	99	'n	Return of Organization Exempt From Incom	ne Tax	OMB No. 1545-0047		
rom			Under section 501(c), 527, or 4947(n)(1) of the internal Revenue Code (except pr		2018_		
_			Do not enter social security numbers on this form as it may be made		Open to Public		
interr	rimeni di Til Reveri	the Treasury un Service	Go to www irs.gov/Form990 for instructions and the latest inform	\ \\\	Inspection		
A	For the		ndar yepr, or tax year beginning January 1 , 2018, and ending	December 31	, 20 18 r identification number	n Imagi	
_		-	C Name of organization Adventive Cross Cultural Initiatives	- D Britany	71-1588721	4 · 1500	
		change	Coling business and Number and street (or P O, box if mail is not delivered to street address) Room/sufte	E Technon		<u> </u>	_
_	Name ch Industrat	**	239 Hampton Street		704-S88-1972		
_		betsnimeter	City or town, state or province, coursey, and ZIP or toreign postal code				
_	Amende	,	Rock Hill, SC 29730	G Gross ro	sebotirates 553,380		
Ш	Applicat	lou boug;ub			sinabated? [] Yes [] No		
_	Tax-axe	mpt status:	☑ 501(c)(0) □ 501(c) () ◄ (Insert no) □ 4847(a)(1) or □ 527		(ext (see instructions)		
J	Website	× ► www	w adventive.ca M	(c) Group exemption			
_	_		Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation:	2004 M State	of legal domicale: MIN		
53	art I	Summ.	arry scribe the organization's mission or most significant activities: ACCI recruir	ets neonle who are	e seeking to serve the		
9	'		us through cross-cultural Christian missions, and equips those people to serve t				
DEBL		activities	evangelism, church planting & support, practical social services & general serv	vice to existing w	orld-wide ministries.		
P 64	2	Check th	ss box ▶ ☐ if the organization discontinued its operations o	are than 25% of	its net assets.		
Activítics & Governancs	3		of voting members of the governing body (Part VI, fine 1a).	3			
85	5		of independent voting members of the governing body (Parl inber of individuals employed in calendar year 2018 (Part V,		5 0		
Ě	6		Tiber of volunteers (estimate if necessary)	. 6	. 0		
Act	7a		related business revenue from Part VIII, column (C), line 12	7a	0		
_	<u>b</u>	Net unrel	lated business taxable income from Form 99074, line 38/5: D · · · ·	Prior Year	Gurrent Yoar		
	8	Contribut	tions and grants (Part VIII, line 1h)	446,489	553,380		
2	9		CED 1 0 2019	440,463	\$35,500		
Revenue	10		ant income (Part VIII, column (A), lines 3; 4, and 7d)				
~	11		venue (Part VIII, column (A), lines 5, 6b, 8c, 9c, 10c, and 11e), T				
	12		enue—add lines 8 through 11 (must edual PartVIII conum (AY, Ina.12)	445,489			
	13	-	nd similar amounts paid (Part IX, column (A), lines 1-3)	265,862	359,131		
6	15		other compensation, employee banefits (Part IX, column (A), lines 5–10)				
Expenses	16a	Profession	cnal fundraising fees (Part IX, column (A), tine 11e)				
ä	ь		idraising expenses (Part IX, column (D), line 25)	.70.054	100 003		
_	17 18		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	179,854 445,716			
	19	•	less expenses. Subtract line 18 from line 12	7,773			
5 8			Gogin	arding of Current Year	End of Year		
Assets	20		sets (Part X, line 16)	95,007			
et A			bilities (Part X, line 26)	95.007			
_	art II		turo Block				
U	יטע שנוו	afters of perfe	ury, I declare that I have examined this return, including accompanying schedules and statement	is, and to the best of	my knowledge and belief, d is		
- tru	ID, COITE	ciand comp	dele. Declaration of preparer (other than officer) is based on all information of which proparer has	eny knowledge.			
8.	gn	Sier	nature of officer	Date			
	9 16						
		Тур	o or print namo and titto				
Pá	aid	Print/Ty	ypo preparer a namo Preparer a signaturo E. Page 8/9	Check sell-em			
Pı	opar	ن ا			ployed] PO1963058		
Uı	se On	(1 A	namo > Joanna E Paga Accountida Services	Ferm's CIN ▶ Phone no	704 588-3972		
Ma	y the I		ss this return with the preparer shown above? (see instructions)		Yes 🗌 No		
Fo	r Paper	work Redu	uction Act Notice, see the separate instructions. Car. No. 11	12874	Form 980 (2015)		
1/	7	1,,	ログド・バイノレイナー いくだ	ントノジベ	1. III J		
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			100 010101110				

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Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Bnefly describe the organization's mission:
	Adventive Cross Cultural Initiatives ("ACCI") recruits people who are seeking to serve the Lord Jesus through cross-cultural Christian
	mission activities and equips those people to serve out that calling, and assists other Christian ministries as they seek to advance the Gospel of Christ around the world.
	the disper of Critist around the world.
2	Did the organization undertake any significant program services during the year which were not listed on the
	pnar Form 990 ar 990-EZ7
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If Yes," doscribe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code.) (Expenses \$ 265,464 including grants of \$) (Revenue \$)
	ACCI works with other organizations to advance the Gospet of Christ throughout the world. Some of those organizations have bases
	of operations in countries where ACCI contracted missionaries to serve. Some are organizations that work in conjunction with
	ACCI contracted missionaries on common goals or projects. In 2018, ACCI provided counsel and funding to 4 countries.
4 b	(Code:) (Expenses \$ 216,046 including grants of \$) (Revenue \$)
	ACCI sends contracted missionaries to proclaim the good news of solvouon in Jesus Christ throughout the world. These missionaries
	are in many countries where they perform a vanety of activities, including evangelism, church planting and support, practical community help and relief, training and discipleship and etc. Many of the missionaries work with other like-minded organizations in
	their area of service. ACCI contracted 29 missionanes who ministered in 10 countries in 2018
4c	(Code:) (Expenses \$ 28,636 including grants of \$) (Revenue \$)
	ACCI provides spiritual support and encouragment to the missionanes that it contracts with around the world. In 2018, ACCI
	provided such support through ongoing prayer and mentoring, some assistance with donor communications, practical planning, and
	strategic advice, all via Skype, email, telephone culls, and where fiscally possible personal visits with the missionaries.
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	4 had before a first man and a first grant of the state o
4d	Other program services (Describe in Schedule 0)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 3,150 including grants of \$) (Revenue \$) Total program service expenses \$ 513.295

Part	Checklist of Required Schedules		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	-		
1	complete Schedule A	1	1	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	^	
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		/
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 98-197 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," camplete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, tine 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, IX, or X as applicable.			
8	Old the organization report an amount for land, buildings, and equipment in Part X, line 107 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	115		1
	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 167 if "Yes," complete Schedule D, Part VIII	11c		1
đ	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, fine 167 if "Yes," complete Schedule D, Part IX	11d	L	1
e	Old the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	118	! —	1
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncortain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	_	1
12a	Schedule D, Parts XI and XII	120		1
13 14a	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 is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Did the organization maintain an office, employees, or agents outside of the United States?	12b 13		1
þ	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	1	
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	1	
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	1	
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	_	1
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		1
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		1
20 a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		Ź
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 17 If "Yes," complete Schedula I, Parts I and II	21	1	
			990	(2018)

Form 99	0 (2018)		,	ego 4
Part	V 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), fine 2? If "Yes," complete Schedule I, Parts I and III	22		1
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, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		1
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds?	24c 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		1
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		1
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		1
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	7	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
6	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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	1	1
29 30	Did the organization receive rules than \$25,000 in historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yos," complete Schedula N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-37 if *Yes," complete Schedule R, Part I	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		1
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	38		1
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		1
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	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			0
			Yes	No
1a h	Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable . 18 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and		[.	
	reportable garrung (gambling) winnings to prize winners?	10	\	
			000	

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	<u>✓</u>
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	_4	
48	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)?	40	-	_
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing regularments for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1		الجب
5a	Was the organization a party to a prohibited tax shelter transaction at any limo during the tax year?	5a	\dashv	<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 6886-T?	5c		
68	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		/
	organization solicit any contributions that were not tax deductible as charitable contributions?	03	—	
p		66		
7	gifts were not tax deductible?	00	-	
'a	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7g	-	7
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76	_	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 		
·	required to file Form 82827	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
ŧ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	77		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
h	If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C?	711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor adviced fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 49867	9a		—
Þ		9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital commodulons included on Part VIII, line 12			
b			Ŧ	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross Income from other sources (Do not net amounts due or pald to other sources angunts amounts due or received from them)			
12a	- Committee of the comm	128		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	128		-
13	Section 501(c)(29) qualified nonprofit health insurance Issuers.			
a		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			-
_	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
c				
14a		14a		7
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
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?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	if "Yes," complete Form 4720, Schedule O.			

Furm 85	0 (2018)		Page 6
Part			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee ınstr	ctions.
A	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	Ø
Secu	on A. Governing Body and Management		T N
1a	Enter the number of voting members of the governing body at the end of the tax year		es No
10	If there are material differences in voting nights among members of the governing body, or		
	if the governing body delegated broad authority to an executive committee or similar	1	}
	committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	1
6	Did the organization have members or stockholders?	6	1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	73	1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1
8	Did the organization contemporaneously document the meetings held or written actions undortaken during the year by the following:		
a	The governing body?	8a √	
b	Each committee with authority to act on behalf of the governing body?	8b √	
9	Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		
40-	Old the agreement on house force) about on house her affiliation?	10a	ea No
10a	Did the organization have local chapters, branches, or affiliates?	103	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	105	l
118	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	110	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
128	Did the organization have a written conflict of interest policy? If "No," go to fine 13	12a 🗸	
Þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	125 √	<u> </u>
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13	Did the organization have a written whistleblower policy?	13	14
14	Did the organization have a written document retention and destruction policy?	14	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a b	The organization's CEO, Executive Director, or top management official	15a	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Oid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	
ь	with a taxable entity during the year?		
Ū	participation in joint venture arrangements under applicable federal tax law, and take stops to safeguard the organization's exempt status with respect to such arrangements?	16b	
Secti	on C. Disclosure	—————————————————————————————————————	
17	List the states with which a copy of this Form 980 is required to be filed ▶ None		
18	Section 6104 requires an organization to make its Furms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website	T (Sectio	on 501(c
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year	terest po	kcy, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords >	
	Joanne E Page Accounting Services - 2618 Bricker Drive, Charlotte, NC 28273		
_			100

Form 890 (201	Pago 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
organizatio	n's tax year.
• List at	ll of the omanization's current officers, directors, trustees (whether individuals or proaprzations), regardless of amount of

- compensation Enter -O- 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, tructoo, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1009 MISC) of more than \$100,000 from the organization and any related organizations
- . List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- . List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization	nor any relate	d org	anız			ompe	กรอ	ted any curren	t officer, director	, or trustee
(A) Name and Title	(8) Avarage hnurs per	box.	unles er Rik	Pos teck sa pa d a d	rean Foot	e than e is both or/trus	(E) Reportable componestion from related	(F) Estimated amount of other		
	hours for rearted organizations buttor dotted line)		ใกรทับประกอบ เกษอเลอ	Officer	Key omployes	Highest compensated employed	Former	from the organization (M-2/1099-MISC)	organizations (W-2/1089-MISC)	compensation compensation from the organization and related organizations
[1] Mark Peterkins										
Chairman, Director	1.0	├	├ ─	<u> </u>		├	⊢	<u> </u>	ļ	
(2) Kevin Ferreira		1	1	1	ĺ		1	ĺ.		
Secretary-Treasurer, Director	10	 	-	!	⊢	├	╀	<u> </u>		
(3) Cathy Murray		۱,	ļ	l	ŀ	1			_	
Director (4) Kon Costs	10	⊬	╁╾	├	-	├	⊢	 	0	
(4) Ken Roth Director	1,0	1/	1	ļ	1)]	1	ا ا	
(5) Peter Clifford		 	╁╌	┢	⊢	├	\vdash	 	 	
Director Cimora	1.0	1/		1	ı	ļ	l	، ا		
(6)		1						<u>`</u>		
(7)		-	 			 	T			
(8)			T	T	-		T			-
(9)		-	 	H	-	-	T			
(10)		-			\vdash	 	\vdash			
[11]			 -	-	T		\vdash			
(12)		 	\vdash	\vdash	-	 	-		<u> </u>	<u> </u>
(13)		-	\vdash	\vdash			+	 	 	
(14)			╁			\vdash	\vdash	 		·
[14]										Form 990 @

	0 (2018)										Page 8	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Positivi (B) (C) (C)											
	Namo and title	Average		do not check more than or lox, unless person is both					1	Reportable	Estimated	
	,	hours per	l office				or/inust		оо препзанол	comparestium from	n amount of	
		week (list any hours for	१ ह	Ē	9	Ē	3.5	Form	from the	botnien coolingingero	comparization	
		related	individual to or director	nsiltutions	Officer		g g	1	organization	(W-2/1099-MISC)	trom the	
		organizations below detted	ųğ	a a		emplayee	8 8		(W-2/1099-MISC)		oganization and romed	
		(ine)	trustee	Ę		8] 🗟 []		organizations	
		1	5	เขาเรานำ			Highest compensated employee					
(15)					\vdash		-	-				
(16)			-	-	-	-		-				
(17)			-	-	┝	-						
(18)			-	L	┞	H	-	L			 	
			<u> </u>	L		L		_		·		
(19)												
(20)												
(21)						Γ						
(22)					-							
(23)			-		┢		_					
(24)		 	-		┝	┢					 	
			<u> </u>		_	_	<u> </u>	L			 	
(25)			1									
1b	Sub-total	•						>			0	
c	Total from continuation sheets to Part	•	n A					▶			0	
	Total (add lines 1b and 1c)		٠.					<u> </u>	<u></u>	L	0	
2	Total number of individuals (including but reportable compensation from the organi		d to th	1056	list	led	above	e) w	no received m None		100 of	
											Yes No	
3	Did the organization list any former of employee on line 1a? If "Yes," complete:							amp	oloyee, or high	est compensal	ted 3 /	
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	nga	nsatio	n a	and other comp	ensation from	tho the	
	organization and related organizations	greater th										
	individual				•		•				. 4 /	
5	Oid any person listed on line 1a receive of											
Section	for services rendered to the organization on B. Independent Contractors	rit Tes, C	липр.	EIE	30/	/et/	nia 7 I	<i>37</i> !	socri person	<u></u>	. 5 /	
1	Complete this table for your five highest											
	compensation from the organization. Rep year	oorl compe	nsatio	on f	or (I	he c	alend	ar y	year ending wit	h or within the	organization's tax	
	(A) Name and business udo	Iresa							(8) Description of s	contras	(C) Compensation	
None								N/	Α		0	
-								H				
	Total number of independent contractor	ur (meludi	no h	d n	not	hreit	ted +-	Ļ	hase listed sh	מאמן עשאה	AND DESCRIPTION OF THE PERSON	
2	received more than \$100,000 of compens							, u	0	ייייי ניייי		
											Farm 990 (2018)	

irt	VIII	Statement of Revenue						_
		Check if Schedule O conta	ns a res	ponse or note to	any line in this	Part VIII (8) Related or exempt function revenue	(C) Umetated businoss roversio	(D) Risvenue exchuded from tox under sections 512–614
<u>s</u> T	1a	Federated campaigns .	. 1a			1840100		
unts	b	Membership duas	-	[ſ			1
إ	c	Fundraising events			ļ			
Other Similar Amo	d	Related organizations				•		
Ē	ė	Government grants (contribution	s) 1e	 	į			l
<u> </u>	•	All efter eredelleber welte ild	ris,		1			
₽		and smiler amounts not included ab	We 11	553,380)	}			
밁	9	Nancash contributions included in fine	s 1a-1f: \$				ļ	}
g g	<u>h</u>	Total. Add lines 1a-11	<u></u>	<u> ▶ </u>	\$53,3R0			
0				Businest Code		AE		
	2 ə							 -
	b			<u> </u>				
	¢			<u> </u>			<u> </u>	
	đ							
	0			<u> </u>				
P	1	All other program service rev	enue.	<u> </u>			·	
-	_ 9 _	Total. Add lines 2a-2f investment income (includ	no divid	ends Interest				
ļ	3	and other similar amounts)	-					
-	4	income from investment of tax-						
- 1	5	Royalties	exempt to	ong processas P				
- 1	3		Real	(ii) Portional		,	 	
-	6 a	Gross rents		 			İ	
- 1		Less, rental expenses			i		ł	
ı	c	Rental Income or (loss)			,		1	
1	ď	Net rental Income or (loss)		. . >		<u></u>		
Ì	7a) - 6 e	colthus	(I) Other				
- 1		assets other than inventory		T]	
Ì	ь	Less cost or other basis		1			}	}
	_	and sales expenses)	1
ł	C	Gain or (loss) .						<u> </u>
Ì	d	Net gain or (loss)						
.								
	8a	Gross income from fundrals	ing				1	ŀ
		events (not including \$			ì			
		of contributions reported on fi	-		i !		1	1
		See Part IV, line 18	-					1
5		Less: direct expanses		<u> </u>			<u> </u>	
		Net Income or (loss) from fu		events . >		·		
- }	93	Gross income from gaming a					1	i
- 1		See Part IV, fine 19	8		i i		ĺ	
ı	Þ	Less: direct expenses			\		 	
Į		Net income or (toss) from ga Gross sales of inventor	uning act	tvitles .	 -			
į	10a	returns and allowances						
ı	h	Less: cost of goods sold .	t		r			1
	C	Net income or (loss) from sa					 	
- }		Miscollaneaus Revenue		Business Cade			12-24	7/1255275
	11a					*************************************	1	
	ь			}				1
	c						T	1
ł	ď	All other revenue					T	
	9	Total. Add lines 11a-11d .						

Form 990 (2018) Page 10 Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Ø Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses Management an penoral expense 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign Individuals. See Part IV, Imes 15 and 16 . . 353,960 353,960 Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages . . . Pension plan accruais and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroli taxes . . . Fees for services (non-employees). Management Legal . . . Accounting 9,30 Lobbying . Professional fundralsing services. See Part IV, line 17 Investment management tees Other (II line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (1) 139,39 Advertising and promotion . 12 747 Office expenses . . . 747 Information technology 14 Royaltres Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings . Interest 20 Payments to affiliates Depreciation, depletion, and amortization . 1,655 1,65 23 Other expanses, Itemize expenses not covered above (List intecellaneous expenses in line 24e III tine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Member Care Visits
Bank Fees, Wire Fees, PayPal Fees 6,194 5,184 8,494 8,374 120 c Benevolence and Gifts Staff Development All other expenses Total functional expenses. Add lines 1 through 24e 525,123 513,095 12,028 Joint costs. Complete this line only if the organization reported in column [3] joint costs from a combined educational campaign and fundraising solicitation Check here if tollowing SOP 98-2 (ASC 958-720)

Form 990 (2018)

art X	Balance Sheet			<u> </u>
_	Check if Schedule O contains a response or note to any line in this Par	t X		<u></u> 🗆
		(A) Beginning of year		(B) End of year
- 1	Cash—non-interest-bearing	95,007	1	123,26
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compansated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4954(f)(1)), persons described in section 4950(c)(3)(B), and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary			
_	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
1.	100			
1	Less: accumulated depreciation		10c	
11	Investments—publicly traded securities		12	
13	Investments—other securities. See Part IV, line 11		13	<u> </u>
14	Investments—program-related. See Part IV, line 11		14	
15	Other assets, See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	95007	16	123263
17	Accounts payable and accrued expenses	- 107	17	
18	Grants payable		18	
18	Daferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Loans and other payables to current and former officers, directors,			
-	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	^-
25	Other flabilities (including federal income tax, payables to related third			
23	parties, and other liabilities not included on lines 17–24). Complete Part X			
1	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
	Organizations that follow SFAS 117 (ASC 958), check here ▶ [2] and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	22,674	27	33,41
28	Temporanly restricted net assets	72,333		89,7
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
91	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds .		32	
33	Total net assets or fund balances	95,007	33	123,26
34	Total liabilities and net assets/fund balances	95,007	34	123.26

-om 9!	30 (2018)			Pa	₁₉₀ 12
Parl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u> .	_(2)
1	Total revenue (must equal Part VIII, column (A), line 12)	1		55	3,380
2	Tötal expenses (must equal Part IX, column (A), line 25)	_2		52	5,123
3	Revenue less expenses. Subtract line 2 from line 1	3		2	8,257
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9	5,007
5	Not unrealized galns (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
В	Prior penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (6))	10		12	3,263
Part	XII Financial Statements and Reporting				_
	Check it Schedule O contains a response or note to any line in this Part XII	•	<u> </u>	- :	سے
				Yes	No.
1	Accounting method used to prepare the Form 990		- li		
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O	ilain ir	` <u> </u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		20		
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	uled o	r Ì		
	reviewed on a separate basis, consolidated basis, or both		\$		
	Separate basis Consolidated basis Both consolidated and separate basis				لبا
b	Were the organization's financial statements audited by an independent accountant?		20		∠ _
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	•		
	separate basis, consolidated basis, or both:		ł		
	Separate basis Consolidated basis Both consolidated and separate basis		,		لـــا
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersign	2c		i
	of the audit, review, or compliation of its financial statements and selection of an independent account				-
	If the organization changed either its oversight process or selection process during the tax year, ex- Schedule O.	piain ir	, <u> </u>		Ш
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ir	١		
	the Single Audit Act and OMB Circular A-133?		3a		/
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ngo the	9		l
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such as	ıdıts	<u> 3b</u>		<u></u>
			For	₽ 990	(201B)

OMB No. 1545-0047 SCHEDULE A **Public Charity Status and Public Support** (Form 990 or 990-EZ) 2018 he organization le e soction 501(c(5) organization or o section 4947(c)(1) nonexempt charitable trust. ➤ Attach to Form 890 or Form 990-EZ. Open to Public Department of the Trensury Internal Revenue Service ▶ Go to www.us.gov/Form990 for instructions and the latest information Inspection Name of the organization Employee Identification marrier Adventive Cross Cultural Impatives J 71-15887: Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. 71-1589721 The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii), (Attach Schedulo E (Form 990 or 990-EZ)) 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.) A tederal, 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)(or 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 10 An organization that normally receives: (1) more than 331/s% 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/s% 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 12g. 🔲 Type 1. 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-tunctionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s) (iii) Type of organization (described on lines 1-10 On is the organization (i) Name of cupported organization (ii) EN M Amount of regretar (vi) Amount of above (see instructions)) No (A) (B) (C) D (E)

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

Schedule A (Form 890 or 990-EZ) 2018

Cat. No. 11285F

SCHEDUL'E O (Form 990 ox 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
(LOUIN 220 DE 220-EST)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2018
Department of the Treasury	 Attach to Form 990 or 990-EZ. Go to www.lrs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organization		nyer identification number
Adventive Cross Cultural Init	iativos	71-15R8721
\		
	7	<u> </u>
990. Part III Line 4d - Other P	rogram Services	······
Adventive Cross Cultural (mt	adives created a Refugees Account to assist individuals in known countries wh	ero refugees were traveling.
In 2018 Adventive Cross Cult	tural mitiatives assisted refugees in Burundi and haly through access of ACCI of	ontracted missionanes. The total
amount was \$3,150.		·}
90000, 400		<u> </u>
990 Part VI, Section B, Line 1	20:	l
330 Fait VI, SELLION D, LINE I	<u> </u>	
Forms were sent to Board Me	embers to sign and return confirming no conflict of interest.	,
يان و در د د د د د د د د د د د د د د د د د		
000 Dard IR Cordina & Line 1	En word 15h	
990 Part VI, Section B. Line 1	5a ano 13u.	
None of the questions in 15a	b apply to ACCI becausa it has no employees, and none of its executives, office	ers or directors received any
compensation, ACCI does re	view all project payments made to its missionary contractors to make sure that	such payments are reasonable
and in tine with what other m	nssionaries working in similar deographic regions receive	
		ﻪ ﺩﻩﺋﻪﻧﯩﻢ ، ﺑﻮﺭ ﺩﯨﺴﯩﺪﯨﺪﯨ . ﺑﻪﺭ ﭘﻪﺭ ﺋﻪﺩﺩﯨﺪﯨﺮ ﺗﯧﻴﯩﻢ ﺋﯩﯟﯨﺮ ﺩﻩﺋﻪﻧﯩﺪﯨﺪ ﺋﻪﺭﯨﺪﯨﺪ ﺩﻩ
999 Part VI, Section C. Line 1	9. Although no one has ever asked to see ACCI's governing documents, conflic	n of interest or financial
statemente ACCI has all affi	has a desument of frame soudu to condition sources sequenting them suffer in al	netronie format et la napor
Statements, AUCI has all of t	hase documents in forms ready to send to anyone requesting them, either in el	ecoonic romat or or paper
format.		
	/	
600 para N. S. Landa		
SHO POR IX, LINE 11g CONST	Expenses Project payments to ACCI contracted missionanes paid in 2018 - \$1	39,136.
980 Part XI, Line 9: Other ch	anges or fund balances	
Deducted \$1,00 so that the N	et Assets or Fund Belances matched ACCI's books - most likely due to reporting	ng to the nearest dollar on the 990
report.		
//	***************************************	
For Paperwork Reduction Ad	th Notice, see the Instructions for Form 890 or 990-EZ. Cat. No 51056K	Schedule O (Farm 990 or 990-EZ) (2016)
	\	
	\	
	\	
/	\	
	· ·	\
		\

Schedul	la A (Form 990 or 990-EZ) 2018						Page 2
Part	Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you checked th	a bax on line	5, 7, or 8 of	Part I or if the	e organization	tailed to qua	lity under
	Part III. If the organization fails to	quality unde	r the tests is	tea below, pi	ease comple	te Part III.)	
	on A. Public Support	1 1 200 4 TY	2) 2245	4-1-0046	(4) 2017	(0) 2019	(A Total
	der year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Grits, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	195,624	471,543	484,271	446,489	553,380	2,151,307
2	Tax revenues levied for the	133,024	477.942	107,211	1,10, 200		
-	organization's benefit and either paid		i				
	to or expended on its behalf			0	0	0	0
3	The value of services or facilities]	
	fumished by a governmental unit to the						
_	organization without charge	0	0	0	0	- 0	7 454 202
4	Total. Add lines 1 through 3	195,624	471,543	484,271	446,489	553,380	2,151,307
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			1		1	
	shown on line 11, column (f)	<u>.</u>					69,992
6_	Public support. Subtract line 6 from line 4	<u> </u>		<u></u>		<u> </u>	2,061,315
	on B. Total Support	(0) 2014	0-) 2016	(c) 2016	(d) 2017	(e) 2018	(f) Total
Casen 7	dar year (or fiscal year beginning in)	(a) 2014 195,624	(b) 2015 471,543		446,489	553,380	2,151,307
8	Gross income from interest, dividends,	195,624	471,543	484,231	440,483	333,360	2,131,201
•	payments received on securities loans,						
	rents, royalties, and income from]	
	similar sources	0		0	0	0	0
9	Net income from unrelated business						
	activities, whether or not the business	1		l J	_		
	is regularly carried on			<u> </u>	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	2,155	250	1	ا ا	o	2,405
11	Total support. Add lines 7 through 10						2,153,712
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First five years. If the Form 900 is for the		n's first, secor	id, third, fourth	i, or fifth tox y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		· · ·	<u></u> -	<u> </u>	<u> </u>	<u> </u>
	ion C. Computation of Public Suppo			(2 . a.a.l.,		14	95.71 %
14 15	Public support percentage for 2018 (line Public support percentage from 2017 Sc					15	98.87 %
16a		nedule A, Fan Isotion did not	check the be	x on line 13. 3	nd line 14 is 3		
	box and stop here. The organization que	difies as a publ	icly supported	dorganization			. ▶ 🗆
b	3316% support test2017. If the organ	ization did not	chock a box	on line 13 or 16	ia, and lino 15	ite 33¹∞% or m	oro, chock
	this box and stop here. The organization	qualifies as a	publicly supp	orted organizat	lon		· · 🟲 🛚
178		018. If the org	anization did i	nat check a bo	x on line 13, 1	6a, or 16b, an	d line 14 io
	10% or more, and if the organization m	eets the "facts	-and-circums	lancus" test, cl	heck this box	and stop here.	Explain in
	Part VI how the organization meets the	"facts-and-circ			zation qualite	a ara ar briblicià	. > [
ь	10%-facts-and-circumstances test-2 15 is 10% or more, and if the organiz	aut. II the org	entzauon old Le "lacts-and.	cucumstances	n test, check	this box and	stop here.
	Explain in Part VI how the organization	moots the "fac	ts and circum	stances" test.	The organizat	on qualifies as	a publicly
	supported organization						. 🕨 🗆
18	Private foundation. If the organization of	id not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, ched	k this box and	
	instructions		<u> </u>	<u> </u>		· · · · ·	<u> </u>

chedul	o A (Form 990 or 990-€Z) 2018						Pego 3
art							7
	(Complete only if you checked the if the organization fails to qualify						def Part II.
ecti	on A. Public Support	Vonger the te	SIS IISIEG DEI	ow, piease co	impiete Fart	11.)	/
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2018	(d) 2017	(0) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1					
2	Gross receipts from admissions, merchandise sold or services parformed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				·	/	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	\					
6	Total. Add lines 1 through 5		1		/		
70	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts Included on lines 2 and 3 received from other than disqualified parsons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
ecti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	\(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	<u> </u>	 	\			
i Ud	paymonts received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 890 is for to organization, check this box and stop he	_	n's first, secor	d, third, fourth	o, or fifth tax	rear as a section	n 501(c)(3) . ► [
	on C. Computation of Public Suppo					\	
15	Public support percentage for 2018 (line		-	13, column (i))	• • •	15	
16 ecti	Public support percentage from 2017 Sc on D. Computation of Investment In			- : : - :		1361	9
17	Investment income percentage for 2018			by line 13, colu	ມກາ (f))	177	96
18	Investment income percentage from 201	7 Schedule A,	Part III, line 17			18	9
19a	33'n% support tests - 2018. If the organ 17 is not more than 33'n%, check this box	and stop here	. The organizat	on qualifics as	a publicty supp	orted organization	ion . ▶ [
b	line 18/s not more than 331/0%, check this	box and stop t	nere. The organ	inzation qualifies	s as a publicty	supported organ	itzation 🕨 [
20_	Private foundation. If the organization of	lid not check a	box on line 14	, 19a, or 19b,			- 4
					Sc	fredulo A (Farm 63	U or (990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2018

Part IV	Supporting	Organiz	ations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of-Part I, complete-Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	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		
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 500(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	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.	4a		
ь	Did the organization have ultimate control and discretion in deciding whother 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		
c	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)(8)			
	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 authomy 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 unity. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	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).	-	_	
8	Did the organization make a loan to a disqualified person (as defined in section 4058) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	В		
98	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as dufined 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.	9ь		
c	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		
1 0 a	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	10a		
b	Did the organization have any excess business holdings in the tex year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

_	o A (Form 990 or 990-EZ) 2018	Page
Part	V. Supporting Organizations (continued)	Yes No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Tes No
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a
	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
ectio	on B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	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
ection	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)	Tas No
iocti	on D. All Type III Supporting Organizations	1 1
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?	Yes No
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 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 tex year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
ecti	on E. Type III Functionally Integrated Supporting Organizations	
1 as	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (soo The organization satisfied the Activities Test. Complete line 2 below.	instructions).
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
2 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity. Activities Test, Answer (a) and (b) below.	(see instructions Yos 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
ь	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
3 0	Parent of Supported Organizations Answer (e) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	

Schedula A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A-Adjusted Net Income (optional) 1 Not short-term capital gain 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expanses 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) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B-Minimum Asset Amount (A) Prior 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 b Average monthly cash balances 16 c Fair market value of other non-exempt-use assets 10 d Total (add lines 1a, 1b, and 1c) 10 e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount see Instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 8 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 8 Minimum Asset Amount (add line 7 to line 6) Section C-Distributable Amount **Current Year** 1 Adjusted net income for prior year from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B. line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedulo A (Form 030 or 890-EZ) 2018

Schedu	te A (Form 990 or 890-EZ) 2018			Page 7
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	zations (continued)	
Sect	inn D—Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	rted			
	organizations, in excess of income from activity			
3_	Administrative expenses pald to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			L
5_	Qualified set-aside amounts (prior IRS approval required)			
- 6	Other distributions (describe in Part VI) See instructions			
_ 7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) 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		WALLEY VIEW CONTRACTOR	
8	From 2013			
b	From 2014			
c	From 2015			
d				
- е	From 2017			
. 1	Total of lines 3a through e			
. 9	Applied to underdistributions of prior years			
h				
- i	Carryover from 2013 not applied (see instructions)			
T.	Remainder. Subtract lines 3g, 3h, and 3i from 3f		 }	
4	Distributions for 2018 from Section D, line 7:			
а	Applied to underdistributions of prior years			
ь	Applied to 2018 distributable amount			
C	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	Romaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions		,	
7	Excass distributions carryover to 2019. Add lines 3 and 4c.			
R	Breakdown of Ikie 7			
8	Excess from 2014			
Ь	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017 .			
е	Excess from 2018	L		
			Schedule	A (Form 890 or 990-EZ) 201

Schedula A (F	orm 990 or 950-EZ) 2018 Page B											
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.)											
Part II Line	Part II Line 10 - 2014 and 2015 Other Income Other Income in 2014 was income from team members and missionaries participating in ACCI Italy Gathering. In 2015 other income was for											
Other incor	ne in 2014 was income from team members and mussionaries participating in ACCI lially Gathering. In 2015 uther income was for											
Program S	ervice Application Fees											

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	Schedulo A (Form 990 or 1990 F7) 2019											

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

2018 Open to Public

Internal Revenue Service	-	go to www.lva	LgoviForm990	for Instructions and the lates	i imomnation.	l	rspectio	n
Name of the organization							lentification	number
	Information		ties Outside	the United States. Con	nplete if the orga		2-1588721 nswered	"Yes" on
	0, Part IV, line			ando to cubatantata tha	amount of its as	note and		
other assistar	ners. Does in ice, the grant ints or assistan	ecs' eligibility	y for the gran	cords to substantiate the ts or assistance, and the	seloction critena	used to	☑ Yes	□ No
2 For grantmal outside the Ur		in Part V th	e organization	's procedures for monitons	ng the use of its	grants and	d other as	sastance
3 Activities per	Region. (The fo			an be duplicated if addition	nal space is need	led.)		
(a) Rogic	n 	(b) Number of effices in the region	(c) Number of employees, agents, and independent contractors on the region	(d) Activities conducted in the region (by type) [such as, turdististing, program services, investments, grants to receptants tocated in the region)	(e) if activity lists a program so describe special sorvice(s) in the	rvico, c type of	(f) To expendit end inve In the	stments
(1) East Asia and Pa	ncific	0	6	Program Services	See Part V below			164,982
(2) North America		0	<u> </u>	Program Services	Sce Part V below			78,222
(3) Europe		0	12	Program Services	See Part V below			60,910
(4) Central America		0	3	Program Services	See Part V below			30,487
(5) Sub-Saharan Afr	ica	0	11	Program Services	Sce Part V below		ļ	19.359
(6)	·	ļ					ļ	
(7)		}				~ ~~~		
_(8)		ļ						
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(14)								
(15)]						
(16)								
(17)								
3a Subtotal		0	23	-				
b Tutal from sheets to Part I	!		0					353,960
c Totals (add line or Paperwork Reduction	2 22 20 3D)	0	23					163 060
	WET MODICE, E	eo mo instruc	Tions for Form	990. Cat. No. 5	109244			353,960

Cat. No. 50082V/

Schedule F (Form 990) 2018

1 (a) timme of organization	(b) IRS code section end EIN (f ds pileabis)	tc)Region	(4) Purpose of grant	(e) Amount of cash grant	United States. Con n be duplicated if ad (f) Manner of cash dabursement	(g) Amount of nancan nancan nancan	(A) Description of nanotates description	(i) Marked of valuation (brook, FMV, approlest object)
(1)		East Ash & Pacific	Sce Part V below	164.987	Wire Transfers		IN/A	N/A
(2)		North Anarica	See Part V below		Checks & Electronic		N/A	NIA
3)		Europe	See Part V below		Wire Transfers		n/A	WA
4)					and transiers			
5)								
3)							 	
2							 	
)							 	
,							}	
							 	
						 	 	
							 	
							 	
							 	
							 	
							 	

(a) Type of grant or essistance	(b) Roghan	(c) Number of recipionis	(d) Amount of cash grant	(e) Manner of cash distrusoment	[i] Amount of noncash essistence	(g) Osseription of noncosh assistance	(h) Mahad of valuation (book, FMV, approtal, other
(1) ACCI Monthly Support Payment	Europe	5	31,045	Wires & PayPal		0 N/A	N/A
(2) ACCI Monthly Support Payment	Central America	-3-	25,660	асн		O N/A	N/A
(3) ACCI Monthly Support Payment	Sub-Seharan · Africa	1-1-	19,359	Wires		ON/A	N/A
(4)							
(5)							ļ
(6)							
(r)							
(8)			·				
(9)					'		
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)		T					

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chedu	a F (Form 890) 2018		Page 4
Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ Yes	□ No
2	Old the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	Ø No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	∏ Yos	Ø No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	∐ ¥es	⊘ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	Ø N₀
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990).	☐ Yes	⊘ N₀

Scheduta F (Form 990) 2018

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (i) (accounting method, amounts of investments vs. expenditions per region), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions

Part 1, #2 Adventive Cross Cultural Initiatives ("ACCI") provides funds to other Christian organizations in order to help expand ACCI's
ministry goals around the world. ACCI only provides funds to arganizations that demonstrate a common belief in Jesus and a common
approach to ministry, as evidenced by those organizations' statements of faith and published ministry objectives. ACCI only provides funds
to organizations that are registered non-profit organizations under their home countries' laws. ACCI only provides funds to organizations with
which enters into written agreements specifying the expectations and duties of both parties. Those agreements contain requirements that
the receiving organizations must report to ACCI how all funds are used, and in those agreements, ACCI maintains the right to discontinue
the relationship at any time the receiving organization does not comply with the reporting requirements or if the funds are not used according
to ACCI's exempt purposes. ACCI momitors the reports, and when possible, it sends representatives to visit the receiving organizations and
report on how funds are being used.
Part 1, Region 1, column e, and Part 2, Region 1, column of ACCI is a Mend of a New Zealand nonprofit organization that operates a Christian
health club that is used to promote the Gospel of Jesus Christ to its members, and that uses its facilities and staff to provide Christian
seminars and discipleship training in the community. Several ACCI contracted missionanes work with this organization, including seving
on its board of directors
Part 1, Region 2 column 9, and Part 2, Region 2, column d. ACCI is a friend of a Canadian organization that is also called Adventive Cross
Cultural Inmatives. The organizations are separate where each has an independent board of directors, but the organizations work together
in many ways. Both send contracted missionsries throughout the world to promote the Gospel of Josus Christ, and both support similiar
Christian organizations that share the same beliefs and munistry objectives. Both boards try to meet together, and where possible, the
organizations try to utilize resources in the most efficient manner possible. ACCI-Canada sends money to ACCI-US throughout the year to
support ACCI-US ministries and ACCI-US sends money to ACCI-Canada to support its ministries. (As reported in this Form 990 and
schedules in 2018 ACCI Canada donated \$ 45,663 and ACCI-US donated \$78,222
Part 1, Region 3 (Europe) column e. There are 9 separate mission projects in Italy and 1 based in Germany All serve in an aspect to
evangelize in their perspective communities to promote the Cospel of Josus Christ, offer discipleship training, and any practial physical
support or relief to its members and community by showing God's love through their support.

Schedule F (Form 990) 2018

			Transactions With Interester organization answered "Yeo" on Form 990, 28b, or 28c, or Form 990-EZ, Parl V, Jimo Attach to Form 990 or Form 99				i, Part IV, lino 25a, 25b, 26, 27, 28a, o 38a or 40b.			282,	20.0			
	nue Service	► Go	to www.irs.gov/F	ch to Fe em990	orm 990 for instru	or rorm ver ictions and t	re late	est information.		:	25	pen T speci		DHC
omo of the	organization								yer Ide	tificat	ion nur	nber		
dventive	Cross Cultural	Initiatives								71-	15887	<u></u>		
Part I			ns (section 501 n answered "Ye									V, line	40°a.	
1 (a) Name of disqualfied person		ed person	(b) Relationship botween disqualited person and organization				(c) Description of transaction							~
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2)														
3)														L
4)							 —-							┡
(5) (6)														├─
	ter the amoun	t of tax incum	ed by the organ	ization	manag	ers or dis	qualif	ied persons di	rino t	he ve	ar		L	<u>. </u>
											► s			
			n line 2, above,		ursed by	the organ	zatio	n			▶ §			
art II	Complete if	the organizatio	erested Person n answered "Ye nount on Form!	e" on F	Form 990 art X, line	D-EZ, Part a 5, 6, or 2	V, line 2	38a or Form 9	90, Pa	п IV,	line 2	6; or :	f the	
		(b) Rotationship with organization						(g) in default? (h) Appro by board committe		and or	or agreement			
		ł	4	To	From				Yes	No	Yes	No	Yes	N
1)														
2)					\mathbf{L}									L
3)				ļ	 				↓	 	 	 	 -	┞
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ital		<u> </u>		<u> </u>	<u></u>	<u> </u>	<u>.</u>	<u>s</u>						
art III			refiting Interest on answered "Ye			n Part IV I	ine 27	7						
(o) Nem	ne at Interested por	son (b) Relati	oriship between inter	ested (of easistance		(d) Type of restaur	ICO	(6) Purpo	se of a	ssistar	¥C8
(1)		perso	is and the organization	"			├-			+				_
(2)							 			 				—
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Part IV	Business Transactions Invol Complete if the organization a	ring Interested Persons.	O. Part IV. line 28a	. 28b. or 28c		ego 2	
	(a) Name of interested person	(b) Relationship between Interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's rovonues?		
					Yes	No	
	ony ("Tony") Hedrick	See Part V below		Payment of contracted payments	}	1	
	of Canada	See Part V below		See part V below	↓	1	
(4)		 	ļ		 —		
(5)			 		+	├	
(6)		 		 		<u> </u>	
77_							
(8)		<u> </u>					
(9)		 	ļ		L		
(10) Part V	Supplemental Information. Provide additional information	for responses to questions	on Schedule L (se	e instructions).	.L		
Part IV, Lir	e (1), Columns (b) and (c). Tony He	dnck was a founding memb	er of Adventive Cro	ss Cultural Initiatives ("ACCI") in the	US on	d in	
Canada. A	CCI-US and ACCI-Canada are sepa	ate organizations, each with	an independent bo	ard of directors. Tony served on both	n boare	<u>Is</u>	
unul Octob	er 2007, and he served as Executiv	re Director and as a mission.	ary with both organi	zations until October 2007. Tony cur	rently		
serves as	an ACCI-US contracted missionary	promoting and working with	n ACCI ministry pro	ects in Canada, US, England, Norwa	y, Itoby		
and Slover	nia ACCI-US pays Tony for his com	tracted services based on do	onauons for related	projects. During 2018 Tany received	\$38,21	2 06	
for his wor	k. (All ACCi contracted missionane	s, including Tony, receive in	ronthly payments b	ased on project donations for that mo	भारत.)	<u></u>	
Part IV, Lir	e (2) Columns b.c. and d. As noted	above and in various other	parts of the Form 9	30 and its Schedules ACCHUS and At	CC+Ce	nada	
share a co	mmon history, and cooperate toge	her in many ways, including	combined ministry	objectives, projects and cooperative	plann	ing	
and fellow	ship. As noted elsewhers, the two c	rganizations financially sup	port each others' m	inistries. Tony Hedrick was a foundir	<u> 19</u>	<u></u> -	
member of	both organizations and served on	both boards as Executive Di	irector of both organ	nizations. Ann Hinrichs became ACC	ı-us		
Director in	August 2017 and Lauren Roth, AC	CI-Canada now serves as im	ternational Director	in 2017 Each organizations' relation	ship .		
with the of	har is outlined in their affiliate muni	stries contract, and that con	tract also governs t	ransactions between the two organiz	ations	·	
Generally,	the transactions occur monthly, ar	d involve the transfer of fun	ds between the two	organizations for ministry project su	pport		
The organ	zations use a book-recognition sys	stem, where donations betwe	een the two are offs	ut, with the organization donating the			
greater am	ount actually sending the difference	e to the other organization,	but with both the or	ganhations recording the total transf	ers on		
their book	s. All transactions, per the contract	must be for ministry purpo	ses and must be re	ported to each organizations respect	ive		
boards.					••••••		
				Gehechdo L (Farm 890 a	r 990-E	ZI 2018	

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 Ferm 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

CMB No 1545-0047 2018

Internal Revenue Service	Go to www.ns.gov/romreso for the tatest attentiation.	Inspection
Name of the organization	About a	Employer identification number
Adventive Cross Cultu	ral Initiatives	71-1588721
000 Dard (II) inc. 4d . C	libra Channa Canana	
330, Part III CIR2 40 - O	ther Program Services	8 4 <u>1999</u> - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986
Adventive Cross Cultu	val Initiatives created a Refugees Account to assist individuals in known countr	ries where refugees were traveling
In 2018 Advantive Con	ss Cultural Imitiatives assisted refugees in Burundi and haty through access of J	ACCI contracted micrimum at . The total
TOTA POPERITOR CITA	33 Oditura (moanees assisted relegees in datum and may obsorb secess of a	ACCICATO SCOLO TIRES THE COLI
amount was \$3,150.		

890 Part VI, Section B.	Line 12c:	
Forms were sent to Bo	pard Members to sign and return confirming no conflict of interest.	
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990 Part VI, Section B.	Line 1Sa and 15b:	
None of the questions	in 15a b opply to ACCI because it has no employees, and none of its executive:	s, officers or directors recoved any
compensation, ACCI d	loos roview all project payments made to its missionary contractors to make su	re that such payments are reasonable
و موادر وافتر والماد	ather misses and an artist or a state of the second of the	
and in time with what o	other missionaries working in similar geographic regions receive	

999 Part VI, Section C.	Line 19: Although no one has ever asked to see ACCI's governing documents.	conflict of interest or financial
statements, ACCI has	all of these documents in forms ready to send to anyone requesting them, either	r in electronic format or in paper
format.		
990 Part IX, Line 11gr	Other Expenses - Project payments to ACCI contracted missionanes paid in 201	8 - \$139,396.
	9 	
990 Part XI, Line 9. Of	ther changes or fund balances	
Deducted \$1.00 so that	at the Net Assets or Fund Belances matched ACCI's books - most likely due to n	coorting to the nearest dollar on the 990
report.	a and the second of the second	ره وسياد ما الله و الله الله موسود و و المدالي موسود الموسود و و الموسود و در مرس و
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For Paperwork Reduc	tion Act Notice, see the Instructions for Form 890 or 890-EZ. Cst. No. 51056K	Schodule O (Form 990 or 890-62) (2016