(Rev January 2020)

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

	artment of tr mal Revenue		► Go to www.irs.ge	ov/Form990 for instructi	ons and the late	st informat	ion.		Inspection		
			dar year, or tax year beginning	January 1	, 2019, and end		ecembe	er 32	, 20 19		
В	Check if ap		C Name of organization High Adv		ication Ministrie		_	-	er identification number		
_	Address ch		Doing business as						46-0522244		
$\overline{\Box}$	Name chan	-	Number and street (or P O. box if	mail is not delivered to street	address)	Room/suite	1	E Telephone number			
ī	Initial return	•	PO Box 28846				l	800 5504670			
$\overline{\Box}$	Final return		City or town, state or province, co	tal code							
$\overline{\sqcap}$	Amended r		Į,	G Gross re	ceipts \$ 374,604.81						
Ħ	Application		Scottsdale, Arizona 85255-999 F Name and address of principal offi			1 H(a) Is	s this a grou	p return for su	ibordinates? Yes No		
_			Donald McLaughlin, 569 Bristo		3Y6T2 Canada				ncluded? Yes No		
$\overline{}$	Tax-exemp		✓ 501(c)(3)		47(a)(1) or 527	Jr In	"No," at	tach a list	(see instructions)		
<u></u>	Website:	► www.ha	qcm.orq		Γ	H(c) @	Group exe	emption nu	mber ▶		
ĸ	Form of org	anization 🗸	Corporation Trust Associa	tion Other >	L Year of for	mation 20	009	M State of	legal domicile FL		
Р	art I	Summa	ry		ĺ .						
			cribe the organization's miss	on or most significant	activities: Chris	tian radio b	roadca	sting, bu	ilding radio stations,		
ė	1	-	churches, Bible training, medi			**-*					
ä			n organization giving special								
Ē			box ▶ ☐ if the organization					5% of its	net assets.		
Š	1		voting members of the gove					3	3		
<u>ھ</u>	1		independent voting member			lb)		4	1		
Activities & Governance	5 T	otal numb	per of individuals employed in	calendar year 2019 (F	Part V, line 2a)			5	0		
Ξ			per of volunteers (estimate if i	•				6	5		
Ac	7a T	otal unrel	ated business revenue from I	Part VIII, column (C), lin	ne 12			7a	0		
	b N	et unrelat	ted business taxable income	from Form 990-T, line	39			7b	0		
	1			or Year		Current Year					
es.	8 -C	ontributio	ons and grants (Part VIII, line	426,3	301.10	374,604.81					
Revenue			ervice revenue (Part VIII, line		- 10						
eve	10 In	vestment	t income (Part VIII, column (A	Anes 31 (P) Rangel 21d)) (1:2	an		_				
Œ	11 0	ther reve	nue (Part VIII, column (A), line	\$ 5, 6d, 8c, 9c, 10c, ar	id 11				<u> </u>		
			ue—add lines 8 through 11 (r	426,3	301.10	374,604.81					
			I similar amounts paid (Part					626.32	515,892.93		
			aid to or for members (Part IX				•				
ý	15 S	alaries, ot	her compensation, employee I	penefits (Part IX, column	n (A), lines 5–10)						
Expenses	16a P		al fundraising fees (Part IX, c	•			-				
De l	Б Т		aising expenses (Part IX, coli				4 - 2 - A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A				
ũ	17 0		enses (Part IX, column (A), line	••••			29,9	18.66	24,157.37		
			nses. Add lines 13–17 (must		A), line 25) .		396,	544.98	540,050.30		
	19 R	evenue le	ess expenses. Subtract line 1	8 from line 12			29,	756.12	-165,445.49		
P 8						Beginning	of Curre	nt Year	End of Year		
Net Assets or Fund Balances	20 T	otal asset	s (Part X, line 16)				1,027,	595.64	862,150.15		
Z B	21 T	otal liabili	ties (Part X, line 26)								
<u> </u>	22 N	et assets	or fund balances. Subtract II	ne 21 from line 20 .			1,027,	595.64	862,150.15		
Pa	art II	Signatu	re Block								
			I declare that I have examined this r						knowledge and belief, it is		
tru	e, correct, a	ind complete	e Declaration of preparer (other than	officer) is based on all inform	lation of which prep	arer nas any i	knowleag	e 			
		\	Mr hope in				14	1. Apr	1.2020		
Sig	- '	Signati	fre of officer		上		Date	·			
He	ere 📙	<u> 0</u> 0	nald McLaugh 11	n, tresider	<u> </u>						
	!	Type o	r print name and title								
Pa	id	Print/Type	preparer's name	Preparer's signature		Date		Check 📋	1		
	eparer						,!	self-employ	/ea		
	e Only	Firm's nan	ne ▶	. <u> </u>			Firm's l	EIN ▶			
		Firm's add					Phone	по			
Ma	y the IRS	discuss t	this return with the preparer s	hown above? (see ins	tructions)		<u></u>		. 🗌 Yes 🗌 No		
For	Panerwo	rk Reduct	ion Act Notice, see the separa	te instructions	Ca	t No 11282)	/		Form 990 (2019)		

orm 99	0 (2019)	ge 2
Part I		
		✓
1	Briefly describe the organization's mission: Christian radio broadcasting, building, supporting radio station. Buildchurches, Bible training, skills training, and educational facilit including solar and water collection. Christian, religious, charitable and humanitarian organization especially concerning women a child health in underdeveloped nations.	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	 lo
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	lo
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 318,249.74 including grants of \$) (Revenue \$) Uganda Program support: Projects oversight expenses, audit, solar, sustainability projects management and additional tree planting Program support: Children church equipment for outreach Program support: Clinic upgrades and equipment Program support: Skills training for women and supplies Program support: Humanitarian aid to widows Program support: Training sessions and Construction of Teaching Centre for Bible and skills training for women Program support: Radio station monthly management support and equipment Volunteers travelled at no expense to the organization to verify progress, installation, purchases and construction.	
4b	(Code:) (Expenses \$ 101,794.00 including grants of \$) (Revenue \$) Programming Support: Radio broadcasting & programming-purchasing airtime to broadcast Christian programs on shortwave, (interference of third world countries) and on local FM station in the Middle East, Africa and Indonesia. Volunteers travelled at no expense to the organization to monitor station broadcast. Listener feedback is received from broadcaster and various shortwave monitors to confirm broadcasts.	
4c	(Code:) (Expenses \$ 57,587.42 including grants of \$) (Revenue \$) Zambia Program Support: Radio station upgrades, monthly support, and expansion equipment, licence and insallation support.	
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$ 38,261.77 including grants of \$) (Revenue \$) Total program service expenses \$ 515,993,93	

Form 99	0.(2010)			Page 3
				rage C
Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	_	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<i>√</i> .	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> .	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? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u>/</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
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		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13 14a	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?	13 14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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	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		✓
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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
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	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 employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	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		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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	✓	
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	1	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		\
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	√	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		البحد

Lair	Statements negarding other ind raings and rax compliance (continued)		,	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	(A) (E)	Yes	No
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a	n		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1,744,934,51	1
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	27.7		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
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	1	1
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 ▶ Canada-Uganda-			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1100	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).		CP#1 4	NEW !
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		1	1
	required to file Form 8282?	7c	receive North N	WORNE CARR
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	-	√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	1	1
g	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	111222	
9	Sponsoring organizations maintaining donor advised funds.		1984	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	a Tark SudS	√
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:		Farity	1630
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
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 paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Anna Catala	✓
b	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.	45-0	£.28	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	s. 525.727	UPSC UST VA
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		7	
_	the organization is licensed to issue qualified health plans			M
с 14а		14a	an section	./
ı4a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		┼ <u>~</u>
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.		22.0	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	omastiki.	√
	If "Yes." complete Form 4720. Schedule O.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	"No"						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.						
Secti	on A. Governing Body and Management									
4	Enter the number of voting members of the governing body at the end of the tax year 1a	- King	Yes	No						
1a	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			9/t						
	committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	any other officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		/						
6	Did the organization have members or stockholders?	6		✓						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓						
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	les esten	/						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.									
a	The governing body?	8a	<u> </u>	<u> </u>						
b	Each committee with authority to act on behalf of the governing body?	8b	√	\vdash						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co) 						
10-	Did the expension have lead abortors branches or affiliates?	10a	Yes	No V						
10a b	Did the organization have local chapters, branches, or affiliates?	10a		 •						
b	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	✓							
þ	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	<u>√</u>							
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	12c	1							
13	Did the organization have a written whistleblower policy?	13								
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		1						
	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► Florida									
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. ② Own website □ Another's website □ Upon request □ Other (explain on Schedule O)	ı (Sec	tion (5U1(C)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	of inter	est r	odicy						
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and re-			.o.ioy,						
20	Martha McI aughlin 569 Bristol Road, Newmarket, ON 905 898 1483	Jorda	-							

Form	000	1001	0
⊢om	990	1201	м

Part VII	Compensation of Officers	s, Directors,	Trustees,	Key Employees,	Highest Comp	ensated Employees	s, 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 nor	any relate	d orga	anız	atıc	n c	ompe	nsa	ted any current	officer, director,	or trustee.	
					C)						
(A) (B)			ot ch		ition more	e than o	one	(D)	(E)	(F)	
Name and title	Average hours per week	box,	unles er and	s pe d a d	rson	is both or/trust	an tee)	Reportable compensation from the	Reportable compensation from related	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)	organizations (W-2/1099-MISC)	from the organizations and related organizations	
(1) Laurel Hughes, Director/Sec		1		✓				0	0		
(2) Martha McLaughlin Director/Treasurer		√		1				0	0		
(3) Donald McLaughlin Director/President		√		1				0	0		
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											

Part	VII Section A. Officers, Directors,	rustees,	Key I	Emį			s, an	d F	lighest Compe	nsated	Emplo	yees (continued)
						C)						
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)	(F)	
	Name and title	Average hours	erage box, unless person is both						Reportable compensation	Report compen		Estimated amount of other
		per week	-	$\overline{}$	_			, - - -	from the	from re	lated	compensation
		(list any hours for	호	nst tt	Officer	ey e	mg ig	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		from the organization and
		related	Individual trustee or director	효	"	Key employee	st c	œ		(** =	,	related organizations
	`	organizations below	֓֞֞֞֓֓֓֓֟֝֟ <u>֚֟</u>	lai tr		oye	§					
		dotted line)	tee	Institutional trustee		"	Highest compensated employee	ŀ				
				ē	İ		l ed					
(15)												
				ļ			_	_				
(16)	·		1									
(17)				-	-	-	-	-				
<u> </u>			1		1							
(18)												
			1									
(19)												
						<u> </u>	ļ .	<u>. </u>				
(20)						ĺ						
<u>/04\</u>					ļ	-	-	-				
(21)			1									
(22)		<u> </u>				-	<u> </u>					
(22)			1									
(23)						 						
X			1									
(24)												
					L.	L	ļ					
(25)								ĺ				
		L			<u> </u>			Ļ				
1b	Subtotal	 VII Cantin		•	•	•						
d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•	•	• •					
	Total number of individuals (including but	not limited	to th		ilist	ed.	above	=) w	ho received mor	e than \$1	00 000	l
_	reportable compensation from the organi			.000			above	٠, ٠٠	no received mer	o man φ	00,000	
	<u> </u>									-		Yes No
3	Did the organization list any former of	officer, dire	ector,	tru	ste	e, k	сеу е	mpl	loyee, or highes	st compe	ensated	
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual					3 🗸
4	For any individual listed on line 1a, is the											
	organization and related organizations	greater th	an \$1	150,	,000)? [f "Ye	s, "	complete Sched	dule J fo	or such	
_	individual		•	٠			•	•				4 /
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or inc	dividual	5 🗸
Secti	on B. Independent Contractors	: 11 163, 0	Junpi	Cic	307	7601	1001	Oi s	such person .	<u>· · · · · · · · · · · · · · · · · · · </u>	•	1 3 1 4
1	Complete this table for your five high	nest comp	ensate	ed	ınde	ene	ndent	CC	ontractors that r	eceived	more 1	than \$100,000 of
	compensation from the organization. Rep											
	(A)	••							(B)			(C)
	Name and business add	lress							Description of sen	vices		Compensation
								_	· · · · · · · · · · · · · · · · · · ·			
								-	_		<u> </u>	
	Total number of independent contracts	re (reduction	na bi	.+ -	ot	lunnii	ed +-		noso listed above	o) who	فتقنية	
2	Total number of independent contractor		-					, ir	iose iisteu abov	C) WITO		

Part	VIII	Statement of Rev Check if Schedule			enon	se or note to a	ny line in this Pa	art VIII		
		Onesk ii ochodule	0 00	mano <u>a re</u>	зроп		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaig	ns .		1a			147721016-37716		
E Z	b	Membership dues			1b	(
2 E	С	Fundraising events			1c	· (
ifts Ir A	d	Related organization	ns .		1d	(
nija	е	Government grants	(cont	ributions)	1e					
ons Sir	f	All other contribution								
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts no			1f	374,604.81				
를 당	g	Noncash contribution								
no.		lines 1a–1f			1g					
<u> </u>	h	Total. Add lines 1a-	-11 .		• •		374,604.81			
9	20					Business Code		MACCHINE ZOTE NOT HER		
, vic	2a b							0	0	
yram Ser Revenue	C						<u> </u>	0	0	
E A	d			•		}	0	 	·	
Program Service Revenue	e						1	0		-
Pro	f	All other program se					C	0	0	
	g	Total. Add lines 2a-				•				4670 1082
	3	Investment income								
		other similar amoun	ts) .			🕨		0	0	
	4	Income from investr	nent c	of tax-exem	npt bo	nd proceeds ►		0	0	
	5	Royalties	<u> </u>				Entra continuo del sichia nuoli disenti dilu	O	O	a inidential intrinsial of thinners in a case of the
	_	_	_	(i) Rea	ı	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	d	Rental income or (loss) Net rental income o		<u>. </u>						
	-		1 (105)	(i) Securit	ies	(II) Other				
	7a	Gross amount from sales of assets		(I) GCCGIII		(11) (11)				
		other than inventory	7a							
ø	ь	Less, cost or other basis								
Revenue		and sales expenses .	7b							
ev	С	Gain or (loss)	7c							
F.	d	Net gain or (loss)				🕨	0	0	0	C
the	8a	Gross income from	m fu	ndraising						
0		events (not including								
		of contributions rej		•	_					
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b		hand the grant of the state of		COMPANIES	
	C	Net income or (loss)			g eve	nts $ ightharpoonup$				
	9a	Gross income factivities. See Part I		gaming	9a					
	ь	Less: direct expens			9b					
	c	Net income or (loss)				es •	Season association and action	STAMPS OF THE SPECIAL	U CHINELENDINE AND	De Principal de de la Principal de la Principa
	i	Gross sales of in								
		returns and allowan			10a					
	ь	Less: cost of goods	sold		10b					
	С	Net income or (loss)	from	sales of in	vento	ory >	0	0	0	(
SL		· · · · · · · · · · · · · · · · · · ·				Business Code			GERTATION WHITE	
Miscellaneous Revenue	11a						0	0	0	
scellaneo Revenue	b							0	0	
cel ₹ev	C						0	0		
Ais	d	All other revenue				L	ļ	0	0	
	12	Total revenue See			• •	<u> •</u>	274 604 91			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, Program service expenses Management and general expenses 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 2 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 16 515,892.93 515,892.93 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages n 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 Other employee benefits 9 0 0 0 10 Payroll taxes 0 0 11 Fees for services (nonemployees): Management 13.365.00 13,365.00 0 b Legal 0 Accounting 0 Lobbying 0 Professional fundraising services. See Part IV, line 17 0 Investment management fees 0 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 0 12 Advertising and promotion ถ 0 13 Office expenses 957.53 0 957.53 ol 14 Information technology 0 15 0 0 0 16 Occupancy a 0 0 17 1,954.22 1,954.22 0 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . o 0 20 0 ol 0 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization . 0 23 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.) bank charges 2,201.62 2,201.62 0 Membership fees b 1,050.00 1,050.00 0 Internet Web Telephone computer expense 3,899.24 3,899.24 0 Postage and Shipping d 729.76 ol 729.76 0 All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 540,050.30 515,892.93 24,157.37 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) . . .

Р	art X				
		Check if Schedule O contains a response or note to any line in this Pa			· · · · · <u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,023,217.78	1	857,772.29
	2	Savings and temporary cash investments	1,023,217.76	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,		2013	
	3	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	Par and a second	5	
	6	Loans and other receivables from other disqualified persons (as defined	TARANKE KA	影響	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other	35763 4024 4455	72.00	
-	.00	basis. Complete Part VI of Schedule D 10a 4,377.86		影漫	
	ь	Less: accumulated depreciation 10b		10c	4,377,86
	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	4,377.86	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,027,595.64	16	862,150.15
	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	
es	22	Loans and other payables to any current or former officer, director,			4.0
₩		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Ses		Organizations that follow FASB ASC 958, check here ►			
a	.,	and complete lines 27, 28, 32, and 33.		27	
Bal	27	Net assets without donor restrictions		28	
ᅙ	28			20	
五		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
Net Assets or Fund Balances	20	Capital stock or trust principal, or current funds		29	
ş	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSe	31	Retained earnings, endowment, accumulated income, or other funds	<u> </u>	31	
Ä	32	Total net assets or fund balances	1,027,595.64		862,150.15
Se	33	Total liabilities and net assets/fund balances	1,027,595.64		862,150.15
二	_ UU	rotal napimios and not association balances	1,027,393.04	_ 55	002, 130. 13

_	4	
Page	1	4

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			04.81
2	Total expenses (must equal Part IX, column (A), line 25)	2		540,0	50.30
3	Revenue less expenses. Subtract line 2 from line 1	3		-165,4	45.49
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,027,5	95.64
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		862,1	<u>50.15</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
			u dissipilara	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	xplain ir			
_	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	is) dames .	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled oi			
	reviewed on a separate basis, consolidated basis, or both:				
L	Separate basis Consolidated basis Both consolidated and separate basis		2b		
b	Were the organization's financial statements audited by an independent accountant?	 	30.000000000		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ted on a			
	Separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	oreight of	#1000052	LECTRON .	
· ·	the audit, review, or compilation of its financial statements and selection of an independent accounts		2c		
	If the organization changed either its oversight process or selection process during the tax year, e		nufferable no	建設課	
	Schedule O.	Apiaiii Oi			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in the	2000	ALTERNA I	100000000000000000000000000000000000000
Vu	Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo the	,		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		3b		
			- East	" <u>990</u>	(2010)

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

2019

Open to Public Inspection

Employer identification number

<u>HIGH</u>	ADVE	ENTURE GOSPEL COMMUNICA						22244
Par	_	Reason for Public Char						ons.
The c	•	zation is not a private founda		,	-	-	•	AT
1		church, convention of church						111
2		school described in section						0 1
3		hospital or a cooperative hos						
4	_	medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
		ospital's name, city, and state						
5	S	n organization operated for tection 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in
6		federal, state, or local govern	_					
7		n organization that normally			port from	ı a gover	nmental unit or fron	n the general public
		escribed in section 170(b)(1)		•				
8		community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	O	n agricultural research organi r university or a non-land-gra niversity:						
10	_ re	n organization that normally receipts from activities related upport from gross investment outlined by the organization a	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less si	and (2) no more tha ection 511 tax) from	n 331/3% of its
11		n organization organized and	•	•	-			
12		n organization organized and						
		f one or more publicly support	•		-			
		heck the box in lines 12a thro	•	• • • • • • • • • • • • • • • • • • • •		-		-
а		Type I. A supporting organ						
		the supported organization supporting organization.	, ,				ne directors or trust	ees of the
b		Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С		Type III functionally integ	rated. A support	ting organization oper	rated in c			ally integrated with,
	_	its supported organization(-				
d	L.	Type III non-functionally in that is not functionally integ requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement ar	-
е		Check this box if the organ functionally integrated, or 1	ization received Type III non-func	a written determination	on from ti	he IRS th	at it is a Type I, Typi ion.	e II, Type III
f	Ent	er the number of supported of	• •			•		
g	_	vide the following information						
	(i) Na	me of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)						-		
(C)				·- ·				
(D)					_			
(E)		· · · · · · · · · · · · · · · · · · ·						
Total								

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.") . . . 236,813.01 **213,67**5.72 209,575.98 276,301.10 299,604.81 1,235,970.62 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 Total. Add lines 1 through 3. . . . 213,657,72 236.813.01 209,575.98 276,301.10 299,604.81 1,235,970.62 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) 48,280.59 Public support. Subtract line 5 from line 4 1,187,690.03 **Section B. Total Support** (e) 2019 (d) 2018 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 Amounts from line 4 276,301.10 299,604.81 1,235,970.62 236,813.01 313,657.72 209,575.98 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 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 Public support percentage from 2018 Schedule A, Part II, line 14 15 96 % 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 b 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

0 - 1	- A /5 000 000 570 0040						D 3
Part	(Complete only if you checked the	ge box on line	10 of Part I	or if the orga	nization failed		Page 3 der Part II.
Secti	If the organization fails to qualify on A. Public Support	\ \ \	sts listed bei	ow, piease co	implete Part	11.)	
	dar 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.")		(4) = 5 · 5	(5) = 5 ::	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					•	
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016 \	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b			\			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	•			\ -	ear as a section	

Secti	on C. Computation of Public Support Percentage			
15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) \.		15	%
16	Public support percentage from 2018 Schedule A, Part III, line 15		16	%
Secti	on D. Computation of Investment Income Percentage			
17	Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .	<u>. </u>	17	%
18	Investment income percentage from 2018 Schedule A, Part III, line 17	.\ .	18	%
19a	331/3% support tests-2019. If the organization did not check the box on line 14, and line 15	ıs\mo	re thai	n 331/3%, and line
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly	suppor	ted or	ganization . 🕨 🗀
b	331/3% support tests-2018. If the organization did not check a box on line 14 or line 19a, and lin	ne 1 🧞 i	s more	e than 331/3%, and
	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publ	cly sů	pporte	d organization 🕨 🗀
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this	box a	nd see	einstructions 🕨 🗀

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)(B) purposes
- 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)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **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.**
- 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.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

		Yes	NO
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Part	IV Supporting Organizations (continued)		
		Ye	s 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	
	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. on B. Type I Supporting Organizations	110	
0001	on b. Type I supporting organizations	Ye	s 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.		
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	
Secti	on C. Type II Supporting Organizations		
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).	Ye	s No
Secti	on D. All Type III Supporting Organizations		
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?	Ye	s 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 tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	
Secti	on E. Type III Functionally Integrated Supporting Organizations		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity in the Test Appears (s) and (b) below.	(see ınstru	ctions).
2	Activities Test. Answer (a) and (b) below.	Ye	s No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
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? <i>Provide details in Part VI</i> .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? 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 Organical Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru niza	ist on Nov. 20, 1970 (explai tions must complete Section	in in Part VI). See ons 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	١_		
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):			Managari da Sangari da
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		_
d Total (add lines 1a, 1b, and 1c)	1d	AN COMMINICAS OPERATOR OF THE STATE OF THE S	
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d.	3		
	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		1
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 in	tegrated Type III supporting	organization (see
instructions)		• • • • • •	- •

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Current Year							
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6_	Other distributions (describe in Part VI). See instructions.							
	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount	1	C 2	#*************************************				
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.							
3	Excess distributions carryover, if any, to 2019							
a	From 2014							
<u>b</u>	From 2015							
C	From 2016							
<u>d</u>	From 2017							
е	From 2018							
<u>f</u>	Total of lines 3a through e							
<u>g</u>	Applied to underdistributions of prior years		CONTROL OF THE PROPERTY OF THE					
<u>h</u>	Applied to 2019 distributable amount							
<u>i</u> _	Carryover from 2014 not applied (see instructions)							
_ㅗ	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from							
	Section D, line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u>b</u>	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.							
	<u> </u>			(A)				
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 3							
•	and 4c.							
8	Breakdown of line 7.							
<u>_</u> _	Excess from 2015							
<u>=</u> b	Excess from 2016							
	Excess from 2017							
d	Excess from 2018							
е	Excess from 2019							

Part VI	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.)
Unusual gif	t: Donor bequest: Total donated in 2019 \$75,000.00 not designated.

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

HIGH ADVENTURE GOSPEL COMMUNICATION MINISTRIES, INC. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 90,571.82 2 Aggregate value of contributions to (during year) . 283,616,62 3 Aggregate value of grants from (during year) . . 292.661.94 Aggregate value at end of year 81,526.50 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ✓ Yes
☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes □ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X

Par	t III Organizations Maintaining	Colle	ections of	Art, His	torical	Treasures	, or O	ther Similar A	Assets (co.	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and o	ther reco	rds, chec	k any of th	ne follov	wing that make	significant	use of its
а	☐ Public exhibition			d	☐ Loan	or exchang	je prog	ram		
b	☐ Scholarly research			e	☐ Other	<i>.</i>				
C	☐ Preservation for future generations	3								
4	Provide a description of the organizat XIII.	tıon's	collections	and expl	aın how t	hey further	the or	ganization's ex	empt purpo	se in Part
5	During the year, did the organization	solicit	t or receive	donation	ns of art,	historical t	reasure	s, or other sim	nılar	
	assets to be sold to raise funds rather			aıned as	part of th	e organizat	ion's co	ollection? .	. 🔲 Ye	s 🗌 No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, included on Form 990, Part X?									s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII	and compl	lete the fo	ollowing t	able:				
									Amount	
С	Beginning balance						10	:		
d	Additions during the year						10	1		
е	Distributions during the year						16	•		
f	Ending balance									
2a	Did the organization include an amour									
	If "Yes," explain the arrangement in Pa	art XIII	. Check her	re if the e	xplanatio	n has been	provid	ed on Part XIII	<u> </u>	
rai	Endowment Funds. Complete if the organization	ancu	vored "Vec	" on For	·m 000 I	Dort IV lin	o 10			
	Complete if the organization		Current year		or year	(c) Two yea		(d) Three years ba	ack (a) Four	years back
1a	Beginning of year balance	(4)	Janen year	(3,	or your	(c) I wo yea	II 3 DECK	(d) Three years or	ack (e) rour	years back
b	Contributions	-								
c	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and				_					
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the		-		e (line 1g	, column (a	a)) held	as:		
а	Board designated or quasi-endowmer			%						
b	Permanent endowment ▶									
С	Term endowment ▶ %			0001						
_	The percentages on lines 2a, 2b, and		•							
За	Are there endowment funds not in the organization by.	e poss	ession of the	ne organi	zation the	at are held	and ad	ministered for		Yes No
	(i) Unrelated organizations								. 3a(i)	165 140
	(ii) Related organizations								. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related or			 d as requi	red on So	 chedule R?			. 3b	
4	Describe in Part XIII the intended uses								. [32]	
Pari								··-		
	Complete if the organization	answ	ered "Yes	on For	m 990, F	art IV, lin	e 11a.	See Form 990), Part X, li	ne 10.
	Description of property		(a) Cost or of (investment)		1	or other basis other)	, ,	Accumulated epreciation	(d) Book	value
1a	Land	. †								
b	Buildings	. [
С	Leasehold improvements	. [
d	Equipment	. [4,377.86
е	Other				l					
Total.	Add lines 1a through 1e. (Column (d) m	nust ed	qual Form 9	90, Part 2	X, columr	(B) , line $\overline{10}$	Oc.)	•		4,377.86

Part VII	Investments—Other Securities.	000 D + 11/4 E -	- 111-0 - 5	000 B 4 V Fr 40
	Complete if the organization answered "Yes" on For		T	
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation -of-year market value
(1) Financial				
	eld equity interests			
(3) Other	••••			
(B)				
(E) (F)				
(G)			<u> </u>	
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments – Program Related.	000 D-+ IV II-	. 11 - 0 5	OOO Doot V line 12
	Complete if the organization answered "Yes" on For			
	(a) Description of investment	(b) Book value		hod of valuation -of-year market value
(1)				
(2)				
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)				
(5)				
(6)			ļ	
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13) .			
Part IX	Other Assets.			
raitix	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11d. See Form	990 Part X line 15
	(a) Description			(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)		-		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15)	<u> </u>	<u> ▶</u>	
Part X	Other Liabilities. Complete if the organization answered "Yes" on For	m 990, Part IV, lın	e 11e or 11f. See	e Form 990, Part X,
1.	line 25. (a) Description of liability			(b) Book value
(1) Federal in				(b) Dook value
(2)	ourie taxes		-	
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				
(6)				
(7)	<u> </u>			
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 25)			
	uncertain tax positions. In Part XIII, provide the text of the footnotes	ote to the organization	n's financial stateme	ents that reports the
	s liability for uncertain tax positions under FASB ASC 740. Check			

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Par	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Payenus per	Paturn
Fair	Complete if the organization answered "Yes" on Form 990,		neturii.
1	Total revenue, gains, and other support per audited financial statements		11
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		***
2	Net unrealized gains (losses) on investments	0-	
a		2a	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e 3
3	Subtract line 2e from line 1	1 1	
4		40	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С 5	Add lines 4a and 4b		4c 5
	XII Reconciliation of Expenses per Audited Financial Statem		
гаг	Complete if the organization answered "Yes" on Form 990,		er neturn.
	Total expenses and losses per audited financial statements		T-2-T
1	·		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا م ا	
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
9	Add lines 2a through 2d		2e 3
3			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	
b	Other (Describe in Part XIII.)	L	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		4c 5
	XIII Supplemental Information.		1 3 1
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1.4. Part IV lines 1h and 2	h: Part V line 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
	Detaile.	•	
110000	Details		
1 Desk	top macbook pro work station \$3,373.93 2018		
1 ipho	ne in 2017 \$1003.93		

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		••••••	

Schedule D (For	n 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

HIGH ADVENTURE GOSPEL COMMUNICATION MINISTRIES, INC.

Employer identification number

46-0522244 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to ✓ Yes □ No award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, of offices in region (by type) (such as, expenditures for a program service, agents, and independent describe specific type of the region fundraising, program services, and investments service(s) in the region in the region investments, grants to recipients contractors in the region located in the region) (1) North America 11,270.00 program services air time (2) Europe program services radio prod. translation 13,000.00 (3) Sub Sahara Africa pastoral training 5,686.12 program services (4) Sub Sahara Africa radio station planting program services 24,125.00 (5) Sub Sahara Africa install radio equipment program services 3,562.40 (6) Sub Sahara Africa program services tower extension 1,200.00 (7) Sub Sahara Africa program services radio station planting 36,990.00 (8) Sub Sahara Africa radio station planting 6,350.00 program services (9) Sub Sahara Africa program services radio educational support 293,125.70 (10) Middle East radio station support 2,700.00 program services (11) Middle East 650.00 program services church equipping (12) Middle East radio airtime costs FM 36,244.00 program services (13) Middle East radio airtime costs FM program services 38,480.00 (14)(15)(16)(17)Subtotal 473,383.22 b Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

473,383.22

Page 2

Part II

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 received more than \$5,000. Part II can be displicated if additional space is needed.

1	(a) Name of organization	(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)			North America	airtime	11,270.00	cheque			
(2)			SubSahara	pastoral training	5686.12	bank wires			
(3)			SubSahara	radio planting	24,125.00	sbank wires			
(4)	er to ur Mer		SubSahara	radio planting	36.990 00	bank wires			
6 1			Middle East	airtime costs	36,244 00	bank wires			
(0)			Middle East	airtime costs	38,480.00	bank wires			
7)	and the second		SubSahara	radio planting	6,350.00	bank wire			
8)			Europe	translation/productio	13,000.00	bank wires			
9)			SubSahara	mission projects	293,125.70	bank wires			
0)									,
ŋ									
2)									_
3)									
a)									
5)									
16)				sted above that are reco			<u> </u>		

~	Effet total number of recipient organizations listed above that are recognized a	is charities by the foreign country	r, recognized as tax-exert	пре	
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3)	equivalency letter .	•	▶5	
3	Enter total number of other organizations or entities			> 4	

Schedule F (Form 990) 2019

Page 3

Schedule F (Form 990) 2019

Part III 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.

	ated if additional spa			T 7111	T	I	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)						_	
(2)			··				
(3)							
(4)			. <u> </u>				-
(5)							
(6)							
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(10)							
(11)							
(12)							
(13)					·		
(14)							
(15)			·				
(16)							
(17)							
(18)							

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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.

Budgets or Invoices are submitted for approval for the project funding or invoice payment. Approval is given by Director by email and then
an invoice is issued from the requesting organization. Bank wire is sent with a directive via email as to how the funds are to be spent and
the purpose of the grant. Text message and or phone calls are also sent with directives. Copies of the invoices and or receipts for
payment issued are submitted in response to the directive and kept on file in country or sent upon request. Photo documentation is provided
once the project is completed. No further funding is issued until required paperwork is in place for the present grant. Bank reconciliation
statements are provided.
Monitors/volunteers/broadcasters travel and or listen to broadcasts and or verify that the project build/upgrade has been done and report
is sent back to the ministry. Photo documentation taken and submitted on file.
Radio stations where airtime is purchased issue station protocols confirming day/time and regular listener feedback reports are submitted.
Agency Agreements with grantee are in place to insure they act as our agent to carry out the directives.
Invoices are submitted from non charitable outlets in return for specific work or services received.

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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 Name of the organization

Employer identification number

Open To Public Inspection

OMB No 1545-0047

	ADVENTURE GOSPEL)5222			
Part	Excess Beneral Complete if the	fit Transactior e organization	is (section 501 answered "Ye	l(c)(3), s" on	, section Form 99	501(c)(4), a 0, Part IV, I	ınd se line 25	ction 501(c)(29 a or 25b, or Fo) orgar orm 99	nzatio 0-EZ,	ns or Part '	ily). V, line	40b.	
1	(a) Name of disqualified		(b) Relationship be					(c) Description						rected?
	(a) Name of disquamed	person		organiz	ation			(c) Description	JII OI II AI	isaction			Yes	No
(1)														
(2)							-							
(3)							-		-					
(4)														
(5) (6)							-			_				
2	Enter the amount under section 4958		-		-	-	-	ed persons di	uring t	he ye	ar ▶ ¢			L
3	Enter the amount o									1	> \$			
Part	Complete if th	/or From Inter le organization eported an amo	answered "Ye	s" on				38a or Form 9	90, Pa	rt IV,	line 2	6; or	f the	
(a) Na	me of interested person	(b) Relationship with organization	(c) Purpose of loan				(e) Original (f) Bala principal amount		(g) In ((g) In default?		ault? (h) Approved by board or committee?		ritten ment?
				То	From	1			Yes	No	Yes	No	Yes	No
(1)							-	-						
(2)														
(3)	-									<u> </u>				
(4)						ļ								
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(9) (10)			-						+	-				
Total		<u> </u>		<u> </u>		<u> </u>	. •	\$						
Part	Grants or Ass	sistance Benerale organization	fiting Interest	ed Pe	rsons.			<u> </u>	ļi					
(a)	Name of interested persor		ship between inter and the organization		(c) Amount	t of assistance	(d) Type of assistan	ce	(e)	Purpo	se of a	ssistan	C6
(1)		<u> </u>												
(2)	·-													
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<u>(10)</u>		at Nation and th					<u> </u>			<u> </u>				

001100	1010 E (1 01111 000 01 000 EE) 2010				•	-g
Part	Business Transactions Involv Complete if the organization an	ing Interested Persons. swered "Yes" on Form 990), Part IV, line 28a, 2	28b, or 28c.		
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
(1)	Donald McLaughlin	US Dir- Canadian Officer	11,270.00	cheque to CDN charity		1
(2)	Donald McLaughlin	US Dir-Uganda Director	293,125.70	bank wires to Ugandan Charity		✓
(3)	Martha McLaughlin	US Dir-Uganda Director	293,125.70	bank wire sto Ugandan Charity		✓
(4)	Donald McLaughlin	US Dir-Liberia Director	1,200.00	bank wire to Liberia Charity		✓
(5)	Martha McLaughlin	US Dir-Liberia Director	1,200.00	bank wire to Liberia Charity		1
	Sarah Ogden	US Directors - daughter	13,365.00	cheque to contract worker		L
(7)						
(8)		,				<u> </u>
(9)					-	ļ
(10)					<u> </u>	<u> </u>
Par	Supplemental Information. Provide additional information i	for roomonoos to guastians	on Schodula I. /coo	instructions)		
Fund Visit Cana Ugan Hlgh	is received by the CDN charity were for the second by the Ugandan charity were for the was made to the projects to verify work was made to the projects to verify work was made to the project to an annual independent of the charity is subject to an annual independent of the control of the co	or directed ministry projects vas done. pendent audit and governme ndent audit each year. Radio	s. Invoices/photo doc nt T3010 filed each yo o and Property Manag ch year. Bank reconc	cumentation were received for the ear. gement companies used subject a illaton statments are sent each m	nnual a	
	tor of HAGCM Inc USA charity is also on					
Direc	tor of HAGCM Inc USA charity is also or	e of 4 Directors of High Adv	enture Ministries Libi	eria D McLaugniin		
Direc	tor of HAGCM Inc USA charity is also or	e of 4 Directors of High Adv	enture Ministries Lib	eria M McLaughlin		
High	Adventure Liberia bank reconciliation sta	atements are submitted year	ly. Photo and invoice	e documentation sent for funds re	ceived.	
FINB	AR is filed yearly by D and M McLaughlin					
Cont	ract worker and US Directors - daughter i	elationship. No cheques iss	sued without email pe	ermission given and document kep	ot on file	<u>. </u>
		·····				
						

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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

HIGH ADVENTURE GOSPEL COMMUNICATION MINISTRIES INC.	46-0522244
PART VI (2)	
Family relationship between Directors - husband and wife. Sarah Ogden daughter contract worker.	
PART VI (11.b)	
Copy of form and schedules provided to Directors for review before submission.	
PART VI (12.c)	
Board members declare and sign conflict of interest policy statement each year.	·
PART VI (15.b)	
No compensation paid to Directors. Board approved amount for key contract worker.	
PART VI (19)	
Documents, policies, financial statements are available upon request. The following statement is also in	dicated on our website and all
publications. "A copy of the official registration and financial information may be obtained from the Divis	sion of Consumer Resources by
calling toll free (800 135 7352) within the state of Florida. Registration does not imply endorsement, appr	roval or recommendation by the
state."	
PART III (4.d)	
Program Support: Kenya Radio Planting \$ 26,430.00 Station equipment including solar and set up to rea	ach refugees,
fencing, licence, studio construction. Support invoices, listener response and photos on file	
Program Support: Rwanda Radio Planting \$6,350.00 help with support for licencing fee for FM station.	
Support invoices on file	
Program Support: Iraq Radio Planting \$2,842.60 help with repairs and station operation support	
Support invoices on file	
Program support: Liberia Radio Planting \$1,989.17 radio station tower extension and equipment repair	
Support invoices on file and photo. Listener response sent to us.	
Program support: Israel Church Support: \$650.00 Children church outreach with equipment.	
Support invoices and photo on file.	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2	
Name of the organization	Employer identification number	
HIGH ADVENTURE GOSPEL COMMUNCIATION MINISTRIES INC.	46-0522244	
Part V (4.a) FINBAR filed annually		
High Adventure Gospel Communication Ministries Canada Donald McLaughlin President and Officer		
High Adventure Gospel Communication Ministries Inc USA Donald McLaughlin President and Director		
High Adventure Ministries Uganda Donald McLaughlin President and Director		
High Adventure Ministries Liberia Donald McLaughlin Director		
High Adventure Gospel Communication Ministries Canada Martha McLaughlin International Ministry Coordinator		
High Adventure Gospel Communication Ministries Inc. USA Martha McLaughlin Director Treasurer	·	
High Adventure Ministries Uganda Martha McLaughlin Director/Treasurer		
High Adventure Ministries Liberia Martha McLaughlin Director		
HIgh Adventure Gospel Communication Ministries Inc. USA Sarah Ogden - daughter to Director D & M McL	aughlin - contract worker	
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