"	on For	n 990, F	Part IV, line	11a.	See Form 99	0, Part X, line 10
	Description of property	(a) Cost or oth (investme			or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land		0		1,030			1,030
b	Buildings		0	-· · · ·	0		0	0
C	Leasehold improvements		0		0		0	0
d	Equipment		0		0		0	0
e	Other		0	-	1,585,734		989,459	596,275
Total.	Add lines 1a through 1e. (Column (d) mus	t equal Form 99	0, Part X	, column	(B), line 10)c.) .	▶	597,305

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on Fo			·
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
(1) Financial	derivatives			
(2) Closely-l	neld equity interests			
(3) Other				
(A)				
(B)			ļ	
(C)		-		
(D)				
(E)		- 	<u> </u>	
(F) (G)				
(G) (H)			-	
	h) must equal Form 000, Part V and /P) line 12 \		1	
Part VIII	b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related.			
Part VIII	Complete if the organization answered "Yes" on Fo	rm 990 Part IV lir	ne 11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value		hod of valuation
	(a) Description of investment	(b) Book value		of-year market value
(1)				
(2)				
(3)		<u> </u>		
(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 Fo	rm 990, Part IV, Iir	ne 11d. See Form	
	(a) Description			(b) Book value
(1) Russian				36,450
	e on Unreimbursed Expenses			
(3)				· -
(4)				···-
(5)				
(6)				
(7)			-	
(8)				• • •
(9) Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)	· · · · · · ·		39,902
Part X	Other Liabilities.	• • • •		
T GITE X	Complete if the organization answered "Yes" on Fo	rm 990. Part IV. lır	ne 11e or 11f. See	Form 990. Part X.
	line 25.	000, . a ,		, , , , , , , , , , , , , , , , , , , ,
1.	(a) Description of liability (b) Book value			
(1) Federal in		<u> </u>		
(2) Credit C		86,138		
(3) Mortgag		13,120		
(4) Payroll L		2,412		
	x Payable	0		
(6)				
(7)				
(8)				
(9)				
		01,730		
	uncertain tax positions. In Part XIII, provide the text of the footr			
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740). Chi	eck here if the text of	the footnote has bee	n provided in Part XIII 🔲

Part			Return.		
	Complete if the organization answered "Yes" on Form 990, I				
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a]		
Ь	Donated services and use of facilities	2b]]		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1		
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1		
c	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.					
T GIT C	Complete if the organization answered "Yes" on Form 990, I				
1	Total expenses and losses per audited financial statements		11		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•		
	Donated services and use of facilities	2a			
a		2b	- ,		
b	Prior year adjustments	2c	1 1		
C	Other losses	2d	1 1		
d	Other (Describe in Part XIII.)		2e		
e	Add lines 2a through 2d		3		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	_			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	J 1		
a		41	ĭ 1		
b	Other (Describe in Part XIII.)	4b	4-		
b	Add lines 4a and 4b		40		
b c 5	Add lines 4a and 4b		4c 5		
b c 5 Part	Add lines 4a and 4b		5		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18)	5 p; Part V, line 4; Part X, line		

Schedule D (Fo	orn 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
	코 . 4 역 현생님 교	

	•	

SCHEDULE (Form 990)

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

OMB No 1545-0047 2018

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

	information
:	latest
	or the
	Form990 to
	v.irs.gov/I
	to www

Department of the Treasury Internal Revenue Service			▼ Go to	► Attach to Form 990. Go to www.irs.cov/Form990 for the latest information.	Form 990, 90 for the latest infi	ormation		Open to Public Inspection
Name of the organization				,			Emplo	Employer Identification number
Christian Adventures Int'l Inc	t'l Inc							59-3231102
Part General In	nformation o	General Information on Grants and Assistance	Assistance					
 Does the organization maintain records to substantiate the arr the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitorii 	zation maintain teria used to aw IV the organiza	records to subs vard the grants of thon's procedure	stantiate the amor or assistance? es for monitoring	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	r assistance, the g	rantees' eligibility for States.	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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ince, and
Part II Grants an Part IV, In	nd Other Assi	Grants and Other Assistance to Domestic Or Part IV, line 21, for any recipient that received in	mestic Organiz	tations and Dom	nestic Governm Il can be duplica	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete of the organization Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	the organization ans bace is needed.	rganizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, nore than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	f organization t	(p) 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) Jim Burgdorf Ministries PO Box 2774, Ormond Bch, FL 32175	stries ch, FL 32175	75-2011886		29,164				Ministry Support
(2)								
(3)								
(4)								
(5)								
(9)								
(<u>u</u>)								
(8)								
(6)			_					
(10)								
(11)								
(12)								
	ber of section 5	Enter total number of section 501(c)(3) and government or	 rernment organiza	rganizations listed in the line 1 table	line 1 table			
3 Enter total numb	ber of other org	Enter total number of other organizations listed in the line	d in the line 1 table					0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	n Act Notice, se	e the Instruction	is for Form 990.		O	Cat No 50055P		Schedule I (Form 990) (2018)

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. Part III

		-				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (bcok, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						-
က						T
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	ie 2; Part III, columr	ı (b); and any other acdıtı	onal information.

Part I, Line 2 All domestic missionary support is reviewed annually by the Board with quarterly update and review meetings.

Schedule I (Form 990) (2018)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" or 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.rs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Department of the Treasury

Open To Public

Internal Nevenue Service		P 00 t	o www.irs.gov/F	orması	o ior instru	icuons and i	ine iaie	St IIIIOI				***	ishec	.iiviii	
Name of the organization									Employ	er idei					
Christian Adventure												32311	02		
-Part-I- Exces Compl	s Benef ete if the	it Transactior e organization	ns (section 501 answered "Ye	(c)(3), s" on	section : Form 99	501(c)(4), a 0, Part IV, l	ind 50 line 25	1(c)(29 a or 2	9) organız 5b, or Foi	ations m 99	only) 0-EZ,	Part	V, line	40b.	
4 (=) Name of the			(b) Relationship be	etween	disqualified	person and		(c) Description of transaction					(d) Con	rected?	
1 (a) Name of dis	iqualified p	person		organız	ation			(C) Description	1 OI tran	nsactioi	1		Yes	No
(1)															
(2)									·						
(3)															
(4)															
(5)															
(6)															
			by the organ			ers or dis				ring t	he ye	ar ► \$	3		
3 Enter the an	nount of	tax, if any, on	line 2, above,	reımb	ursed by	the organ	ızatıor	٠.			1	▶ \$	=		
Compl	ete if the	e organization	ested Person answered "Ye ount on Form !	s" on	Form 990 art X, line	0-EZ, Part e 5, 6, or 2	V, line 2.	38a c	or Form 99	90, Pa	art IV,	line 2	6, or	f the	
(a) Name of interested	person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origir principal an		(f) Ba	lance due	(g) In c	default?	by bo	proved pard or nittee?		ritten ment?
				To	From	}					Yes No		No	Yes	No
(1) Kevin/Leslie N	cNulty	Fndrs/Ofcrs	Gen Opers	1		12	0,731	67,448			1	1			1
(2)				_ .					· ·						
(3)															
(4)			_								ļ				
(5)									•						
(6)															
(7)									-						
(8)															
(9)															
(10)			•			-									
Total							. ▶	\$	67,448				•		
		istance Bene	fiting Interest answered "Ye	ed Pe	rsons.		ine 27								
(a) Name of interest		(b) Relation	ship between inter	ested		of assistance			of assistanc	e	(e)	Purpo	se of a	ssistan	ce
(1)															
(2)										-					
(3)										_					
(4)	_						1						-		
(5)			<u>-</u>							_					
(6)										_					
(7)															
(8)								_	_					-	•
(9)									***			-			
(10)															

Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).	Sharin anizati evenue
Provide additional information for responses to questions on Schedule L (see instructions).	es l
Provide additional information for responses to questions on Schedule L (see instructions).	
Provide additional information for responses to questions on Schedule L (see instructions).	+
Provide additional information for responses to questions on Schedule L (see instructions).	+
Provide additional information for responses to questions on Schedule L (see instructions).	+
Provide additional information for responses to questions on Schedule L (see instructions).	\perp
Provide additional information for responses to questions on Schedule L (see instructions).	
Provide additional information for responses to questions on Schedule L (see instructions).	+
Provide additional information for responses to questions on Schedule L (see instructions).	+
Provide additional information for responses to questions on Schedule L (see instructions).	
· · · · · · · · · · · · · · · · · · ·	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Christian Adventures Int'i Inc	59-3231102							
Form 990, Part IV, Line 21. The Organization provides domestic support to Jim Burgdorf Ministries as a collaborative partner in international								
training, TV Outreach and Publications. This is not a grant, but support for that ministry and its operations.								
Form 990, Part VI, Section A, Line 2: Both of the Organization's founders are ordained Ministers and H	Form 990, Part VI, Section A, Line 2: Both of the Organization's founders are ordained Ministers and Husband and Wife.							
Form 990, Part VI, Section A, Line 9 Simon Reynolds, 39 Acclaim at Lyonspaw, Daytona Beach, FL 32	2124							
Form 990, Part VI, Section A, Line 9: Rev Jeff Miller, PO Box 6404, Aurora, IL 60598								
Form 990, Part VI, Section A, Line 9: Pastor Darrell Morgan, 4729 Sloewood Dr, Mt Dora, FL 32757								
Form 990, Part VI, Section B, Line 11 The annual filing is reviewed with the Board of Directors at the annual Board meeting, which is held								
after the filing date.								
Form 990, Part VI, Section B, Line 12C: All potential projects are vetted by the Treasurer and reviewed with the Vice-President/Secretary.								
Board Members document and review any potential conflicts of interest at the annual Board meeting.								
Form 990, Part VI, Section B, Line 15. The Board of Directors authorized salaries of the CEO and VP after review of comparable income								
level non-profit salaries that had been presented by a private party who specializes in human resource compensation.								
Form 990, Part VI, Section C, Line 19 The Organization makes its governing documents, conflict of interest policy and financial								
statements available to the public upon request								
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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
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