Accounting Y	ear Chai	nge
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		11	(°)				7 <i>()\$</i> }	
	00		Return of Organ	ization Ex	emnt From	Income Ta		OMB No 1545-0047
Form		O 2.	Under section 501(c), 527, or 4947		•			2019
	January:		▶ Do not enter social se		•	100	\sim	Open to Public
	artment of hai Revent	the Treasury ue Service	► Go to www.irs.gov/i	-		1011		Inspection
Ā	For the	2019 calend	ar year, or tax year beginning	January 1	, 2019, and en	ding Septem	ber 30	, 20 19
		pplicable.	C Name of organization Adventive Cr					identification number
	Address o	hange	Doing business as				72 6	1 1588721
	Name che	rude	Number and street (or P.O box if max	is not delivered to	street address)	Room/suite	E Telephone	number
	Indai retu	m	239 Hampton Street				70	4-588-3972
	Final return	n/terminated	City or town, stare or province, counti	y, and ZIP or foreig	n postal code			
	Amended		Rock Hill, SC 29730				G Gross rece	
Ц	Applicatio	n pending	F Name and address of principal officer:	Ann Hinrichs, C	lirector			rdrates? Yes Ø No
-	Tax-exem		Filesula Filesula					cluded? Yes No
		► www.ad		◀ (insert no.)	4947(a)(1) or 8	- 	attach a list. (si	
			Corporation Trust Association	☐ Other >	11 7000 140		empton number	
	art	Summa		Ound	L Year of for	mation. 2004	M State of leg	PER CHOTINGHICANG. WHITE
			cribe the organization's mission	or most signific	ant activities: ACC	l secquite people	who are seek	ing to serve the
8			through cross-cultural Christian					
Activities & Governance			vangelism, church planting & sup					
Ę	2 (Check this	box ▶ ☐ if the organization dis	continued its o	perations or dispos	ed of more than	25% of its r	et assets.
ő			voting members of the governir				3	5
€ 1			independent voting members o				4	5
\$.			er of individuals employed in ca		19 (Part V, line 2a)		5	0
₹	•		er of volunteers (estimate if nec				6	0
< '	}		ated business revenue from Part				7a	0
	Ь	Net unrela	ed business taxable income fro	m Form 990-T,	line 39	7	7b	0
	8	Cantella di	an and agents (Dark Mil. See 1h)			Prior Yea		Current Year
3			ins and grants (Part VIII, line 1h) ervice revenue (Part VIII, line 2g)				553,380	467,124
Revenue	-		: income (Part Vill, column (A), lii		 A			
ď.			nue (Part VIII, column (A), lines 5		•			
			ue-add tines 8 through 11 (mus		• •	<u> </u>	553,380	467,124
			similar amounts peud (Part IX, o				359,131	305,333
	14	Benefits p	aid to or for members (Part IX, ca	olumn (A), line 4	1)			
2	15	Salaries, ot	her compensation, employee ben	efits (Parl IX, co	lumn (A), lines 5-10)			
Ĭ			al fundraising fees (Part IX, colu					
Expenses			alsing expenses (Part IX, column				3/	
93			nses (Part IX, column (A), lines 1				165,992	180,853
	18	Total expe	nses. Add lines 13-17 (must equ	ed Partificación	WARD IN SOUTH	145	525.123	488,186
_	19 1	Hevenue K	ss expenses. Subtract line 18 fr	om me 12 .[3S - OSC - 13		28,257	(19,062)
2 5	20 7	Takal aaaai	s (Part X, line 16)	_	0 0000	constant or con-	100 000	toto or Year
33			ties (Part X, line 26)	\	.UG 1 0 2 020 ·	<u> </u>	123,263	104,201
F. F.			or fund balances. Subtract line:	21 from line 20			123,263	104 201
D.		Clanate	e Riock		DOMAL LITALE			104,201
Unc	ier penalti	es of penjury,	I declare that I have examined the return	n, including accorn	A CONTRACTOR OF THE PARTY OF TH	tatements, and to the	e best of my kn	owiedge and belief, it is
true	, correct,	and complete	. Declaration of preparer (other than office	cer) is beset on all i	nformation of which prep	perer has any knowle	dge.	
		(Ann LiN misches				Only 2	3.2020
Sig	3	Signati	re of officer	A 1 1	1	Detr	• / 0	,
He	re		U.S. ACCI Chrector	- Hnn Lit	linrichs			
Type or print name and tible								T
Pai	d	1 "	n_{\bullet}	iperer's signature	\mathcal{O}_{a}	7/25/2020	Check (2) if	٠
Pre	parer			enne C.1	29			PO1963058
Use Only Firm's name ➤ Joanne E, Page Accounting Services Firm's EIN ➤								70. 400 hors
Mar	the IDC		uss ≥ 2618 Bricker Drive, Charlot nis return with the preparer sho		instructions)	Phor	ne no.	704-588-3972 ☑ Yes □ No
			on Act Notice, see the separate to			et. No. 11282Y	· · · · · ·	✓ Yes
- OF	4		NI 1904 INCOME, AND RIM SEPTEMBER C		C	EL 170. 1 12021		רפוות ששיט (2019)

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Fårm 99	, n /2010	n ,					5	
Part	<u>```</u>	Statement		ce Accomplishments				age 2
				a response or note to any	y line in this Part	<u>III</u>		
1		•	ne organization's mi					
						e the Lord Jesus through cro r Christian ministries as they		
			st around the world.	opie to serve out that canny	, and assists other		Seek to advanc	·
2	prior	Form 990 or	990-EZ?			which were not listed on th	le ☐ Ye s ☑	No
3			these new services		-h h			
3						v it conducts, any program	ກ ∏Yes ✓	No
			these changes on \$					110
4	expe	nses. Sectio	n 501(c)(3) and 501	service accomplishments (c)(4) organizations are req ny, for each program service	uired to report the	ree largest program service ne amount of grants and all	es, as measure locations to ot	ed by hers
4a	(Cod	e:) (Expenses \$	264,667 including grant	s of \$) (Revenue \$	<u> </u>	
						world. Some of those organiz	/ ations have ba	ses
						ganizations that work in conj		
						counsel and funding to 4 orga		· • • • • • • • • • • • • • • • • • • •
	coun	tries.						
				•••••				·
				•				

4b	(Cod			192,857 including grant)	
						Christ throughout the world.		aries
						n, church planting and suppor		 -
				g missionaries who minister		s work with other like-minded	organizations	<u>ın</u>
	Wieii_	aica di Scivic	e. Acci contracted 2	3 missionaries who minister	eu iii 14 countiles	iii 2013.		
				••••••				
4c	(Cod	ο.) (Eypenses \$	19,661 including grant	ts of \$) (Revenue \$		
	•					ts with around the world. In 2		
						n donor communications, pra		. and
						sonal visits with the missiona		
				•••••				

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ Total program service expenses ▶

) (Revenue \$

OLFBA

	Part IV	Checklist of Required Schedules
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			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	-
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 98-19? 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		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.			
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		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? 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		✓
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		✓
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
b b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	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		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		✓
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		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
þ	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		✓
				_

Part	IV 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		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, trustees, key employees, and highest compensated			,
24a	employees? If "Yes," complete Schedule J	23 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		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		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		1
30	Did the organization receive contributions of art, 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 "Yes," complete Schedule 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 301.7701-3? 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		1
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		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 Dort	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	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Chock it Concount C Contains a response of note to any line III this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	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	 	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		•	ugu
			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? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		7
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
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 account)?	4a		✓
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?	5a		1
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 8886-T?	5c		
6a	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?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	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?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		✓
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]]		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	,		
40	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		/
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ـ ـ ا		,
	excess parachute payment(s) during the year?	15		✓
	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.	16		√
	n 165, complete norm 4720, somedule O.	, 1		I

T GITE	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.							
	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 on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 5		İ					
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?							
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		✓				
_	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		✓				
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		✓				
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?	7a		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		✓				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
,	The governing body?	8a						
a 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 reached at	- 00	•					
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	<u> </u>				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		1				
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?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	120						
13	Did the organization have a written whistleblower policy?	12c	✓	1				
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?							
а	The organization's CEO, Executive Director, or top management official	15a						
b	Other officers or key employees of the organization	15b						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		√				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	 -						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Secti	on C. Disclosure	מסו		l				
17	List the states with which a copy of this Form 990 is required to be filed None							
18	Section 6104 requires an organization to make its Forms 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.	, ,566		, (U)				
	Own website Another's website Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	finter	est p	olicv.				
	and financial statements available to the public during the tax year.			,,				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•					
	Joanne F Dage Accounting Services - 2619 Bricker Drive, Charlette, NC 20272							

o	_	_	•

Form	990	1201	91

P	art VII	Compensation of Officers,	Directors, Truste	es, Key	y 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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ited any current	officer, director,	or trustee.
(A) Name and trile	(B) Average hours	(do n	ot ch	Pos neck	C) ition more	e than o	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Mark Peterkins	ļ	Į			}					
Chiarman, Director	1.0	✓		✓		ļ	_	0	0	0
(2) Kevin Ferreira Secretary-Treasurer, Director	1.0	1		1				0	0	0
(3) Cathy Murray		<u> </u>	-	Ť					•	
Director	1.0	1						o	0	o
(4) Ken Roth							 	-		
Director	1.0	✓					<u> </u>	0	0	0
(5) Peter Clifford Director		1						0	o	0
(6)		•						0	<u>. </u>	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emp	plo	yee	s, an	ıd F	lighest Compe	nsated l	Emplo	yees (continued)
	(A) Name and title	(B) (do not check in box, unless persofficer and a direction of the control of th			Average hours officer and a director/trustee)			n an Reportable Reportee compensation compens		(E) Report compens from rel	able sation ated	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		from the organization and related organizations
(15)										·· · · ·		
(16)												
(17)												
(18)										<u> </u>		
(19)												
(20)												
(21)						-						
(22)												
(23)					-							
(24)												
(25)											-	······································
1b	Subtotal			•	•	•		>	0		0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	•		•	•	•		>	0		0	0
2	Total number of individuals (including but reportable compensation from the organi					ed	above	e) w		e than \$1	00,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8	officer, dire	ector,	tru uch	ste	e, k	key e	mpl	loyee, or highes	t compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?											
Secti	on B. Independent Contractors		<u>'</u>									
1	Complete this table for your five high compensation from the organization. Report											
	(A) Name and business add	ress		•					(B) Description of serv	rices	((C) Compensation
None								N/A	\			0.00
												
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abov	e) who		

Form 9	9Q (2 0 19	9) ,				Page 9
Part	VIII	Statement of Revenue			· · ·	
		Check if Schedule O contains a response or note	to any line in this Pa	art VIII		🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ıts	1a	Federated campaigns 1a				
Grants nounts	b	Membership dues 1b				
ñ, Ĝ	С	Fundraising events 1c				
ar /	d	Related organizations 1d				
S, G	е	Government grants (contributions) 1e		Ì		
Contributions, Gifts, Grants and Other Similar Amounts	f		7,124			
ontrib nd Otl	g	Noncash contributions included in lines 1a–1f 1g \$				
ā C	h	Total. Add lines 1a–1f	▶ 467,124			
40		Business Co	ode		~	
/ice	2a					
re n	b					
n S ren	C					
Program Service Revenue	d					
	e	All other program service revenue		 		
	f g	Total. Add lines 2a–2f	•			
	3	Investment income (including dividends, interest,		 		
	, J	other similar amounts)				
	4	Income from investment of tax-exempt bond proceed				
	5	Royalties	•			
		(i) Real (ii) Person	al		· · · · · · · · · · · · · · · · · · ·	
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)	•			
	7a	Gross amount from (i) Secunties (ii) Other				
		sales of assets				[.
		other than inventory 7a				
venue	b	Less: cost or other basis				
Ver		and sales expenses . 7b				
æ	c d	Gain or (loss)	•	 		· · · · · · · · · · · · · · · · · · ·
Other Re	_	Gross income from fundraising				
ᅙ	0a	events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18 8a]
	b	Less: direct expenses 8b				
	С	Net income or (loss) from fundraising events	>			
	9a	Gross income from gaming				
		activities. See Part IV, line 19 . 9a				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities	•			
	10a	Gross sales of inventory, less	Ĭ			
	_	returns and allowances 10a				
	b	Less: cost of goods sold 10b Net income or (loss) from sales of inventory	•	 		
		Business Co	· · · · · · · · · · · · · · · · · · ·			
Miscellaneous Revenue	11a	· · · · · · · · · · · · · · · · · · ·		 		
nue nue	b					
scellaneo Revenue	C					
isc	d	All other revenue		1		
Σ	е	Total. Add lines 11a-11d	▶ 0.00			1

467,124

Total revenue. See instructions

Part IX Statement of Functional Ex	xpenses
------------------------------------	---------

Secuo	in 50 r(c)(3) and 50 r(c)(4) organizations must comp	iete ali columns. Ali c	otner organizations	must complete colu	mn (A).
	Check if Schedule O contains a response		in this Part IX .		🗸
	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 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	305,333	305,333		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes	····			
11	Fees for services (nonemployees):	İ	Ì		
a	Management				
b	Legal				
C,	Accounting	6357		6357	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	164,417	164,417		
12	Advertising and promotion		· · · · · · · · · · · · · · · · · · ·		
13	Office expenses	340		340	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		,		
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,697		1,697	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Member Care Visits	2,991	2,991		
b	Bank Fees, Wire Fees & PayPal Fees	4,601	4,445	156	
C	Staff Development	450		450	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	486,186	477,186	9,000	· <u></u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	.55,.50	777,130	3,000	

For	n 990 (20	019) ,			Page 1
Р	art X				
		Check if Schedule O contains a response or note to any line in this Pa	rt X	· · ·	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	123,263	1	104,20
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	6	······································
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a		3	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	123,263	16	104,20
	17	Accounts payable and accrued expenses		17	
	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	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	· -		
iab		controlled entity or family member of any of these persons		22	 ,
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			
	26	of Schedule D	<u></u>	25	
ces	20	Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33.	0	26	
<u>la</u> u	27	Net assets without donor restrictions	33,487	27	62,77
Ва	28	Net assets with donor restrictions	89,776		
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.	69,770	20	41,43
5	29	Capital stock or trust principal, or current funds	- · ·	29	· · · · · · · · · · · · · · · · · · ·
şţ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
ţ	32	Total net assets or fund balances	123,263		104,20
Š	33	Total liabilities and net assets/fund balances	123,263		104,20

Total liabilities and net assets/fund balances .

104,201

104,201

123,263 33

Form 9	90,(2019)			Pa	age 12
Par	t 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		46	57,124
2	Total expenses (must equal Part IX, column (A), line 25)	2			36,186
3	Revenue less expenses. Subtract line 2 from line 1	3		(19	9,062)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		12	23,263
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		10	04,201
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		1		
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		7
	If "Yes," check a box below to indicate whether the financial statements for the year were cor				<u> </u>
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		ł
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a			
	separate basis, consolidated basis, or both:				
	☐ 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	ersight of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts		2c		1
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the			
	Single Audit Act and OMB Circular A-133?		3a	<u> </u>	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	3b		l

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

		Cross Cultural Initiatives					71-15	
Par		Reason for Public Char						ns.
	-	nization is not a private founda		•	-	•	•	1
1	=							
2				•			• • • • • • • • • • • • • • • • • • • •	· ·
3 4		A hospital or a cooperative hos A medical research organizatio						(iii) Enter the
*		hospital's name, city, and state		onjunction with a nos	Jilai uesc	indea in s	section (70(b)(1)(A)	(iii). Enter the
5		An organization operated for t		college or university	owned o	r operate	od by a government	al unit described in
•		section 170(b)(1)(A)(iv). (Comp		concept or university	Owned 0	operate	d by a government	ai dilik described iri
6		A federal, state, or local govern	•	mental unit described	l in sectio	nn 170(b)	/11(Δ)(ν).	
7		An organization that normally						the general public
		described in section 170(b)(1)			•	J		3 p
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	_	An agricultural research organi				erated in	conjunction with a I	and-grant college
	1	or university or a non-land-grai university:	nt college of agr	culture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10		An organization that normally r	eceives: (1) more	e than 331/3% of its si	upport fro	m contri	butions, membershi	o fees, and gross
		receipts from activities related support from gross investment	to its exempt ful income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, se fless si	and (2) no more tha ection 511 tax) from	n 331/3% of its husinesses
		acquired by the organization a	ter June 30, 197	75. See section 509(a	a)(2). (Cor	nplete Pa	art III.)	D4011100000
11		An organization organized and	operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
12		An organization organized and						
		of one or more publicly support						
		Check the box in lines 12a thro			-	_	•	_
а	ı	Type I. A supporting organ the supported organization						
		supporting organization. You					ne directors or trust	ees of the
b	ſ	☐ Type II. A supporting organ	-	•			unnorted organizati	on/e) by baying
-		control or management of t						
		organization(s). You must						-9
С	[Type III functionally integrated	rated. A support	ting organization oper	rated in c	onnectio	n with, and functiona	ally integrated with,
		its supported organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.	
d	[Type III non-functionally i						
		that is not functionally integ						d an attentiveness
		requirement (see instruction	•	•		-		
е	L	Check this box if the organ						e II, Type III
	.	functionally integrated, or T				•	ion.	
,		nter the number of supported or rovide the following information						[]
9		lame of supported organization	(ii) EIN	(iii) Type of organization		irganization	(v) Amount of monetary	(vi) Amount of
	(7)	and or supported organization	(ii) Eii V	(described on lines 1–10	listed in you	ır governing	support (see	other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
						<u> </u>		
(E)								
								· · · · · · · · · · · · · · · · · · ·

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 484,271 471,543 446,489 553,380 467,124 2,422,807 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge 0 4 Total. Add lines 1 through 3. . . . 471.543 484,271 446,489 553,380 467,124 2,422,807 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) . . . 110,737 Public support. Subtract line 5 from line 4 2,312,070 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 471,543 484,271 446,489 553,380 467,124 2,422,807 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 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 250 250 Total support. Add lines 7 through 10 11 2,422,807 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 95.71 % 16a 331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test—2019. 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 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Len						!	
	(Complete only if you checked the					. , .	nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.) /	_
Secti	ὸη A. Public Support						
Calen	dal year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 selvices performed, or facilities furnished in any activity that is related to the				/		
	organization's tax-exempt purpose				/		
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513				/		
4	Tax revenues levied for the				/		
7	organization's benefit and either paid to			/	1		
	or expended on its behalf			/			
_				 			
5	The value of services or facilities furnished by a governmental unit to the			/	į		
	organization without charge						
_			· 	-/			
6	Total. Add lines 1 through 5		<u> </u>	/			
/a	Amounts included on lines 1, 2, and 3		,	Y			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		/		1		
	received from other than disqualified				1		
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		/				
	·	\	 -/			<u> </u>	
	Add lines 7a and 7b		<i> </i>				
8	Public support. (Subtract line 7c from						
	line 6.)		<i>X</i>		l	<u> </u>	L
	on B. Total Support	V	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	T	r
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		\	<u> </u>			<u> </u>
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	_/					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	/					
	acquired after June 30, 1975						
С	Add lines 10a and 10b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
11	Net income from unrelated business						
	activities not included in line 10b, whether				İ		
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) /						
13	Total support. (Add lines 9, 10c, 11,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1	
	and 12.)						
14	First five years. If the Form 990 is for the	e organizatio	n's first, secon	d, third, fourth	n, or tifth tax v	ear as a section	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor				$\overline{}$		
15	Public support percentage for 2019 (line 8			13. column (f))		15	%
16	Public support percentage from 2018 Sch					16	%
	on D. Computațion of Investment In					/	
17	Investment income percentage for 2019 (by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2018			•		18	%
19a	331/3% support tests-2019. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2018. If the organiz		_			- 1	_
_	line 18 is not more than 331/3%, check this I						
20	Private/foundation. If the organization di						\
	,			, ,			

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		
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.	4a		
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		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	l —	
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 chantable 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 4958) not described in line 7?	7		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	0-		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
С	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	ļ	
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or denve 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 "You" appropriate the properties of the control of th			
	supporting organizations)? If "Yes," answer 10b below.	10a		<u> </u>
b	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		<u> </u>

10b

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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			
			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,			İ
	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	<u> </u>	l	
	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?	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			
	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		ŀ	
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		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	ŀ		1
	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	Parent of Supported Organizations. Answer (a) and (b) below.	ĺ		
а	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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A—Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4	· · · · · ·				
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		2				
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		· · · · · · · · · · · · · · · · · · ·			
6 Multiply line 5 by .035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C—Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4	· · · · · · · · · · · · · · · · · · ·				
5 Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III support	ing organization (see			

Part	1 ype III Non-Functionally Integrated 509(a)(3	S) Supporting Organi	zations (continued)	
Secti	on D—Distributions			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	empt purposes of suppo	rted	
3	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 (pnor 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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part Vi). See instructions.			- 1 - 33
3	Excess distributions carryover, if any, to 2019		·. · · · · · · · · · · · · · · · · · ·	
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018		**** *	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			····
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount		****	
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
	Excess from 2018			
е	Excess from 2019	-		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part III, 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	10 - 2014 and 2015 Other Income
Other incor	ne ın 2015 was for Program Service Application Fee - \$250
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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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

	tive Cross Cultural Initiatives			<u></u>		72	-1588721	
Part	General Information Form 990, Part IV, line	on Activit 14b.	ties Outside	the United States. Con	nplete if the orga	nization an	nswered "Y	es" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility	for the gran				✓ Yes [□ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitoring	ng the use of its	grants and	other ass	stance
3	Activities per Region. (The fo	llowing Part	l, line 3 table o	can be duplicated if addition	nal space is need	ed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity lister a program ser describe specific service(s) in the	vice, type of	(f) Tota expenditur and investi in the reg	es for nents
(1) _E	Europe	0	12	Program Services	See Part V Below			185,281
(2) _l	North America	0	11	Program Services	See Part V Below			55,732
(3)	East Asia and Pacific	0	6	Program Services	See Part V Below			43,039
(4)	Central America	0	3	Program Services	See Part V Below			11,879
(5)	Sub-Saharan	0	1	Program Services	See Part V Below			9,402
(6)								
(7)								
(8)								
(9)		·						
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
3a	Subtotal	0	23					305,333
D	Total from continuation sheets to Part I	0	0					0

c Totals (add lines 3a and 3b)

305,333

Schedule F (Form 990) 2019

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1	Europe	See Part V below	163,506	163,506 Wire or Electronic		ON/A	N/A
1	North America	See Part V below	55,732	55,732 Checks or Electronic	J	0 N/A	N/A
	East Asia & Pacific	See Part V below	43,039	43,039 Wire Transfers	0	0 N/A	N/A
- 1							
pie pi	Enter total number of recipient organizations listed above the by the IRS, or for which the grantee or counsel has provided Enter total number of other organizations or entities.	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities.	it are recognized as charities by the f a section 501(c)(3) equivalency letter	s by the foreign count ncy letter	ry, recognized as to	ax-exempt	4 (
,							0

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2019

Part III Grants ar

(a) Type of grant or assistance	of grant or assistance (b) Region (c) Number of	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description	(h) Method of
		recipients	cash grant	disbursement	assistance	of noticash assistance	(book, FMV, appralsal, other)
(1) ACCI Monthly Support Payment Europe	Europe	თ	21,395	21,395 Wire or PayPal	0	0 N/A	N/A
(4) ACCI Montrnly Support Payment Central America	Central America	7	11,8/8	11,879 Wire or ACH		UNIA	NA
(3) ACCI Monthly Support Payment Sub-Saharan	Sub-Saharan	-	9,402 Wire	Wire	0	0 N/A	N/A
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)	•						
(16)							
(17)							
(18)							
						Sci	Schedule F (Form 990) 2019

P	aa	e	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	Did 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	 ✓ 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)	☐ Yes	✓ 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)	☐ Yes	√ 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	☑ No
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	☑ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures 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 organizations 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 monitors 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 (Europe) column e and Part II column d. There are 8 separate missionary projects in Italy with 9 missionaries and 2
organizations/churches. Also an organization in Norway received funds for printing Bibles around the world thru ACCI affilate.
All serve in an aspect to evangelize in their perspective communities to promote the Gospel of Jesus Christ, offer discipleship,
training, and any practical physical support or relief to its members and community by showing God's love through their support.
······································
Part 1, Region 2 (N. America) column e and Part II column d: ACCI is a friend of a Canadian organization that is also called Adventive Cross
Cultural Initiatives. The organizations are separate where each has an independent board of directors, but the organizations work together
n many ways. Both send contracted missionaries throughout the world to promote the Gospel of Jesus Christ, and both support similiar
Christian organizations that share the same beliefs and ministry 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 2019 ACCI Canada donated \$ 18,460 and ACCI-US donated \$55,732.)
······
Part 1, Region 3 (East Asia & Pacific), column e and Part II column d: ACCI is a friend 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 missionaries work with this organization,
including serving on its board of directors.

Part V Sup

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures 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, Region 4 (Central America), column e: ACCI has contracted a missionary who pastors a church in Garifuna, Belize. The church
reaches out to evangelize and disciple the Garifuna people group. Annually ACCI sends a staff and short-term mission teams
to assist the church in reaching and teaching the Garifuna people.
Part 1, Region 5 (Sub-Saharan - Africa), column e: ACCI has contracted a missionary who pastors a local church and leads a soccer
ministry for children. The church ministers to local believers and reaches out to the community with hope of the Gospel of Jesus Christ.
The soccer ministry uses this popular sport to share the Gospel with people who might otherwise not attend the local church.
assistance to church members and the community.
,
Adventive Cultural Initiatives 72-1588721
Additional Page 5 (2nd)
,

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Open To Public Inspection

OMB No. 1545-0047

Maine (or the organization							l Embi	oyer ide	ntilicat	ion nu	mber		
	ntive Cross Cultural In	itiatives			<u>.</u>					71-	15887	21		
Par		fit Transaction ne organization	ns (section 50 answered "Ye	1(c)(3) es" on	, section Form 99	501(c)(4), a 0, Part IV, I	ind se line 25	ection 501(c)(29 5a or 25b, or Fo) orgai om 99	nızatıc 0-EZ,	ns or Part	nly). V, line	40b.	
1	(a) Name of disqualified	nerson	(b) Relationship b	etween	disqualified	person and		(c) Description	on of tra	ncaatio	n		(d) Cor	rected?
	(b) Name of disquamou	person		organiz	zation			(c) Description	Jii Oi lia	nsactio	, 1		Yes	No
(1)														
(2)			····											
(3)	·						ļ <u>.</u>							
(4)							<u> </u>							L
(5)							 							L
(6)	Enter the emount	of tox incurre	l by the area					:	4	<u> </u>				
2	Enter the amount under section 4958				on manaq	_	-	•	unng t	ne ye	ar •			
3	Enter the amount of								• •	• •	3	<u>,——</u>		
3	Litter the amount o	n tax, ii ariy, ori	inie z, above,	renna	ourseu by	y trie organi	izalio			• •	▶ \$	' ——		
Part	I cans to and	l/or From Inter	ested Person	16				· · · · · · · · · · · · · · · · · · ·						
	Complete if the	ne organization	answered "Ye	es" on	Form 99	0-EZ, Part	V. line	e 38a or Form 9	90. Pa	art IV.	line 2	6: or	f the	
	organization r	reported an am	ount on Form	990, F	art X, lin	e 5, 6, or 2	2.		•	·		•		
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990	Part IV	line 28a 28	h or 28c
Complete in the diguinzation and works from the complete	, , ,,,,,,,	, III IC ECU, EC	D, OI 200.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
(1) Anthony ("Tony") Hedrick	See Part V below		Payment of contracted payments		✓
(2) Adventive Cross Cultural Initiatives -CDA	See Part V below		See part V below		✓
(3)					
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Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Part IV, Line (1), Columns (b) and (c): Tony Hedrick was a founding member of Adventive Cross Cultural Initiatives ("ACCI") in the US and in
Canada. ACCI-US and ACCI-Canada are separate organizations, each with an independent board of directors. Tony served on both boards
until October 2007, and he served as Executive Director and as a missionary with both organizations until October 2007. Tony currently
serves as an ACCI-US contracted missionary, promoting and working with ACCI ministry projects in Canada, US, England, Norway, Italy
and Slovenia. ACCI-US pays Tony for his contracted services based on donations for related projects. During 2018 Tony received \$30,032.76
for his work. (All ACCI contracted missionaries, including Tony, receive monthly payments based on project donations for that month.)
Part IV, Line (2) Columns b,c, and d: As noted above and in various other parts of the Form 990 and its Schedules ACCI-US and ACCI-Canada
share a common history, and cooperate together in many ways, including combined ministry objectives, projects and cooperative planning
and fellowship. As noted elsewhere, the two organizations financially support each others' ministries. Tony Hedrick was a founding
member of both organizations and served on both boards as Executive Director of both organizations. Ann Hinrichs became ACCI-US
Director in August 2017 and Lauren Roth, ACCI-Canada now serves as International Director in 2017. Each organizations' relationship
with the other is outlined in their affiliate ministries contract, and that contract also governs transactions between the two organizations.
Generally, the transactions occur monthly, and involve the transfer of funds between the two organizations for ministry project support.
The organizations use a book-recognition system, where donations between the two are offset, with the organization donating the
greater amount actually sending the difference to the other organization, but with both the organizations recording the total transfers on
their books. All transactions, per the contract, must be for ministry purposes and must be reported to each organizations respective
boards.

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Adventive Cross Cultural Initiatives	71-1588721
990 Part VI, Section B, Line 12c:	
Forms were sent to Board Members to sign and return confirming no conflict of interest.	
990 Part VI, Section B, Line 15a and 15b:	
None of the questions in 15a-b apply to ACCI because it has no employees, and none of its executiv	es, officers or directors received any
compensation. ACCI does review all project payments made to its missionary contractors to make s	sure that such payments are reasonable
and in line with what 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 financia	I statements, ACCI has all of these
documents in forms ready to send to anyone requesting them, either in electronic format or in paper	r format.
990 Part IX, Line 11g: Other Expenses - Project payments to ACCI contracted missionaries paid in 20	019 - \$164,417.
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