efil	e GRAPHIC	C print - DO NOT PROCESS As Filed Data -		D	LN: 9	3493315017636
1	990	Return of Organization Exempt From	Income [.]	Гах	с	MBNo 1545-0047
	330	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	de (excent n	rivate		201E
<u>م</u>		foundations)	de (except p	Ilvate		2015
	ment of the	Do not enter social security numbers on this form as it may be a security number of the instructions is at many security of the instructions is at many security of the instruction o	•			Open to Public
Treasu Interna	iry al Revenue Serv	Information about Form 990 and its instructions is at <u>www.</u>	W 1K5 Q0V/10	<u>11990</u>		Inspection
		alendar year, or tax year beginning 01-01-2015 , and ending 12-31-201	5			
	eck if applicable	C Name of organization	5	D Emplo	yer iden	tification number
_	ldress change	JESUS FOR ASIA INC		-	55876	
_	ame change	Doing business as		20-20	55670	
_ In	ıtıal return					
Fii Fii	nal 'terminated	Number and street (or P O box if mail is not delivered to street address) Room/sui	te	E Telepho	ne numl	ber
	ended return	P O BOX 1221		(423)	413-7	321
ГАр	plication pending	City or town, state or province, country, and ZIP or foreign postal code				
		COLLEGEDALE, TN 37315		G Gross n	eceipts \$	961,619
		F Name and address of principal officer	H(a) Is th	sagroup	return	for
		JONATHAN D WOOD 10728 LONNIE LANE		dinates?		🗌 Yes 🗸
		OOLTEWAH,TN 37363	No H(b) Area	ll subordu	nates	
I Ta:	x-exempt status	✓ 501(c)(3) 501(c)() ◄ (insert no) 4947(a)(1) or 527	Inclu	ded?		∏Yes ∏ No
J W	ebsite: 🕨 🕷	VW JESUS4ASIA ORG				(see instructions)
			H(c) Grou			
K Forr	n of organizatior	n 🔽 Corporation 🗌 Trust 🗌 Association 📄 Other ►	L Year of fo	rmation 20	05 M	State of legal domicile TN
Da	rt I Sun	Imary				
Гu		scribe the organization's mission or most significant activities				
		IDE FOOD, SHELTER, CLOTHING, EDUCATION AND SPIRITUAL TR	AININGIN	ASIA		
Сe						
nan						
Governance	2 Check t	nis box ▶ ┌─ if the organization discontinued its operations or disposed o	of more than 2	5% of its	net as	sets
60						
	3 Number	of voting members of the governing body (Part VI, line 1a)			3	5
Activities &	4 Number	of independent voting members of the governing body (Part VI, line 1b)		•	4	3
IM		mber of individuals employed in calendar year 2015 (Part V , line 2a) $\ $.		• •	5	8
Act	6 Total nu	mber of volunteers (estimate if necessary)			6	0
		related business revenue from Part VIII, column (C), line 12			7a	0
	b Net unrel	ated business taxable income from Form 990-T, line 34	<u></u>	•	7b	C
			Prio	r Year		Current Year
Q,		ibutions and grants (Part VIII, line 1h)		892,1		961,612
enneven		am service revenue (Part VIII, line 2g)			0	0
ŅċŁ		tment income (Part VIII, column (A), lines 3, 4, and 7d)			1	7
_		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12 ⊤otal 12)	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		892,1	.68	961,619
	13 Grant	s and similar amounts paid (Part IX, column (A), lines 1–3)		629,5	578	705,372
	14 Benet	its paid to or for members (Part IX, column (A), line 4)			0	0
	15 Salar	ies, other compensation, employee benefits (Part IX, column (A), lines		45,2	0.7	59,284
Expenses	5-10	,		15,2		
6	16a Profe	ssional fundraising fees (Part IX, column (A), line 11e)	·		0	0
Ä	b Total f	undraising expenses (Part IX, column (D), line 25) $\blacktriangleright_{0}^{0}$				
		expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		87,7		121,526
	18 Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		762,5		886,182
		aug lass gynoneges. Subtract ling 19 from ling 12		129,6	64	75,437
	19 Reve	nue less expenses Subtract line 18 from line 12	•			
s or Aces	19 Reve		Beginning c	f Current	'ear	End of Year
sets or alances			Beginning o			
t Assets or d Balances	20 Total	assets (Part X, line 16)	Beginning o	250,1	.70	478,505
Net Assets or Fund Balances	20 Total 21 Total	assets (Part X, line 16)	Beginning o	250,1 39,1	.70	
	20 Total 21 Total 22 Net a	assets (Part X, line 16)	Beginning o	250,1	.70	478,505 190,486
Par Unde	20 Total 21 Total 22 Net a t 11 Sign r penalties of	assets (Part X, line 16)	Beginning c	250,1 39,1	.70	478,505 190,486
Par Unde my kr	20 Total 21 Total 22 Net a tII Sign r penalties of nowledge and	assets (Part X, line 16)	Beginning c	250,1 39,1	.70	478,505 190,486
Par Unde my kr	20 Total 21 Total 22 Net a t 11 Sign r penalties of	assets (Part X, line 16)	Beginning c	250,1 39,1	.70	478,505 190,486
Par Unde my kr	20 Total 21 Total 22 Net a tII Sign r penalties of nowledge and	assets (Part X, line 16)	Beginning c	250,1 39,1	.70	478,505 190,486
Par Unde my kr prepa	20 Total 21 Total 22 Net a 111 Sign r penalties of howledge and irrer has any k	assets (Part X, line 16)	Beginning c	250,1 39,1	.70	478,505 190,486
Par Unde my kr	20 Total 21 Total 22 Net a tII Sign r penalties of howledge and irrer has any k	assets (Part X, line 16)	Beginning c	250,1 39,1	.70	478,505 190,486
Par Unde my kr prepa Sign	20 Total 21 Total 22 Net a t 11 Sign r penalties of nowledge and irrer has any k Sign NAT Typ	assets (Part X, line 16)	Beginning c	250,1 39,1	.70	478,505 190,486
Par Unde my kr prepa Sign Here	20 Total 21 Total 22 Net a till Sign r penalties of nowledge and urer has any k sign NAT Typ	assets (Part X, line 16)	Beginning c	250,1 39,1	.70	478,505 190,486
Par Unde my kr prepa Sign	20 Total 21 Total 22 Net a till Sign r penalties of nowledge and urer has any k Sign NAT Typ	assets (Part X, line 16)	Beginning c	250,1 39,1	.70	478,505 190,486
Par Unde my kr prepa Sign Here Paic	20 Total 21 Total 22 Net a till Sign r penalties of nowledge and urer has any k	assets (Part X, line 16)	Beginning c	250,1 39,1	.70	478,505 190,486
Par Unde my kr prepa Sign Here Paic Pre	20 Total 21 Total 22 Net a till Sign r penalties of nowledge and urer has any k	assets (Part X, line 16) . . liabilities (Part X, line 26) . . ssets or fund balances Subtract line 21 from line 20 . . nature Block . . . perjury, I declare that I have examined this return, belief, it is true, correct, and complete Declaration nowledge . . *** ALIE WOOD SECRETARY/TREASURER . . . e or print name and title Preparer's signature BEVERLY SMITH Preparer's signature BEVERLY SMITH Firm's name > WHITTINGTON JONES & RUDERT CPAS LLC Firm's address > PO BOX 1264	Beginning c	250,1 39,1	.70	478,505 190,486
Par Unde my kr prepa Sign Here Paic Pre	20 Total 21 Total 22 Net a 111 Sign r penalties of howledge and herer has any k	assets (Part X, line 16)	Beginning c	250,1 39,1	.70	478,505 190,486

For Paperwork Reduction Act Notice, see the separate instructions.

Fori	m 990 (2015)			Page 2
Ра	rt IIII Statement of Program	Service Accomplishments		
	Check if Schedule O contains	a response or note to any line in this Par	tIII	
1	Briefly describe the organization's m	ission		
то	PROVIDE FOOD, SHELTER, CLOTHIN	G, EDUCATION AND SPIRITUAL TRA	INING IN ASIA	
2	Did the organization undertake any sitted the prior Form 990 or 990-EZ?	gnificant program services during the ye	ar which were not listed on	Tes √No
	If "Yes," describe these new services			1 14
3		g, or make significant changes in how it (conducts, any program	
	-			└Yes \√No
4		service accomplishments for each of its 1 (c)(4) organizations are required to repo iy, for each program service reported		
4a		5 858,125 including grants of \$ DUCATION AND SPIRITUAL TRAINING IN ASIA	705,372) (Revenue \$	961,612)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe II	n Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses ►	858,125		Form 990 (2015)

Form 990 (2015)
Part IV	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒	2	Yes	
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		No
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		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 😏	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛸	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 😒	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😒	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i> 😒	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 😒	11 c		No
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? <i>If "Yes," complete Schedule D, Part IX</i> 🕲	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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 \mathfrak{D}	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😒	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? <i>If "Yes," complete Schedule E</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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	Yes	
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	2 0 b		

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Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
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? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	

Form **990** (2015)

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Form	990 (2015)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			·
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	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		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
F -	(FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? \ldots	5c		
6 a	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?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots . \ldots	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N -
d	file Form 8282?	7c		No
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		
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	7h		
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year 120 Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2015)			Page 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🗸
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
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		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed \blacktriangleright			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

(3)s only) available for public inspection Indicate how you made these available Check all that apply

Own website Another's website V Upon request Other (explain in Schedule O)
 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►NATALIE WOOD P O BOX 1221 COLLEGEDALE, TN 37315 (423)413-7321

 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per	more	than	one	not box	checl k, unle	ess	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours			rect		n offic rustee		from the organization	from related organizations	other compensation
	for related organızatıons below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) KEN NORTON	1 00	x						0	0	0
DIRECTOR		^						5	0	5
(2) JONATHAN D WOOD PRESIDENT	40 00	×		x				19,200	0	0
(3) NATALIE A WOOD SECRETARY/TREASURER	40 00	×						0	0	0
(4) ROBERT D WOOD DIRECTOR	1 00	×						0	0	0
(5) E DOUGLAS VENN DIRECTOR	1 00	×						0	0	0
										Form 990 (2015)

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

									-			
	(A) Name and Title	(B) Average hours per week (list any hours	more t perso	tion (han c n is l	one l both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F Estim amount c compen from	ated of other s ation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organızat relat organız	ed
1b	Sub-Total						▶					
c d	Total from continuation sheet Total (add lines 1b and 1c) .	s to Part VII, S		• . 	• .	• .	. ► ►		19,200	0		0
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	ho received more th	an		
											Yes	No
3	Did the organization list any f ood on line 1a? If "Yes," complete S										3	No

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the		ſ					
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such							
		4						
F	Did any person listed on line to receive or accrue componentian from any unrelated organization or individual for		Г					

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual fo	or
	services rendered to the organization?If "Yes," complete Schedule J for such person	.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

	(A) Name and business address	(B) Description of services	(C) Compensation		
2	Total number of independent contractors (including but not limited to those listed above) $\$100,000$ of compensation from the organization $\blacktriangleright 0$	who received more than			

No

No

5

Form 990 (2	,
Part VIII	Stat
	Cheo

Part V	1111	Statement of Revenue				Page J
		Check if Schedule O contains a response or note to any li				[
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ន ស	1a	Federated campaigns 1a				
ant	b	Membership dues 1b				
. Gr	c	Fundraising events 1c				
ifts. ar <i>I</i>	d	Related organizations 1d				
s, G mil	е	Government grants (contributions) 1e				
ion: r Si	f	All other contributions, gifts, grants, and 1f 961,612				
Contributions, Gifts. Grants and Other Similar Amounts		similar amounts not included above				
ntri d O	g	1a-1f \$				
C0 an	h	Total. Add lines 1a-1f ▶	961,612			
пe		Business Code				
uen	2a b					
۲ ۲	c					
rwc	d					
ን የ	e					
Program Service Revenue	f	All other program service revenue				
Pro	g	Total. Add lines 2a−2f				
	3	Investment income (including dividends, interest,	7	7		
	4	and other similar amounts)	,	,		
	5	Royalties				
		(I) Real (II) Personal				
	6 a	Gross rents				
	Ь	Less rental expenses				
	c	Rental Income				
	d	or (loss) Net rental income or (loss)				
		(I) Securities (II) O ther				
	7a	Gross amount from sales of escate above				
		assets other than inventory				
	Ь	Less cost or				
		other basis and sales expenses				
	c d	Gain or (loss) Net gain or (loss)				
<i>.</i>		Gross income from fundraising				
€nu		events (not including				
eve		<pre>\$ of contributions reported on line 1c)</pre>				
r R		See Part IV, line 18 a				
Other Revenue	Ь	Less direct expenses b				
		Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	1	Less direct expenses b				
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances .				
		a				
	1	Less cost of goods sold b				
		Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code				
	11a					
	Ь					
	с					
	d	All other revenue				
	e	Total. Add lines 11a-11d ▶				
	12	Total revenue. See Instructions ▶	961,619	7	c	
						Form 990 (2015)

	990 (2015)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	hıs Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	705,372	705,372		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	19,200		19,200	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	35,871	35,871		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,213	4,213		
11	Fees for services (non-employees)				
а	Management	6,600	6,600		
b	Legal				
с	Accounting	1,042	1,042		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,024	1,024		
13	Office expenses	5,309	5,309		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	6,338	6,338		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,349	34,349		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,604	11,604		
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BANK SERVICE CHARGES	17,989	17,989		
b	MEDIA AND PRODUCTION	15,430	15,430		
с	UTILITIES	6,979	6,979		

4,754

6,005

858,125

10,108

886,182

All other expenses е 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs.Complete this line only if the organization

reported in column (B) joint costs from a combined

d BUILDING REPAIRS

0

4,754

4,103

28,057

Form 990 (2015)

Part X Balance Sheet

Par	tΧ	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X		•••	 (B)
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	202, 181	1	278,654
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
SS	7	Notes and loans receivable, net		7	
A	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,036	9	1,946
	10a	Land, buildings, and equipment cost or other basis	20,000	3	1,040
	100	Complete Part VI of Schedule D 10a 239,574			
	b	Less accumulated depreciation 10b 41,669	24,953	10 c	197,905
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	250,170	16	478,505
	17	Accounts payable and accrued expenses	39,145	17	51,941
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
(0	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
abi		persons Complete Part II of Schedule L		22	
Li	23	Secured mortgages and notes payable to unrelated third parties		23	138,545
	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			
	2		20.445	25	100,400
	26	Total liabilities. A dd lines 17 through 25 . . . Ourse instance that follow CEAC 447 (ACC 050) should have be followed as well the second secon	39,145	26	190,486
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright $$ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	211,025	27	288,019
Ba	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🦵 and			
Net Assets or		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
155	31	Paid-in or capital surplus, or land, building or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	211,025	33	288,019
<u> </u>	34	Total liabilities and net assets/fund balances	250, 170	34	478,505
					Form 990 (2015)

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Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		ç	61,619
2	Total expenses (must equal Part IX, column (A), line 25)	2			386,182
3	Revenue less expenses Subtract line 2 from line 1	3			75,437
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $$.	4			211,025
5	Net unrealized gains (losses) on investments	5		2	11,023
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			1,557
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			88,019
Par	t XII Financial Statements and Reporting				,
	Check if Schedule O contains a response or note to any line in this Part XII				· [
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 🔽 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev a separate basis, consolidated basis, or both	iewed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversion of the audit, review, or compilation of its financial statements and selection of an independent accountar		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	nın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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					ASTINCU DU	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349331501						
SCHEDULE A (Form 990 or 990EZ)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.						oort 🗧	2015					
Department of the Treasury Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.						ructions is at	Open to Public Inspection					
		enue Service he organizat	ion				Employer identific	ation number				
	JS FOR A											
D	art I	Peason	for Publi	c Charity S	atus (All organiza	tions must complete this	20-2655876	ns				
				-		through 11, check only one		///5.				
1	. organi		•		•	hes described in section 170	,					
2						chedule E (Form 990 or 990-						
3						described in section 170(b)(
4		=	-	-	=	with a hospital described in s		i). Enter the				
	I		name, city,									
5	Γ	170(b)(1)	(A)(iv). (C	omplete Part II	.)	iversity owned or operated b	, ,	described in section				
6	Γ					described in section 170(b)						
7	\checkmark					of its support from a governn \	nental unit or from the g	general public				
8	_				i). (Complete Part II ion 170(b)(1)(A)(vi)							
9	Γ	receipts fr from gross organizati	om activiti investmer on after Jur	es related to its it income and u ie 30, 1975 Se	exempt functions—s nrelated business tag esection 509(a)(2).		, and (2) no more than 11 tax) from businesse	331/3% of its support				
10		-	-			t for public safety See section						
11	Γ	one or mor the box in	e publicly s lines 11a tl	upported orgar prough 11d tha	nizations described in t describes the type of	e benefit of, to perform the fu section 509(a)(1) or sectio of supporting organization an	n 509(a)(2) See sectio d complete lines 11e, :	on 509(a)(3). Check L1f, and 11g				
а	Γ	supported	organizatio	n(s) the power		r controlled by its supported r elect a majority of the direc B.						
b	Γ	manageme	nt of the su		ization vested in the s	d in connection with its supp same persons that control or						
с	Г					n operated in connection wit		grated with, its				
d	_					mplete Part IV, Sections A, I zation operated in connectio		anization(s) that is				
u						st satisfy a distribution requ	• • •					
		(see instru	ctions) Yo	u must complet	e Part IV, Sections A	and D, and Part V.		·				
e	Γ					mination from the IRS that it	is a⊤ype I, Type II, ⊤	ype III functionally				
f	Ente				Illy Integrated suppor							
g	21100			5	ut the supported orga							
_						•						
Name of supported organization Type of organization Is the organization Amount of monetary support Amount of support							(vi) A mount of other support (see instructions)					

Total

1-9 above (see instructions))

Yes

No

Schedule A (Form 990 or 990-EZ) 2015

_	edule A (Form 990 or 990-EZ) 201. art III Support Schedule for	or Organization					
	(Complete only if you						
	Part III. If the organiz	ation fails to qua	alify under the t	ests listed belo	w, please com	plete Part II	II.)
	ection A. Public Support	<u>т</u> г					
(or	Calendar year fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
1	Gifts, grants, contributions, and						
	membership fees received (Do	719,768	723,015	709,464	892,167	961,	612 4,006,026
_	not include any unusual grants)						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge	719,768	723,015	709,464	892,167	961,	612 4,006,026
4 5	Total. Add lines 1 through 3 The portion of total contributions	/19,/00	725,015	709,404	092,107	501,	4,000,020
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						4,006,026
	from line 4						4,000,020
S	ection B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)Total
(or 7	fiscal year beginning in) ► A mounts from line 4	719,768	723,015	709,464	892,167	961,6	612 4,006,026
8	Gross income from interest,	/15,/00	, 25,015	, 05, 101	052,107		1,000,020
0	dividends, payments received on		2	2			7 13
	securities loans, rents, royalties		c	2	1		/ 13
	and income from similar sources						
9	Net income from unrelated business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part VI)						
11	Total support. Add lines 7						4,006,039
	through 10						4,000,039
12	Gross receipts from related activit	ies, etc (see instr	uctions)			12	
13	First five years. If the Form 990 is	for the organizatio	n's first, second,	third, fourth, or fif	th tax year as a s	section 501(c)(3) organization,
	check this box and stop here	<u></u>	<u></u>			🕨	
	ection C. Computation of Pu						
14	Public support percentage for 201			11, column (f))		14	100 000 %
15	Public support percentage for 201	4 Schedule A, Part	II, line 14			15	100 000 %
16 a	33 1/3% support test—2015.If the			•	ne 14 is 33 1/3%	or more, che	
	and stop here. The organization qu	•	, ,, ,, ,, ,,			1 (20)	
b	33 1/3% support test—2014. If the				and line 15 is 33	1/3% or more	·
172	box and stop here. The organization 10%-facts-and-circumstances test		· · ·	2	13 162 or 16b	and line 14	▶
⊥/d	is 10% or more, and if the organization	2				,	iin
	in Part VI how the organization me						
	organization					-	` ▶ □
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the orga						blichy
	Explain in Part VI how the organization	ation meets the "Ta	cts-anu-circumsi	lances lest ine	organization qua	nnes as a pu	
	supported organization						F

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

▶□

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)Total
(or f	iscal year beginning in) 🕨	(4)2011	(0)2012	(0)2015	(4)2011	(0)2010	(.), ocu
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any "unusual grants ")						
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						
6	to the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
7a	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
50	ction B. Total Support						
(or f	Calendar year iscal year beginning in) 🕨	(a) 2011	(b)2012	(c)2013	(d)2014	(e) 2015	(f)Total
9	Amounts from line 6						
10a	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	In line 10b, whether 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,						
14	11, and 12) First five years. If the Form 990 is fi	or the organizatu	l on's first socond	thurd fourth or f	l fifth tax year ac a	soction 501/c	
14	check this box and stop here	of the organization		, chird, fourth, or i	intil tux year us u	3000001001(0	
50	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015			13 column (f))		45	
				15, column (1))		15	
16	Public support percentage from 201	4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Invo	estment Inco	ome Percenta	ge			
17	Investment income percentage for 2	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colum	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	.7		18	
	33 1/3% support tests—2015. If the				line 15 is more t		and line 17 is not
290	more than 33 1/3%, check this box						
h	33 1/3% support tests—2014. If the						
	18 is not more than 33 1/3%, check	-					
20	Private foundation. If the organizati						
		and not encer	a box on fine 14,	, 194, 01 190, ch		, se instruction:	

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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction A. All Supporting Organizations			
			Yes	No
1	A re all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?			
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5), or (6) and satisfied the public support tests under section $509(a)(2)^{\circ}$ If "Yes," describe in Part VI when and how the organization made the determination	Зb		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	Зc		
	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 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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		 	
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," ans wer b below</i>	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
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?	_		
	A family member of a parcen described in (a) above?	11a		
D	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI

11c

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

YesNo1Did 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 year112Did the organization operate for the benefit of any supported organization other than the supported organization(s)
that operated, supervised, or controlled the supporting organization?1

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- **a** The organization satisfied the Activities Test Complete **line 2** below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)
- 2 <u>Activities Test</u> Answer (a) and (b) below.
- a 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
- 3 Parent of Supported Organizations Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*
- **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*

2

2b

3a

3b

Yes

No

Schedule A (Form 990 or 990-EZ) 2015

1 2 3

5

6

7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other 1 Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

- Aggregate fair market value of all non-exempt-use assets (see 1 instructions for short tax year or assets held for part of year)
- Average monthly value of securities
- Average monthly cash balances h
- с Fair market value of other non-exempt-use assets
- d **Total** (add lines 1a, 1b, and 1c)
- **Discount** claimed for blockage or other factors e (explain in detail in Part VI)
- 2 Acquisition indebtedness applicable to non-exempt use assets
- 3 Subtract line 2 from line 1d
- Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6 Multiply line 5 by 035
- 7 Recoveries of prior-year distributions
- 8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

- 1 Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- Minimum asset amount for prior year (from Section B, line 8, Column A) 3
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions)
- Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see 7 instructions)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

	Current Year
1	
2	
3	
4	
5	
6	

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Se	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
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						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions						
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
а			
b			
C			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
а			
b			
c Excess from 2013			
d From 2014			
e From 2015.			

Schedule A (Form 990 or 990-EZ) (2015)



Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation
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efi	le GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -		DL	N: 93493315017636
	HEDULE D m 990)	Suppler	nental Financial Statement	S		OMB No 1545-0047
Department of the		► Complete if t Part IV, line 6, 7,	2015 Open to Public			
Treas Interr	ury nal Revenue Service		(Form 990) and its instructions is at <u>ww</u>	w.irs.gov/	form 990	Inspection
Na	me of the organi US FOR ASIA INC			-	-	ntification number
Pa			Advised Funds or Other Simila ed "Yes" on Form 990, Part IV, line	r Funds	2655876 or Acco	
1	Total numbe	r at end of year	(a) Donor advised funds	(b))Funds ai	nd other accounts
2	Aggregate v year)	alue of contributions to (during				
3	Aggregate v	alue of grants from (during year)				
4		alue at end of year				
5 6	funds are the o	rganization's property, subject to	advisors in writing that the assets held in the organization's exclusive legal control	?		☐Yes ☐No
6	used only for cl		and donor advisors in writing that grant fu benefit of the donor or donor advisor, or f			e Yes No
Pa	rt III Conse	rvation Easements. Comple	ete if the organization answered "Ye	s" on Fori	n 990, I	Part IV, line 7.
1	Purpose(s) of c	conservation easements held by th	e organization (check all that apply)			
	Preservatı educatıon)	on of land for public use (e g , recr		of an histo	rically im	portant land area
	Protection	of natural habitat	Preservation	of a certifie	ed histori	c structure
	·	on of open space				
2		2a through 2d if the organization ne last day of the tax year	held a qualified conservation contribution	n in the forn		
а	Total number o	f conservation easements		2a	Held	at the End of the Year
b		restricted by conservation easeme	ents	26 2b		
c	-	servation easements on a certified		2c		
d		servation easements included in (i ure listed in the National Register	t) acquired after 8/17/06, and not on a	2d		
3	Number of cons	servation easements modified, tra	nsferred, released, extinguished, or termi	inated by th	ie organi:	zation during the
4	Number of stat	es where property subject to cons	ervation easement is located 🕨			
5	Does the organ violations, and	nization have a written policy regar enforcement of the conservation of	ding the periodic monitoring, inspection, easements it holds?	handling of	:	Yes No
6	Staff and volun year	teer hours devoted to monitoring,	inspecting, handling of violations, and en	forcing con	servatior	n easements during the
-	A mount of expe		ecting, handling of violations, and enforci	na conserv	ation eas	ements during the year
7		j,p	,,			
8		servation easement reported on li ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements o	fsection 17	70(h)(4)	Yes No
9	balance sheet,		ts conservation easements in its revenue of the footnote to the organization's final sements			
Par			tions of Art, Historical Treasur		her Sin	nilar Assets.
1a			ed "Yes" on Form 990, Part IV, line FAS 116 (ASC 958), not to report in its i		tement a	nd balance sheet
Та	works of art, his	storical treasures, or other similar	assets held for public exhibition, educat note to its financial statements that desc	ion, or rese	arch in fu	
b	works of art, his	· · ·	FAS 116 (ASC 958), to report in its reve assets held for public exhibition, educat these items			
((i) Revenue inclu	ided on Form 990, Part VIII, line	1	▶\$_		
(i	ii) _{Assets} include	ed in Form 990, Part X		►\$		
2			nistorical treasures, or other similar asse SFAS 116 (ASC 958) relating to these it		cial gain,	, provide the
а	Revenue includ	led on Form 990, Part VIII, line 1			►\$	
b For F		d in Form 990, Part X ction Act Notice, see the Instructi	ons for Form 990	t No 5339	►\$	 chedule D (Form 990) 2015
	apermork Reutic	and a second the second the struct	UNU 1 UNI 2201 UN	. NU JZZ0	JU 31	

Schedule D (Form 990) 2015

d Equipment .

e Other .

. .

. . .

.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

.

Part		Organizations Maintaining (continued)	Collections of Art,	Historica	l Trea	asures, or C)ther Similar A	ssets
		the organization's acquisition, acc	ession, and other records	, check any	ofthe	following that	are a significant us	e of its
а		tion items (check all that apply) Public exhibition		d 🗖	oan or	exchange proc	irams	
b					ther	exenange prog	Jianis	
5		Scholarly research			uner			
с		Preservation for future generations						
4	Provi Part >	de a description of the organization' (III	's collections and explain	how they fu	rther th	ne organizatior	n's exempt purpose	in
		g the year, did the organization soli is to be sold to raise funds rather th						s 🔽 No
Pari	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		rm 990, Pa	rt IV,	line 9, or rej	ported an amour	nt on Form 990
		e organization an agent, trustee, cus led on Form 990, Part X?	stodian or other intermed	iary for cont	ributio	ns or other ass	ets not	s 🗌 No
b	If"	'Yes," explain the arrangement in P	art XIII and complete th	e following ta	able		Am	ount
c		ginning balance	,	5		10		
d		ditions during the year				1d		
е		tributions during the year				1e		
f	End	ding balance				1f		
2a	Did th	ne organization include an amount o	n Form 990, Part X, line	21, for escro	oworc	ustodial accou	nt liability? 🔽 Ye	s 🗌 No
b	If"Ye	es," explain the arrangement in Part	XIII Check here If the e	xplanation l	nas bee	en provided in	Part XIII	🗆
	τV	Endowment Funds. Comple						
		· · · · · · · · · · · · · · · · · · ·	(a)Current year (b) Prior year	b (c)) Two years back	(d)Three years back	(e)Four years bac
1a	Begir	nning of year balance						
b	Cont	ributions						
с	Neti	••••••••••••••••••••••••••••••••••••••						
Ľ	losse							
d	Gran	ts or scholarships						
e		r expenditures for facilities programs						
f	• Admu	nistrative expenses						
g		of year balance						
9								
2	Provi	de the estimated percentage of the	current year end balance	(line 1g, co	lumn (a	a)) held as		
а	Board	I designated or quasi-endowment 🕨						
b	Perm	anent endowment 🕨						
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%					
За	A re ti	nere endowment funds not in the pos ization by	•	ion that are	held ar	nd administere	d for the	Yes No
	-	related organizations					3a	a(i)
	(ii) re	lated organizations					За	(ii)
		es" on 3a(11), are the related organiz						3b
		ribe in Part XIII the intended uses	=	wment fund	s			
Part	t VI	Land, Buildings, and Equip Complete of the organization a		n 990 Dor	+ T\/ -1i	ne 11a See	Form 990 Part Y	(line 10
		Description of property		(a) Cost or oth		(b) Cost or other ba	Accumulated	· · ·
				(investm		(other)		
1 a L	and			L			_	
bΕ	Buildin	gs				177,7	07 4,1	81 173,52
ςL	ease	nold improvements						

· · · · · • 197,905		6	cho	dul	(Form	000)	2015
						19	7,905

32,153

5,335

53,294

8,573

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21,141

3,238

	See Form 990, Part X, line 12.	plete if the orga	anization answered "	Yes' on Form 990, Part IV, l	ine 11
	(a) Description of security or category		(b)Book value	(c)Method of valuatio	
1)Einonein	(including name of security) I derivatives			Cost or end-of-year marke	et value
	held equity interests				
3) O ther					
	no (h) must equal Form 000, 0 + V, et (0) (m, 12)	•			
Part VIII	nn (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.	I			
	Complete if the organization answered '	es' on Form 99			
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year marke	
fotal. (Colum Part IX	nn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization a	▶ answered 'Yes' o	Form 990 Part IV lu	e 11d See Form 990 Part X Ju	ne 15
	(a) Description			(b) Book value	
	••••				
	mn (b) must equal Form 990, Part X, col (B) line 15 .				
Part X	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	ization answer	ed 'Yes' on Form 990		
Part X	mn (b) must equal Form 990, Part X, col (B) line 15. Other Liabilities. Complete if the organ		ed 'Yes' on Form 990		
Part X	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability	ization answer	ed 'Yes' on Form 990		
Part X	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability	ization answer	ed 'Yes' on Form 990		
Part X	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability	ization answer	ed 'Yes' on Form 990		
Total. (Colu Part X 1. Federal Inco	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability	ization answer	ed 'Yes' on Form 990		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	
2. Liability for uncertain tax positions In Part XIII, provide organization's liability for uncertain tax positions under FIN XIII	

Schedule D (Form 990) 2015

Ρ	а	q	e	4

	XI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	leturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
с	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
с	Add lines 4a and 4b	4 c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Down and a			Deturn
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
Part.		sper	keturn.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	-	
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	-	
1 2	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
1 2 a	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	-	
1 2 a b	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	-	
1 2 a b c	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	-	
1 2 b c d	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	
1 2 b c d e	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e	
1 2 b c d e 3	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e	
1 2 b c d e 3 4	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII)2dAdd lines 2a through 2d2Subtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	
1 2 6 6 3 4 8	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsA mounts included on line 1 but not on Form 990, Part IX, line 25Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII)2dAdd lines 2a through 2d2Subtract line 2e from line 1Investment expenses not included on Form 990, Part VIII, line 7b4a	1 2e	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII Supplemental Information (continued)									
Return Reference	Explanation								

Schedule D (Form 990) 2015

efile GRAPHIC print	- DO NOT	PROCESS	As Filed Da	ta -	DLN:	93493315017636
SCHEDULE F (Form 990)	Stat	tement of	Activities (Outside the Unit	ed States	OMBNo 1545-0047
Department of the Treasury Internal Revenue Service	► Informati	► Complete on about Schedu	2015 Open to Public Inspection			
Name of the organization JESUS FOR ASIA INC					Employer iden	tification number
					20-2655876	
				he United States. orm 990, Part IV, line	14b.	
1 For grantmakers.	Does the o	organızatıon r	maintain record	ls to substantiate the	amount of its grants	
and other assistar used to award the	• –	-	lity for the grai	nts or assistance, and	the selection criteria	🗌 Yes 🔽 No
assistance outside	the United	d States		rocedures for monitor		nts and other
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of	a (f) Total expenditures for and investments in region
(1) EAST ASIA AND TH PACIFIC	ΗE	0	-		FOOD, SHELTER, CLOTHING, EDUCATION AND SPIRITUAL TRAINING	530,137
(2) SOUTH ASIA		0	0	PROGRAM SERVICES	FOOD, SHELTER, CLOTHING, EDUCATION AND SPIRITUAL TRAINING	174,215
(3) EUROPE		0	0	PROGRAM SERVICES	FOOD, SHELTER, CLOTHING, EDUCATION AND SPIRITUAL TRAINING	1,020
(4)						
(5)						
3a Sub-total		(705,372
b Total from continuat to Part I	ion sheets	(0 0			0
c Totals (add lines 3a	and 3b)	(0			705,372

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

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

Part III Grants and O	ther Assistance	to Individuals	Outside the Unit	ed States Complete	if the organization a	nswered "Ves" to Form	990 Part IV line 16
Part III can be	duplicated if addit	tional space is ne	eeded.	leu States. complete	ii the organization a	iiswered res toronn	550, Part IV, Inte 10.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

Part IV 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)	Г	Yes	v	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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 US Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Г	Yes	v	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)	Γ	Yes	v	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)	Г	Yes	v	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)	Γ	Yes	v	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 file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Г	Yes	v	No

Software ID:

Software Version:

EIN: 20-2655876

Name: JESUS FOR ASIA INC

Schedule F (Form 990) 2015

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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).

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	EVANGELISM	50,547	DEBIT			
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	4,395	DEBIT			
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	56,423	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	10,097	СНЕСК			

(b) IRS code (I) Method of (h) Description of (g) A mount of non-(a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash organization and EIN(If cash disbursement (book, FMV, cash grant assistance assistance applicable) appraisal, other) 19,941 CHECK EAST ASIA AND EVANGELISM THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA, 11,698 DEBIT SOUTH ASIA -EVANGELISM AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL, SOUTH ASIA -EVANGELISM 1,119 CHECK AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL, EVANGELISM 75,795 WIRE TRANSFER SOUTH ASIA -AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,

(b) IRS code (I) Method of (h) Description of (g) A mount of non-(a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash organization and EIN(If cash disbursement (book, FMV, cash grant assistance assistance applicable) appraisal, other) 3,814 CHECK SOUTH ASIA -EVANGELISM AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL, EAST ASIA AND EVANGELISM 21,202 WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA, EAST ASIA AND EVANGELISM 3,205 EFT THE PACIFIC -AUSTRALIA. BRUNEI, BURMA, CAMBODIA, EVANGELISM 10,192 EFT EAST ASIA AND THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA,

Torin 350 Schedu	ici ruicii	- drants of Entitles database the oniced blates								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	795	СНЕСК					
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	36,016	EFT					
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	16,320	DEBIT					
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	2,807	DEBIT					

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)	
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	12,262	DEBIT	727	COMPUTER	FMV	
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	157	DEBIT				
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	25,535	WIRE TRANSFER				
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	57,515	DEBIT				

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	99,656	DEBIT					
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	36,781	DEBIT					
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	16,035	EFT					
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	95	EFT					

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	405	EFT					
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	24,078	DEBIT					
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	2,734	DEBIT					
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	23,069	WIRE TRANSFER					

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	15,488	DEBIT			
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	3,883	DEBIT			
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	4,936	СНЕСК			
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	200	СНЕСК			

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	410	DEBIT			
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	310	СНЕСК			
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	11,448	СНЕСК			
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	506	DEBIT			

(b) IRS code (I) Method of (h) Description of (g) A mount of non-(a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash organization and EIN(If cash disbursement (book, FMV, cash grant assistance assistance applicable) appraisal, other) 11,114 CHECK EAST ASIA AND EVANGELISM THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA, 1,401 CHECK EAST ASIA AND EVANGELISM THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA, SOUTH ASIA -EVANGELISM 27,042 WIRE TRANSFER AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL, EVANGELISM 4,200 CHECK SOUTH ASIA -AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,

Form 990 Schedu	le F Part II	- Grants or Entitle	s outside The Un	ted States				
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		EUROPE - ALBANIA, ANDORRA, AUSTRIA, BELGIUM, BOSNIA AND HERZEGOVINA, BULGAR		1,020	EFT			

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -		DLN: 93493315017636		
SCHEDULE O	Supplementa	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.				
(Form 990 or 990-EZ)						
Department of the Treasury Internal Revenue	► Information about		or 990-EZ) and its instructions is a	Open to Public Inspection		
Service						
Name of the organization JESUS FOR ASIA INC	on		Employ	er identification number		

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JESUS FOR ASIA, INC IS A FAMILY RUN MINISTRY
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

20-2655876

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE PRESIDENT AND SECRETARY REVIEW THE 990 BEFORE SIGNING AND FILING THE RETURN
FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS HAVE A DUTY TO DISCLOSE AND PROCEDURES ARE FOLLOWED ACCORDING TO THE CONFLICT OF INTEREST POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	SALARY LEVELS ARE REVIEWED BY INDEPENDENT BOARD MEMBERS COMPARABLE DATA IS REVIEWED AND THE MAXIMUM SALARY BASED ON BUDGET IS APPROVED BY THE INDEPENDENT BOARD MEMBERS ACTUAL SALARY IS LIMITED BY CASH FLOW AND IS SUBJECT TO MAXIMUM ESTABLISHED HISTORICALLY THE ACTUAL SALARY IS SUBSTANTIALLY LESS THAN THE MAXIMUM APPROVED
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC BY REQUEST