Form **990**

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

DLN: 93493319116398 OMB No 1545-0047

2017

To reserve the 2017 cellendar year, or Lax year beginning 01-01-2017, and enting 12-31-2017			of the Treasu enue Service	Information abou	al security numbers on this form as it t Form 990 and its instructions is at <u>w</u>				Open to Public Inspection
Description of water Description of water	A F	or th	e 2017 c		ning 01-01-2017 $$, and ending 12	-31-2017			
Designation countries	☐ Ad	dress	change						ication number
Application repaired Price Pric	☐ In	itial re	turn	Doing business as					
Policy			-	Number and street (or P O box if ma	ail is not delivered to street address) Room.	/suite	E Telephor	ne number	
Collidition The Name and address of principal officer DONATHAN D WOOD DONATHAN D WOOD DOSE LONNER LAVE DONATHAN D WOOD DOSE LONNER LAVE DOSE LAVE LAVE LAVE LAVE LAVE LAVE LAVE LAV				D O BOV 1331	,	,	(423) 4	13-7321	
1					try, and ZIP or foreign postal code		G Gross re	eceipts \$ 1	,495,758
Tare-exempt status				JONATHAN D WOOD	l officer	s	ubordinates?		Yes ☑ No
Websites WWW SEUSASIA ORG								ces	☐ Yes ☐No
Note Part					insert no) 4947(a)(1) or 527			•	•
2	J W	ebsi	te:▶ WW	VW JESUS4ASIA ORG		H(c) (Group exemption	number	•
1 finefly describe the organization is mission or most significant activities TO PROVIDE FOOD, SHELTER, CLOTHING, EDUCATION AND SPIRITUAL TRAINING IN ASIA	K For	n of o	organization	✓ Corporation ☐ Trust ☐ Assor	ciation	L Year of	formation 2005	M State	of legal domicile TN
To PROVIDE FOOD, SHELTER, CLOTHING, EDUCATION AND SPIRITUAL TRAINING IN ASIA	Pa								
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 3 5 70tal number of individuals employed in calendar year 2017 (Part V, line 2a) 5 11 1 1 1 1 1 1 1	a.					IN ASIA			
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 3 5 70tal number of individuals employed in calendar year 2017 (Part V, line 2a) 5 11 1 1 1 1 1 1 1	nce nce	.							
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 3 5 70tal number of individuals employed in calendar year 2017 (Part V, line 2a) 5 11 1 1 1 1 1 1 1	e E	.							
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 3 5 70tal number of individuals employed in calendar year 2017 (Part V, line 2a) 5 11 1 1 1 1 1 1 1	9 O V								1 _
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year		1						⊢—	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	<u>.</u>	1		•				<u> </u>	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ξ	1		• •			• •	<u> </u>	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	Act	1							
8 Contributions and grants (Part VIII, line 1h)		1							0
9							Prior Year	\neg	Current Year
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Signature Block Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Paid Preparer's Signature Preparer's Signature P	Qı	8	Contribut	tions and grants (Part VIII, line 1h)		1,499,	019	1,495,726
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Signature Block Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Paid Preparer's Signature Preparer's Signature P	n Lie	9	Program	service revenue (Part VIII, line 2g)			0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Ŗ	1		, , , , , , , , , , , , , , , , , , , ,	· · ·				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1		, , , , , , , , , , , , , , , , , , , ,		,	1 400	- 1	
14 Benefits paid to or for members (Part IX, column (A), line 4)		+)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)		1		, ,	, ,,		1,114,.		
16a Professional fundraising fees (Part IX, column (A), line 11e)	ဟ	1)) <u> </u>	72.		
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	ıse	1	•		, , , , , , , , , , , , , , , , , , , ,			*	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	þ.	Ь	Total fundr	raising expenses (Part IX, column (D), li	ne 25) ▶0				
19 Revenue less expenses Subtract line 18 from line 12	ă	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)		158,	674	187,859
Beginning of Current Year End of Year		18	Total exp	enses Add lines 13–17 (must equ	al Part IX, column (A), line 25)		1,345,	806	1,471,966
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Date NATALIE WOOD SECRETARY/TREASURER Type or print name and title Print/Type preparer's name LISA MCWHORTER Date LISA MCWHORTER Date Preparer's signature LISA MCWHORTER Date Firm's name ▶ WHITTINGTON JONES & RUDERT CPAS LLC Firm's EIN ▶ 46-1381910 Firm's address ▶ PO BOX 1264 ROME, GA 301621264 ROME, GA 301621264		19	Revenue	less expenses Subtract line 18 fro	om line 12		<u>_</u>		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Date NATALIE WOOD SECRETARY/TREASURER Type or print name and title Print/Type preparer's name LISA MCWHORTER Date LISA MCWHORTER Date Preparer's signature LISA MCWHORTER Date Firm's name ▶ WHITTINGTON JONES & RUDERT CPAS LLC Firm's EIN ▶ 46-1381910 Firm's address ▶ PO BOX 1264 ROME, GA 301621264 ROME, GA 301621264	ts or					Begin	ning of Current Y	ear	End of Year
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Date NATALIE WOOD SECRETARY/TREASURER Type or print name and title Print/Type preparer's name LISA MCWHORTER Date LISA MCWHORTER Date Preparer's signature LISA MCWHORTER Date Firm's name ▶ WHITTINGTON JONES & RUDERT CPAS LLC Firm's EIN ▶ 46-1381910 Firm's address ▶ PO BOX 1264 ROME, GA 301621264 ROME, GA 301621264	SS 9	20	Total ass	ets (Part X, line 16)			585,	404	610,496
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Date NATALIE WOOD SECRETARY/TREASURER Type or print name and title Print/Type preparer's name LISA MCWHORTER Date LISA MCWHORTER Date Preparer's signature LISA MCWHORTER Date Firm's name ▶ WHITTINGTON JONES & RUDERT CPAS LLC Firm's EIN ▶ 46-1381910 Firm's address ▶ PO BOX 1264 ROME, GA 301621264 ROME, GA 301621264	절	21	Total liab	ollities (Part X, line 26)			144,	154	145,455
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here NATALIE WOOD SECRETARY/TREASURER Type or print name and title Preparer's signature LISA MCWHORTER Date LISA MCWHORTER Date LISA MCWHORTER Date LISA MCWHORTER Print/Type preparer's name LISA MCWHORTER Date LISA MCWHORTER Prim's elf-employed Firm's address PO BOX 1264 Phone no (706) 234-7571 Phone no (706) 234-7571					1 from line 20		441,	250	465,041
Signature of officer NATALIE WOOD SECRETARY/TREASURER Type or print name and title Paid Preparer USE Only Print/Type preparer's name LISA MCWHORTER Preparer's signature LISA MCWHORTER Preparer's signature LISA MCWHORTER Preparer's signature LISA MCWHORTER Preparer's signature LISA MCWHORTER Poil044722 Firm's name WHITTINGTON JONES & RUDERT CPAS LLC Firm's eddress PO BOX 1264 ROME, GA 301621264 Phone no (706) 234-7571	Unde know	r pen ledge	alties of p	erjury, I declare that I have exami					
Paid Preparer Use Only NATALIE WOOD SECRETARY/TREASURER Type or print name and title Preparer's signature LISA MCWHORTER Preparer's signature LISA MCWHORTER Preparer's signature LISA MCWHORTER Print/Type preparer's name LISA MCWHORTER Print/Type preparer's name LISA MCWHORTER Print/Type preparer's signature LISA MCWHORTER Print/Type preparer's name LISA MCWHORTER Phone no (706) 234-7571 ROME, GA 301621264			* * * * * *	*					
Print/Type or print name and title Print/Type preparer's name LISA MCWHORTER Firm's name WHITTINGTON JONES & RUDERT CPAS LLC Firm's EIN ▶ 46-1381910 Phone no (706) 234-7571 ROME, GA 301621264	_						Duce		
Print/Type preparer's name LISA MCWHORTER Print/Type preparer's name LISA MCWHORTER Preparer's signature LISA MCWHORTER Date 2018-11-15 Check ☐ if PTIN P01044722 self-employed Firm's name ▶ WHITTINGTON JONES & RUDERT CPAS LLC Firm's ell N ▶ 46-1381910 Phone no (706) 234-7571	11616	-							
Paid Preparer Use Only LISA MCWHORTER 2018-11-15 Check ☐ if self-employed Firm's name ► WHITTINGTON JONES & RUDERT CPAS LLC Firm's ellN ► 46-1381910 Phone no (706) 234-7571			 	rint/Type preparer's name					
Preparer Use Only Firm's name ► WHITTINGTON JONES & RUDERT CPAS LLC Firm's ellN ► 46-1381910 Phone no (706) 234-7571 ROME, GA 301621264	Paid	d				2018-11-15		P0104472:	2
Use Only Firm's address PO BOX 1264 Phone no (706) 234-7571			רו ⊢		& RUDERT CPAS LLC		Firm's EIN ► 46		
		•	1 -				Phone no (706)	234-7571	
May the IRS discuss this return with the preparer shown above? (see instructions)				ROME, GA 301621264					

Cat No 11282Y

Form **990** (2017)

Form	990 (2017)					Page 2
Par	t IIII Statement	t of Program Servic	e Accomplis	hments		
	Check if Sche	edule O contains a respo	nse or note to	any line in this Part III		🗆
1		organization's mission				
<u>TO P</u>	ROVIDE FOOD, SHELT	rer, clothing, educa	TION AND SPIR	ITUAL TRAINING IN ASIA	A	
2	<u>₹</u>	, ,		vices during the year wh		☐ Yes ☑ No
						∟ Yes ⊻ No
_	•	ese new services on Sch				
3	Did the organization	☐ Yes ☑ No				
	services?	⊔ Yes ⊻ No				
4	If "Yes," describe the					
4	Section 501(c)(3) ar		ns are required	to report the amount of	argest program services, as meas f grants and allocations to others,	
	(Code) (Expenses \$	1,441,020	ıncludıng grants of \$	1,193,633) (Revenue \$	1,495,726)
	See Additional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
	-					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	_					
	-					
4d	Other program serv	ıces (Describe in Schedi	ıle O)			
	(Expenses \$,	uding grants of	\$) (Revenue \$)
4e	Total program ser		1,441,0	<u> </u>		<u> </u>
		•	, -,-			Form 990 (2017)

or X as applicable

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 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 为

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Yes

7

R

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

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16

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18

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Yes

Yes

Yes

Nο Nο Nο

Nο

Νo

Nο

Nο

Νo

Nο

Nο

Νo

No

Nο

No

No

Nο

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29

Part IV	Checklist of Required Schedules (continued)		
		Yes	No

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

No

Page 4

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20b 21

20a

Nο

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Νo Nο

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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31

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33

34

35a

35h

36

37

Yes

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Νo

No
No
No
No

Nο

Νo

Nο

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Par	t 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	٠,		ᆜ
			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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	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?	2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	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?			
-	,	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6а		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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 Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
c	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		
			orm 00	0 (2017)

orm s	990 (2017)			Page
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	_
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
	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	
	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
	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
	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
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	≘.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
_	conflicts?	12b	Yes	
	Schedule O how this was done	12c	Yes	
	Did the organization have a written whistleblower policy?	13		No
	Did the organization have a written document retention and destruction policy?	14		No
	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	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		
Sec	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
	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 ☑ Upon request ☐ Other (explain in Schedule O)			
19	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			
	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			

orm 990 (20	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete year	this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax
	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount tion Enter -0- in columns (D), (E), and (F) if no compensation was paid
 List all of 	f the organization's current key employees, if any See instructions for definition of "key employee"
who received	organization's five current highest compensated employees (other than an officer, director, trustee or key employee) reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the and any related organizations
	f the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 compensation from the organization and any related organizations
	f the organization's former directors or trustees that received, in the capacity as a former director or trustee of the 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 (C) (F) (A) (B) (D) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and Former Individual trustee or director Highest compensated employee organizations MISC) MISC) related Institutional Trustee below dotted organizations employ line) P 1 00 (1) KEN NORTON Ω n 0 Χ DIRECTOR 40 00 (2) JONATHAN D WOOD Χ 19,200 0 **PRESIDENT** 40 00 (3) NATALIE A WOOD Ω Х n 0 SECRETARY/TREASURER 1 00 (4) ROBERT D WOOD Χ 0 0 DIRECTOR 1 00 (5) E DOUGLAS VENN Χ 0 0 0 DIRECTOR

Part VII

(F)

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours			ox, u in of	t che inles ficer	(E) Reportable compensation from relate organizations	on d (W-	Estima amount o compens from	ited f other sation the			
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated emptoyee	Former	2/1099-MISC)	2/1099-MIS		organizati relat organiza	ed
11.	Sub Takal												
С	Sub-Total		nΑ.				*		19,200		0		0
2	Total number of individuals (including of reportable compensation from the			e list	ed al	bove	e) who	rec	eived more than \$1	00,000			
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>										3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual									n the	4		No
5	Did any person listed on line 1a recei services rendered to the organization					,			-		5		No
	ection B. Independent Contract		4 4					LI L		+100 000 -f			
1	Complete this table for your five high from the organization Report compe	nsation for the c	a indep alendar	ender year	end	intra ling	with o	tnat r wit	received more than thin the organization	n's tax year	mpen	sation	
	Name	(A) and business addre	ess						Desc	(B) ription of services		(C Comper	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization \blacktriangleright 0

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

	90 (2017)						Page 9
Part \					_		
	Check if Schedule O contains a	a respo	nse or note to any				
				(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
					function revenue	revenue	tax under sections 512-514
s &	1a Federated campaigns	1a					•
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues	1 b					
₽, G	c Fundraising events	1 c					
iffs ar A	d Related organizations	1d					
3, e	e Government grants (contributions)	1e					
ig is	f All other contributions, gifts, grants, and similar amounts not included	1f	1,495,726				
but the	above g Noncash contributions included						
Contributions, Gifts, Grants and Other Similar Amounts	in lines 1a-1f \$	1,36	<u>2</u>				
S B	h Total.Add lines 1a-1f		•	1,495,726			
a	-		Business	s Code			
New .	Σa 	-					
a <u>≭</u>	b —						
r NC	c						
- ያ	d ————————————————————————————————————						
Program Service Revenue	f All other program service revenue						
Q.	gTotal.Add lines 2a-2f		•				
	3 Investment income (including divid	ends, ı	nterest, and other	1 .			
	similar amounts)				2 3	32	
	5 Royalties			-			
	(ı) Real		(II) Personal				
	6a Gross rents			7			
	b Less rental expenses			\dashv			
				_			
	c Rental income or (loss)						
	d Net rental income or (loss)	•]			
	(ı) Securit	ies	(II) Other				
	7a Gross amount from sales of						
	assets other than inventory						
	b Less cost or other basis and						
	sales expenses			_			
	C Gain or (loss) d Net gain or (loss)			4			
	8a Gross income from fundraising even		<u> </u>				
		of					
Other Revenue	See Part IV, line 18	а					
&	b Less direct expenses	ь					
her	c Net income or (loss) from fundrais	-	ents 📂	-			
ŏ	9a Gross income from gaming activities See Part IV, line 19	es					
		a		_			
	b Less direct expensesc Net income or (loss) from gaming	b activiti	les .				
	LOaGross sales of inventory, less		es >				
	returns and allowances	a					
	b Less cost of goods sold	ь		\dashv			
	c Net income or (loss) from sales of	ınvent	ory >				
	Miscellaneous Revenue		Business Code				
	11a						
	b						
				1	1		
	С						
	d All other revenue			+			
	e Total. Add lines 11a-11d		•				
	12 Total revenue. See Instructions						+
		•	•	1,495,75	8 3	2	0 0 Form 990 (2017)

Part IX	Statement of Functional Expenses	
---------	----------------------------------	--

orm 990 (2017)				Page 1 0
Part IX Statement of Functional Expenses section 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	anizations must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX		<u></u>	🗆
Oo not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16	1,193,633	1,193,633		
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	64,845	64,845		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
LO Payroll taxes	6,429	6,429		
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	1,065	1,065		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
L2 Advertising and promotion	1,121	1,121		
L3 Office expenses	6,987	6,987		
L4 Information technology				
L5 Royalties				
L 6 Occupancy	6,726		6,726	
17 Travel	21,792	21,792	5,7.25	
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials	21,752	21,132		
L9 Conferences, conventions, and meetings	33,457	33,457		
20 Interest	11,102	11,102		
-	11,102	11,102		
21 Payments to affiliates	14,461	14,461		
22 Depreciation, depletion, and amortization	14,401	14,401		
23 Insurance				
a MEDIA AND PRODUCTION	65,057	65,057		
b UTILITIES	9,231	9,231		
c PRINTING AND PUBLICATIO	8,704	8,704		
d BUILDING REPAIRS	4,810		4,810	
e All other expenses	3,346	3,136	210	
25 Total functional expenses. Add lines 1 through 24e	1,471,966	1,441,020	30,946	(
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

2

3

Assets

11

12

Page **11**

371,255

1.232

45,113

192,896

465.041

465,041

610.496

Form **990** (2017)

e O contains a response or note to any line in this Part IX .

Pledges and grants receivable, net .

Accounts receivable, net .

Part II of Schedule L .

Inventories for sale or use

b Less accumulated depreciation

Notes and loans receivable, net

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

basis Complete Part VI of Schedule D

Check if Schedu	

Cash-non-interest-bearing . Savings and temporary cash investments .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

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

(A)

Beginning of year

327,100

1

2

8

9

10c

11 12

60,794

197.510

441,250

441,250

585.404

27

28

29

30

31

32

33

34

	1	, , , , , , , , , , , , , , , , , , ,	1		
	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)	585,404	16	
	17	Accounts payable and accrued expenses	9,529	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
litie	21 22	Loans and other payables to current and former officers, directors, trustees,			

10a

10b

610,496 14,951

261,735

68,839

	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	134,625	23	130,504
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities.Add lines 17 through 25	144,154	26	145,455

Fund Balances Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34.

27

28

29

30

31

32

33

34

Assets or

Net

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958),

check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

3a

3b

Nο

Form 990 (2017)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

Additional Data

Software Version:

EIN: 20-2655876

Software ID:

Name: JESUS FOR ASIA INC.

Form 990 (2017)

Form 990, Part III, Line 4a:

TO PROVIDE FOOD, SHELTER, CLOTHING, EDUCATION AND SPIRITUAL TRAINING IN ASIA

efile GRAPHIC print - DO NO				T PROCESS	As Filed Data -			DLN: 9:	DLN: 93493319116398		
	m 99	OULE A	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) o empt charitable	organization or trust.	ort	2017		
•		f the Treasury	► Info	ormation abou	ıt Schedule A (Form			ictions is at	Open to Public Inspection		
Nam	e of th	nie Service he organiza SIA INC	tion		<u>www.ns.g</u>	<u>00/10/111990</u> .		Employer identific	<u> </u>		
JE303	FOR A							20-2655876			
	rt I				us (All organization : it is (For lines 1 thro			See instructions.			
1	n gannz		•		sociation of churches	5 ,	,	(A)(i)			
2		•		ř.	1)(A)(ii). (Attach Sch						
3						•	• •				
_		·	·	·	vice organization desc			•			
4	Ш		esearch orga and state $_$	nization operati	ed in conjunction with	a nospital descri	bed in section :	1/U(b)(1)(A)(III). E	nter the hospital's		
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170		
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	\)(v).			
7	✓	-		mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in		
8					170(b)(1)(A)(vi)	(Complete Part I	I)				
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a		
10		from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 octions—subject to cer ess taxable income (learn)	taın exceptions,	and (2) no more	than 331/3% of its su			
11		An organiza	ition organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).			
12		more public	ly supported:	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>			
a		Type I. A so	supporting or n(s) the power	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by			
b		Type II. A manageme	supporting o nt of the supp	rganızatıon sup	ervised or controlled i						
С		Type III f	unctionally i	ntegrated. A s	supporting organizatio ons) You must com				ted with, its		
d		Type III n	on-function integrated	ally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	, ,		
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the I		pe I, Type II, Type II	functionally		
f	Enter		• •	on-functionally lorganizations	integrated supporting	organization					
g				-	ipported organization(5)					
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
Tota		work Dadee	tion Act N-4	ica sac the T	nstructions for	Cat No 11285	<u> </u>	 Schedule A (Form 9	20		

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

	ection A. Public Support						
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(,	(-7 :	(-/	(/	(-,	
	Gifts, grants, contributions, and	709,464	892,167	961,612	1,499,019	1,495,726	F FF7 000
	membership fees received (Do not	709,464	892,167	901,012	1,499,019	1,495,726	5,557,988
	include any "unusual grant ") Tax revenues levied for the						
_							
	organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities						
_							
	furnished by a governmental unit to						
	the organization without charge	709,464	892,167	961,612	1,499,019	1,495,726	5,557,988
	Total. Add lines 1 through 3	709,464	892,167	961,612	1,499,019	1,495,726	5,557,988
	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from					+	
	line 4						5,557,988
S	ection B. Total Support	1	- I		1		
	Calendar year	(-)2012	(h)2014	(a)2015	(4)2016	(-)2017	/f)Tatal
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c)2015	(d) 2016	(e)2017	(f) Total
7	Amounts from line 4	709,464	892,167	961,612	1,499,019	1,495,726	5,557,988
8	Gross income from interest,						
	dividends, payments received on	2		7	20	32	62
	securities loans, rents, royalties and	2	1	1	20	32	62
	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 through						5 558 050

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 through 10						
12	Gross receipts from related activities, etc. (see instructions)						
13	13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section					tion 501(c)(3) or

5,558,050 on,

15

3)	organızatı	•
ı	▶ 🗆	

Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))

33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

14

Schedule A (Form 990 or 990-EZ) 2017

	ш

100	000	%
100	000	%

▶ ☑

16a	33 1/3% support test-2017. If the organization did not chec
15	Public support percentage for 2016 Schedule A, Part II, line 14
14	Public support percentage for 2017 (line 6, column (f) divided by

organization

instructions

supported organization

15 k the box on line 13, and line 14 is 33 1/3% or more, check this box 16

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

h 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

Р	art IIII Support Schedule for						
	(Complete only if you cl						er Part II. If
-	the organization fails to	qualify under	the tests listed	below, please co	omplete Part II.)	
36	ection A. Public Support Calendar year		Γ	I	I	I	
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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 to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
C.	from line 6) ection B. Total Support		1				
-	Calendar year			1	1	I	1
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975						
11	Add lines 10a and 10b 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							
	11, and 12)				1		L
14	First five years. If the Form 990 is for	r the organization	n's first, second, ti	nird, fourth, or fift	n tax year as a se	ection 501(c)(3) o	
_	check this box and stop here						▶⊔
	ection C. Computation of Public S Public support percentage for 2017 (lin			column (f))		1.4=1	
15		,		column (1))		15	
16	Public support percentage from 2016 S					16	
	ection D. Computation of Investr			line 12 (C	5//	1 4- 1	
17	Investment income percentage for 201	•	• • • • • • • • • • • • • • • • • • • •	iine 13, column (f	"))	17	
18	Investment income percentage from 20	·	•			18	
19a	33 1/3% support tests—2017. If the o	organization did i	not check the box	on line 14, and lir	ne 15 is more thar	n 33 1/3%, and lin	_
	more than 33 $1/3\%$, check this box and s	-					▶ □
b	33 1/3% support tests—2016. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	janization	▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	ightharpoons

Page 4

5b

5c

6

7

8

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

organization's organizing document?

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

6

7

8

10a

answer line 10b below

_			
		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the decignation. If historic and continuing relationship, explain	 	├

describe the designation If historic and continuing relationship, explain	1	Ι
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		
ın section 509(a)(1) or (2)	2	Ι

	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		
	ın 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	
_			$\overline{}$

	(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(R) numbers?		

	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		·	
	checked 12a or 12b in Part I, answer (b) and (c) below			

	determination	3b	1		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b ın Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections				
	501(c)(3) and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support		1		

		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
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)		<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			

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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
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Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
organization had an interest? If "Yes," provide detail in Part VI.
                                                                                                                                 9b
```

Dа	rt IV Supporting Organizations (continued)			age 3			
	Supporting Organizations (continued)		Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?		103				
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
_	governing body of a supported organization?	11a					
b	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c					
s	ection B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting						
	organization						
S	ection 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					
<u> </u>	ection D. All Type III Supporting Organizations						
_	ection b. All Type 111 supporting organizations		Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?						
		1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)						
		2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3					
S	ection 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 instruction)	ions)					
	The organization satisfied the Activities Test Complete line 2 below						
	b						
,	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)				
2	Activities Test Answer (a) and (b) below.		Yes	No			
	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	2 a					
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b					
3	Parent of Supported Organizations Answer (a) and (b) below.						
	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? <i>Provide details in Part VI</i> .	3a					
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b					

Sched	ule A (Form 990 or 990-EZ) 2017			Page 6				
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.							
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
_ 5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1						
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1 b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
e	Discount claimed for blockage or other factors (explain in detail in Part VI)							
_ 2	Acquisition indebtedness applicable to non-exempt use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
l	Section C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)							

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in Part VI) See instructio			
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide		
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017		
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whose details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions

details in Part VI) See instructions	Terraine organization is respons	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017		
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Additional Data

Software ID:

Software Version: EIN: 20-2655876

News - IECUC FOR ACIA IN

Name: JESUS FOR ASIA INC

Schedule A (Form 990 or 990-E2) 2017 Page 8
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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

▶ Attach to Form 990.

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

DLN: 93493319116398 OMB No 1545-0047

> Open to Public Inspection

(Form 990)

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** JESUS FOR ASIA INC 20-2655876 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining C	ollections o	of Art, His	storical T	reası	ıres, or	Other	Similar A	ssets (contin	ued)	
3		the organization's acquisition, access (check all that apply)	ion, and other	records, cl	neck any of	the fo	llowing tl	nat are a	significant i	use of its	colle	ction	
а		Public exhibition			d 🗌	Loan	or excha	nge prog	rams				
b		Scholarly research			e 🗌	Othe	r						
С		Preservation for future generations											
4	Provi Part)	de a description of the organization's o XIII	collections and	l explain ho	w they furt	her the	e organiz	ation's ex	empt purpo	ose in			
5		ng the year, did the organization solicit is to be sold to raise funds rather than							ular	☐ Ye	es	□ N	0
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization an X, line 21.		" on Form	990, Part	: IV, lı	ne 9, or	reporte	ed an amou	unt on F	orm	990,	Part
1a		e organization an agent, trustee, custo ded on Form 990, Part X?	dian or other	ıntermediar	ry for contr	ibution	s or othe	r assets	not	☐ Ye	es	□ N	о
b	If "Y∈	es," explain the arrangement in Part X	III and comple	ete the follo	wing table		Γ		Α	mount			_
С		nning balance	·		_		Ī	1c					_
d	Addıt	ions during the year					Ī	1d					_
е	Dıstrı	butions during the year					İ	1e					_
f		ng balance					l	1f					_
2a		he organization include an amount on	Form 990 Pai	rt X line 21	for escro	v or cu	L Istodial a	count lia	ability?			П.,	_
		-	•	•	•				·	☐ Ye		Ци	0
b	If "Ye	es," explain the arrangement in Part X										Ш	
Pa	irt V	Endowment Funds. Complete											
	_		(a)Currer	nt year	(b)Prior yea	ar	(c)Two ye	ars back	(d)Three year	ars back	(e) Fo	ur year	s back
	_	ning of year balance				_							
		outions				_							
		vestment earnings, gains, and losses											
d	Grants	or scholarships											
е		expenditures for facilities ograms											
f	Admını	istrative expenses											
g	End of	year balance											
2	Provi	de the estimated percentage of the cu	rrent year end	balance (li	ıne 1g, colu	ımn (a)) held as	;					
а	Board	d designated or quasi-endowment 🕨											
b	Perm	anent endowment ▶											
c	Temp	porarily restricted endowment >											
·		percentages on lines 2a, 2b, and 2c sh	ould equal 100	0%									
За		here endowment funds not in the poss	•		n that are h	neld an	d admini	stered fo	r the				
	orgar	nization by										Yes	No
	(i) ui	nrelated organizations									a(i)		
-		elated organizations									a(ii)		
b		es" on 3a(II), are the related organizati				۱۶ ۲					3b		
4		ribe in Part XIII the intended uses of t		n's endown	nent funds								
Pa	rt VI	Land, Buildings, and Equipm Complete if the organization an		" on Form	000 Parl	- T\/ ı	no 11a	Soo For	-m 000 Ba	ret V Jur	20 10		
	Descri	iption of property (a) Cost or (invest	other basis		other basis (lepreciation			ok valu	e
	Land												
		gs			1	77,707	 		13,293				164,414
		nold improvements				,	 		,				-,
		·				75,455	-		49,132				26,323
		nent				8,573	-		6,414				2,159
		Ines 1a through 1e (Column (d) must	equal Form 0	OO Part V	column (P		10(c)		b,414 •				
100	ar. Aud	mies ta unough te (Column (u) must	equal FUIII 9	συ, rail λ,	coluititi (B)	, me .	10(c// .	•	_				192,896

	Investments—Other Securities. Complete if the case Form 990, Part X, line 12.	or garnizatio	ii uiisvvc	ied ies on i	,	
	(a) Description of security or category (including name of security)	1	(b) Book value		c) Method of v or end-of-year	
	al derivatives					
	The equity interests	<u> </u>				
A)						
(B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Fori (a) Description of investment	m 990, Part			m 990, Part :	
1)	(-)	(-,			r end-of-year	
(1)						
(3)						
(4)						
5)						
6)						
(7)						
(8)						
(9)						
	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Ye	es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P	art X, line 15
Part IX		es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P	art X, line 15 (b) Book value
Part IX	Other Assets. Complete if the organization answered 'Ye	es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P	
1) 2)	Other Assets. Complete if the organization answered 'Ye	es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P	
1) 2) 3)	Other Assets. Complete if the organization answered 'Ye	es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P.	
1) 2) 3) 4)	Other Assets. Complete if the organization answered 'Ye	es' on Form S	990, Part	IV, line 11d Se	e Form 990, P.	
1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered 'Ye	es' on Form S	990, Part	IV, line 11d Se	e Form 990, P.	
1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered 'Ye	es' on Form S	990, Part	IV, line 11d Se	e Form 990, P	
1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered 'Ye	es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P	
1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered 'Ye	es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P.	
1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered 'Ye (a) Description	es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P.	
1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered 'Ye (a) Description (a) Description Jumn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Ye					(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu	Other Assets. Complete if the organization answered 'Ye (a) Description (a) Description			n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu	Other Assets. Complete if the organization answered 'Ye (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Ye (a) Description		· ·	n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Columnation	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Columnation	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation of the columnation of t	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation (Columnati	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation (Columnati	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation (Columnati	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation of the columnation of t	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columpart X) 1.	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

1

Schedule D (Form 990) 2017

а	Net unrealized gains (losses) on i	nvestments	2a		
b	Donated services and use of facili	ties	2b		
c	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII) $\ .$		2d		
e	Add lines 2a through 2d			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b 🛭 .	4a		
b	Other (Describe in Part XIII) .		4b		
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4d	c. (This must equal Form 990, Part I, line 12)		5	
Part		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part		s per Return	1.
1	Total expenses and losses per aud	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25			
а	Donated services and use of facili	ties	2a		
b	Prior year adjustments		2b		
c	Other losses		2c		
d	Other (Describe in Part XIII) $\ .$		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b 🔒 .	4a		
b	Other (Describe in Part XIII) $\ \ .$		4b		
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18)	5	
Par	Supplemental Info	ormation			
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			4, Part X, line 2, Part
	Return Reference	Explanation			
	ines 2d and 4b, and Part XII, lines	2d and 4b Also complete this part to provide			4, Fait

	orm 990) 2017	Page 5	
Part XIII	Supplemental Info	rmation (continued)	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS					93493319116398			
SCHEDULE F (Form 990)			ement of	Activities (Outside the Uni	ited S	tates	OMB No 1545-0047
(1 0	330)	► Compl	lete if the organ		Yes" to Form 990, Part IV, I to Form 990.	ıne 14b, 1!	5, or 16.	2017
-	tment of the Treasury	► Informa	tion about Sche	edule F (Form 990) a	and its instructions is at wi	vw.irs.gov,	/form990.	Open to Public Inspection
	e of the organization S FOR ASIA INC						Employer iden 20-2655876	tification number
Pa		nformation Part IV, line		s Outside the U	Jnited States. Comple	te if the	organization a	nswered "Yes" to
1	_		-		substantiate the amount	_		
	to award the gran	ts or assistan	ce [?]					☐ Yes ☑ No
2	For grantmakers outside the United		Part V the org	ganızatıon's proce	dures for monitoring the	use of it	s grants and otl	ner assistance
3	Activites per Region	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	needed)		
	(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)	program spe	ity listed in (d) is a service, describe cific type of ie(s) in region	(f) Total expenditures for and investments in region
(1)	See Add'l Data				,			
(2)								
(3)								
(4)								
(5)								
	Sub-total Total from continuat Part I	on sheets to		0 0				1,193,633 0
	Totals (add lines 3a	and 3b)		0 0				1,193,633

3 Enter total number of other organizations or entities . . .

IV	, line 15, for any recip	pient who received	more than \$5,000.	Part II can be dupl	icated if additional s	space is needed.	on answered res	.o Form 990, Part
1 (a) Name organizati	of (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See A	dd'l Data							
(2)								
(3)								
(4)								
(5)							Schedule	F (Form 990) 2017
(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 taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(5) (6) (7)

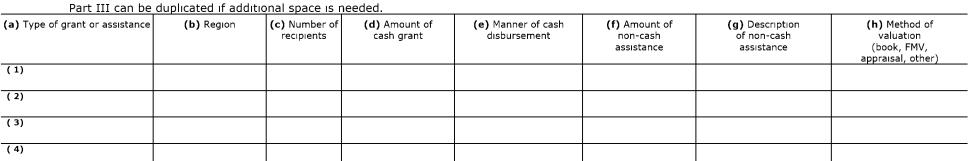
(8) (9) (10)

(11) (12)

(13) (14) (15) (16) (17)

(18)

Schedule F (Form 990) 2017



Sche	dule F (Form 990) 2017		Page 4
Par	t 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)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (See Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 900)	□Yes	☑ No
	5713, do not file with Form 990)	∟ Yes	I ▼ I No

schedule F ((Form 990) 2017	Page •
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting mn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation
•		
•		

Schedule F (Form 990) 2017

Additional Data

SOUTH ASIA

Software ID: Software Version:

EIN: 20-2655876

Name: JESUS FOR ASIA INC

FOOD, SHELTER,

CLOTHING, EDUCATION AND SPIRITUAL TRAINING

278,590

Form 990 School	fule F Dart T - A	ctivities Autside	The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) lotal expenditures for region
EAST ASIA AND THE PACIFIC	0	0		FOOD, SHELTER, CLOTHING, EDUCATION AND SPIRITUAL TRAINING	915,043

0 PROGRAM SERVICES

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) LEAST ASIA AND **IEVANGELISM** WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA. EAST ASIA AND IEVANGELISM 23.015 WIRE TRANSFER THE PACIFIC laustralia, BRUNEI, BURMA, ICAMBODIA.

(i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV. cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND **IEVANGELISM** 1,403 | DEBIT THE PACIFIC -AUSTRALIA, BRUNEI, IBURMA, CAMBODIA, EAST ASIA AND IEVANGELISM 108.418 WIRE TRANSFER THE PACIFIC -AUSTRALIA. BRUNEI.

Form 990 Schedule F Part II - Grants or Entities Outside The United States

BURMA, CAMBODIA,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (g) Amount of |(h) Description . l(b) IRS codel (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section of (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH ASIA -**IEVANGELISM** 53,576 WIRE TRANSFER lafghanistan. BANGLADESH, BHUTAN, INDIA, IMALDIVES. NEPAL, lsouth asia levangelism. 121 DEBIT AFGHANISTAN, BANGLADESH. BHUTAN, INDIA, MALDIVES, INEPAL,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) 367 DEBIT SOUTH ASIA -**IEVANGELISM** lafghanistan. BANGLADESH, BHUTAN, INDIA. MALDIVES. NEPAL, ISOUTH ASIA -IEVANGELISM 192.613 WIRE TRANSFER AFGHANISTAN, BANGLADESH. BHUTAN, INDIA, MALDIVES, INEPAL,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) LEAST ASIA AND **IEVANGELISM** WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 26.530 WIRE TRANSFER THE PACIFIC laustralia, BRUNEI, BURMA, ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (g) Amount of |(h) Description . l(b) IRS codel (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section of (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH ASIA -**IEVANGELISM** 27,593 WIRE TRANSFER lafghanistan. BANGLADESH, BHUTAN, INDIA, IMALDIVES. NEPAL, lsouth asia levangelism. 4.320 CHECK AFGHANISTAN, BANGLADESH. BHUTAN, INDIA, MALDIVES, INEPAL,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) LEAST ASIA AND **IEVANGELISM** 35,587 WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 14.385 WIRE TRANSFER THE PACIFIC laustralia, BRUNEI, BURMA, ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND **IEVANGELISM** 9,950 | DEBIT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 20.804 EFT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND **IEVANGELISM** 11,405 EFT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 27.156 EFT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA.

(i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV. cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND EVANGELISM 137,928 WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEI, IBURMA, CAMBODIA, EAST ASIA AND IEVANGELISM 22.267 WIRE TRANSFER THE PACIFIC -AUSTRALIA. BRUNEI.

Form 990 Schedule F Part II - Grants or Entities Outside The United States

BURMA, CAMBODIA,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND **IEVANGELISM** 206 DEBIT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 31.158 EFT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) LEAST ASIA AND **IEVANGELISM** 83,205 WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 52.927 WIRE TRANSFER THE PACIFIC laustralia, BRUNEI, BURMA, ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND **IEVANGELISM** 42,238 DEBIT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 73,452 WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND **IEVANGELISM** 7,357 EFT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 2.150 EFT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND **IEVANGELISM** 11,806 EFT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 27.163 WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND IEVANGELISM 2,978 EFT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 25.557 CHECK THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND **IEVANGELISM** 1,001 EFT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 24,757 WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 24,740 EFT EAST ASIA AND IEVANGELISM THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 371 CHECK THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA.

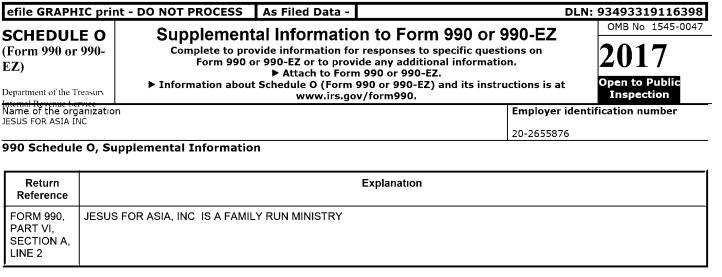
Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 3 EFT LEAST ASIA AND **IEVANGELISM** THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 762 CHECK THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) LEAST ASIA AND **IEVANGELISM** WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. 26 EFT EAST ASIA AND IEVANGELISM THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND IEVANGELISM 20,069 EFT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 1.408 | DEBIT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 7.723 EFT EAST ASIA AND **IEVANGELISM** THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 20.627 WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) LEAST ASIA AND **IEVANGELISM** 1,452 WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, CAMBODIA. EAST ASIA AND IEVANGELISM 15 EFT THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, ICAMBODIA.



Return Explanation
Reference

FORM 990, THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
PART VI,
SECTION A,
LINE 8B

Return Explanation

Reference Explanation

LINE 11B

FORM 990, THE PRESIDENT AND SECRETARY REVIEW THE 990 BEFORE SIGNING AND FILING THE RETURN
PART VI,
SECTION B,

Return Explanation

LINE 12C

FORM 990, PART VI, SECTION B,

Return Explanation
Reference

FORM 990,	SALARY LEVELS ARE REVIEWED BY INDEPENDENT BOARD MEMBERS. COMPARABLE DATA IS REVIEWED AND T
PART VI,	HE MAXIMUM SALARY BASED ON BUDGET IS APPROVED BY THE INDEPENDENT BOARD MEMBERS ACTUAL SAL
SECTION B,	ARY IS LIMITED BY CASH FLOW AND IS SUBJECT TO MAXIMUM ESTABLISHED HISTORICALLY THE ACTUAL
LINE 15A	SALARY IS SUBSTANTIALLY LESS THAN THE MAXIMUM APPROVED

Return Explanation
Reference

FORM 990, THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC BY REQUEST
PART VI,
SECTION C,
LINE 19