efile	e GF	RAPHI	C print - DO NOT PROCESS	As Filed Data -		DLN	l: 93493319086369					
Form	90	90	Return of Org	ganization Exempt Fro	om Incom	e Tax	OMB No 1545-0047					
sorm.				4947(a)(1) of the Internal Revenue (2018					
Departa Treasur		of the		 Do not enter social security numbers on this form as it may be made public Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. 								
		enue Servi		ning 01 01 2019 and and ing 12	21 2010		Inspection					
		applicable	C Name of organization	nning 01-01-2018 , and ending 12	2-31-2018	D Employer in	dentification number					
		change	JESUS FOR ASIA INC			20-265587	6					
□ Na □ Inr		-	Doing business as			-	-					
		rn/terminat	ted			– E Telephone nu						
		d return Ion pendii	B O BOY 1221	Number and street (or P O box if mail is not delivered to street address) Room/suite P O BOX 1221								
			City or town, state or province, cour COLLEGEDALE, TN 37315	ntry, and ZIP or foreign postal code		G Gross receip	ts \$ 1,822,085					
			F Name and address of principa	al officer	H(a) Is th	Is a group return	ו for					
			JONATHAN D WOOD 10728 LONNIE LANE		subo	ordinates?	🗌 Yes 🗹 No					
			OOLTEWAH, TN 37363			all subordinates ided?	Yes No					
I Tax	-exe	mpt statı	Js 🗹 501(c)(3) 🗌 501(c)() ◀	(Insert no) 4947(a)(1) or 527	If "N	o," attach a list	(see instructions)					
J W	ebsi	te: 🕨 🕅	VWW JESUS4ASIA ORG		H(c) Grou	ip exemption nui	mber 🕨					
					L Year of form	nation 2005 M	State of legal domicile TN					
K Forn	n of o	organizatio	on 🗹 Corporation 🗌 Trust 🗌 Asso	ociation 🖵 Other 🏲								
Pa	rt I		mmary		÷	·						
			describe the organization's mission of VIDE FOOD SHELTER CLOTHING F	or most significant activities EDUCATION AND SPIRITUAL TRAINING	SIN ASIA							
JCe					5 117 / 65 /							
nai	•											
IAN	2	Check	ts									
Ğ			er of voting members of the governir	3 5								
×8 2				f the governing body (Part VI, line 1b)		•	4 3					
Mie				ilendar year 2018 (Part V, line 2a) 🔒		•	5 0					
Activities & Governance			umber of volunteers (estimate if nee			•	6 0					
4				t VIII, column (C), line 12		•	7a 0 7b 0					
	D	Net un				· rior Year	Current Year					
_	8	Contrib	outions and grants (Part VIII, line 1h))		1,495,726						
s nue	9	Progra	m service revenue (Part VIII, line 2g))		0	0					
enneven	10	Investr	ment income (Part VIII, column (A), I	lınes 3, 4, and 7d)		32	36					
-	11	Other r	revenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		0	0					
				ist equal Part VIII, column (A), line 12))	1,495,758	1,822,085					
			and similar amounts paid (Part IX, o			1,193,633	1,497,567					
			s paid to or for members (Part IX, co			0						
Exp enses			is, other compensation, employee be sional fundraising fees (Part IX, colu	enefits (Part IX, column (A), lines 5-10)) 	90,474	107,425					
ເພ			ndraising expenses (Part IX, column (D),			0						
Ĕ			expenses (Part IX, column (A), lines			187,859	199,814					
			xpenses Add lines 13–17 (must equ	· ·		1,471,966	· · · · · · · · · · · · · · · · · · ·					
	19	Revenu	ue less expenses Subtract line 18 fr	om line 12		23,792	17,279					
ses Ses					Beginning	g of Current Year	End of Year					
Net Assets or Fund Balances	20	Total a	ssets (Part X, line 16)			610.406	745 460					
Ass			abilities (Part X, line 26)			610,496 145,455	· · · · · ·					
Fund			sets or fund balances Subtract line :			465,041	· · · · · · · · · · · · · · · · · · ·					
Pa			nature Block			,						
Under	pen	alties of	f perjury, I declare that I have exam	ned this return, including accompany								
knowl any k			ener, it is true, correct, and complete	e Declaration of preparer (other than o	prricer) is based	on all informatio	n or which preparer has					
		N	***									
c ;		Sign	* * * nature of officer			19-11-14 ate						
Sign Here		NAT	ALIE WOOD SECRETARY/TREASURER									
			e or print name and title									
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date	neck I If PTIN	l 044722					
Paic					se	lf-employed						
Pre			Firm's name WHITTINGTON JONES	& RUDERT CPAS LLC	Fi	rm's EIN 🕨 46-138	1910					
Use	On	nly	Fırm's address ► PO BOX 1264		Ph	none no (706) 234-	-7571					

	ROME, GA 301621264							
May the IRS discu	ss this return with the preparer shown above? (see instructions)							Yes No
For Paperwork R	eduction Act Notice, see the separate instructions.		Cat	No	11	282	Y	Form 990 (2018)

orm	990 (2018)					Page 2
Pa	t III Statement	of Program Servic	e Accomplis	hments		
	Check if Schee	dule O contains a respo	nse or note to	any line in this Part III .		🗆
1	Briefly describe the o	rganization's mission				
O P	ROVIDE FOOD, SHELTE	ER, CLOTHING, EDUCA	TION AND SPIR	ITUAL TRAINING IN ASIA	4	
2	Did the organization i	undertake any significa	nt program ser	vices during the year whi	ich were not listed on	
	the prior Form 990 or	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	se new services on Sch	iedule O			
3	Did the organization of	cease conducting, or m	ake significant	changes in how it conduc	cts, any program	
	services?	🗌 Yes 🗹 No				
	If "Yes," describe the	se changes on Schedul	e O			
4	Section 501(c)(3) and		ns are required	to report the amount of	argest program services, as measu grants and allocations to others, t	
4a	(Code) (Expenses \$	1,771,970	including grants of \$	1,497,567) (Revenue \$	1,822,049)
	See Additional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program servic	es (Describe in Schedu	ıle O)			
	(Expenses \$		uding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses 🕨	1,771,9	70		

Form 990 (2018)

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😒	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II $\mathfrak D$	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😒	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😒	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🧐	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 😒	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😒	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14Ь	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

Form 990 (2018)

Pa	t IV Checklist of Required Schedules (continued)		_	
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $$.	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•		
4-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a C		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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	Yes	

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form	990 (2018)			Page 5
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2Ь	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb		
	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
D	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?	50 50		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots . \ldots	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $$. $$.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \ldots .	9 b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O \cdot .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720. Schedule N	15		No

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N
 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

orm				Page 6
Par	tVI 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 Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to i	lines 🔽
Se	ction A. Governing Body and Management	<u> </u>	<u> </u>	
			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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
_	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
36	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue		Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	10a	163	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?	10a		140
11a				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
Ь	form?	11a	Yes	
	form?	11a		
12a	form?		Yes Yes	
12a b	form?	11a		
12a b	form?	11a 12a 12b 12c	Yes	
12a b	form?	11a 12a 12b	Yes Yes	No
12a b c	form?	11a 12a 12b 12c	Yes Yes	No
12a b c 13	form?	11a 12a 12b 12c 13	Yes Yes	
12a b c 13 14 15	form?	11a 12a 12b 12c 13	Yes Yes	
12a b c 13 14 15 a	form?	11a 12a 12b 12c 13 14	Yes Yes Yes	
12a b c 13 14 15 a	form?	11a 12a 12b 12c 13 14 15a	Yes Yes Yes	No
12a b 13 14 15 a b	form?	11a 12a 12b 12c 13 14 15a	Yes Yes Yes	No
12a b c 13 14 15 a b 16a	form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No
12a b c 13 14 15 a b 16a b	form?	11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No
12a b c 13 14 15 a b 16a b	form?	11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No
12a b c 13 14 15 a b 16a b <u>Se</u>	form?	11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No

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
 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . .

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

		<u></u>		P		uteu u	, -			
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		one bo	ox, ι n of	t ch unle: ficer rust	ss per: and a	son	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KEN NORTON DIRECTOR	1 00	x						0	0	0
(2) JONATHAN D WOOD PRESIDENT	40 00	x		x				0	19,200	0
(3) NATALIE A WOOD SECRETARY/TREASURER	40 00	x						0	0	0
(4) ROBERT D WOOD DIRECTOR	1 00	x						0	0	0
(5) E DOUGLAS VENN DIRECTOR	1 00	x						0	0	0
										Form 990 (2018)

Pa	t VII Section A. Officers, Direct	tors, Trustees	s, Key l	Emp	loye	es,	and I	ligh	iest Coi	npensate	d Employees (cont	inued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related	(C) (D) Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensativ from the organization 2/1099-MIS			ortable ensation m the ation (W-	on compensation from related (W- organizations (Y		(F) Estimate amount of c compensat /- from the organization					
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated emptovee	Former	2/109		2/1035-1115C,)	relati	∋d
												_		
												_		
												_		
с 1	Sub-Total	art VII , Section	Α				> > >			0	19,20	0		C
2	Total number of individuals (including of reportable compensation from the	, but not limited	to thos		ed al	bove	e) who	rece	eived mo	re than \$1	00,000			
											-		Yes	No
3	Did the organization list any former in line 1a? <i>If "Yes," complete Schedule 2</i>			ee, k	ey er	mplo •	oyee, c	or hig	ghest cor	npensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization										n the	5		110
_	Individual		• •	•	•	·	•••		• •	••	• • • •	4		No
5	Did any person listed on line 1a recein services rendered to the organization								-		vidual for	5		No
Se	ection B. Independent Contract													
1	Complete this table for your five high from the organization Report competence											npen	sation	
	Name a	(A) and business addre	255							Desc	(B) ription of services		(C Compen	

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 ► 0

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Statement of Revenue

Part VIII

	Check if Schedule O contair	ns a response o	or note to any li	ne in this Part VIII		<u></u>	🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaigns	1a			revenue		512 - 514
tributions, Gifts, Grants Other Similar Amounts	b Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	c Fundraising events						
A G C		1c					
ifts ar	d Related organizations	1d					
D i	e Government grants (contributions)	1e					
Sir	f All other contributions, gifts, grants and similar amounts not included	5,					
er utic	above	1f	1,822,049				
ið d	g Noncash contributions included						
Conti and (ın lines 1a - 1f \$	388					
ي بع	h Total. Add lines 1a-1f		. •	1,822,049			
le			Business C	Code			
માન	2a						
Pe,	b ———						
Service Revenue	c						
ervi	d						
n S	e						
Jrar	f All other program service reven	ue					
Program	9 Total. Add lines 2a–2f						
	3 Investment income (including div similar amounts)		st, and other	36	5 36		
	4 Income from investment of tax-e		roceeds 🕨				
	5 Royalties		. ⊳ ∫				
	(I) R		ı) Personal				
	6a Gross rents						
	b Less rental expenses						
	D Less feitur expenses						
	c Rental income or						
	(loss)						
	d Net rental income or (loss) .						
	(I) Secu	urities	(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)		•				
	8a Gross income from fundraising (events					
ue	(not including \$	of					
Other Revenue	contributions reported on line 1 See Part IV, line 18	c) .a					
7e/	b Less direct expenses	. ь					
erl	c Net income or (loss) from fundr		• • •				
th	9a Gross income from gaming activ	vities					
0	See Part IV, line 19	_					
		a					
	b Less direct expenses . . c Net income or (loss) from gamii						
		ng activities .	· •				
	10a Gross sales of inventory, less returns and allowances						
		a					
	${f b}$ Less cost of goods sold ${\ .}$.	b					
	c Net income or (loss) from sales	of inventory					
	Miscellaneous Revenue	Bu	siness Code				
	11a						
	b						
	c						
	-						
	d All other revenue	• [-		
	e Total. Add lines 11a–11d .		. •				
	12 Total revenue. See Instruction	ns	· · •	1,822,085	36	o	c

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	: Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	1,497,567	1,497,567		
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	80,591	80,591		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
	Other employee benefits				
10	Payroll taxes	7,634	7,634		
11	Fees for services (non-employees)				
i	a Management	832	832		
I	b Legal				
	c Accounting	1,020	1,020		
	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)				
12	Advertising and promotion	820	820		
13	Office expenses	8,268	8,268		
14	Information technology				
15	Royalties				
	Occupancy	4,251		4,251	
	Travel	17,487	17,487		
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	28,937	28,937		
	Interest	16,147	16,147		
	Payments to affiliates				
	Depreciation, depletion, and amortization	18,286	18,286		
	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a MEDIA AND PRODUCTION	75,609	75,609		
	b UTILITIES	9,756	9,756		
	c BUILDING REPAIRS	9,385		9,385	
	d PRINTING AND PUBLICATIO	5,287	5,287		
	e All other expenses	3,729	3,729		
25	Total functional expenses. Add lines 1 through 24e	1,804,806	1,771,970	32,836	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► □ if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	• •	•	371,255	1	307,408
	2	Savings and temporary cash investments .				2	
	3	Pledges and grants receivable, net	• •	•		3	
	4	Accounts receivable, net	•		1,232	4	0
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali	ated en	nployees Complete		5	
ls	_	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	ations d (see in	of section 501(c)(9) structions) Complete		6	
Assets	7	Notes and loans receivable, net					
As	8	Inventories for sale or use		·	15.110	8	100.017
	9	Prepaid expenses and deferred charges	· ·	, · · -	45,113	9	108,617
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	416,560			
	Ь	Less accumulated depreciation	10 b	87,125	192,896	10c	329,435
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line		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)			610,496	16	745,460
	17	Accounts payable and accrued expenses	14,951	17	23,547		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		[20	
Ś	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
iab		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted th	rd parties	130,504	23	239,591
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25	ı.		145,455	26	263,138
Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets	58), cl and 3	heck here ► 🗹 and 4.	465,041	27	482,322
3al:	28	Temporarily restricted net assets				28	
l f	29	Permanently restricted net assets		F		29	
Fund		Organizations that do not follow SFAS 117	(ASC	958),			
or	30	check here and complete lines 30 th Capital stock or trust principal, or current funds		34.		30	
ets	31	Paid-in or capital surplus, or land, building or ec		nt fund		31	
Assets	32	Retained earnings, endowment, accumulated in				32	
	33	Total net assets or fund balances	/		465,041	33	482,322
Net	34	Total liabilities and net assets/fund balances			610,496	34	745,460
	- 1		•		5.2,100		E arma 200 (2010)

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Pa	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			\checkmark
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	.822,085
2	Total expenses (must equal Part IX, column (A), line 25)	2			804,806
3	Revenue less expenses Subtract line 2 from line 1	3			17,279
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			465,041
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			2
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			482,322
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🛛 🗆 Cash 🗹 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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 Scher	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	Зb		

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Additional Data

Software ID: Software Version: EIN: 20-2655876 Name: JESUS FOR ASIA INC

Form 990 (2018)

Form 990, Part III, Line 4a:

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

			nt - DO NO	T PROCESS	As Filed Data -	<u> </u>			3493319086369 OMB No 1545-0047
	m 99	OULE A 0 or	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) o mpt charitable	organization or trust.		2018
		f the Treasury		► Go to	www.irs.gov/Forms				Open to Public Inspection
Nam	e of th	he organiza SIA INC	tion					Employer identific	ation number
De		Deces					ta thua aaut) (20-2655876	
	rt I Irganiz				us (All organization e it is (For lines 1 thro			see instructions.	
1	- <u>-</u>		•		ssociation of churches	2 .		(A)(i).	
2				,	1)(A)(ii). (Attach Sch				
3					vice organization desci				
4		•		•	-			-	nton the beenstalle
-		name, city,		nization operati	ed in conjunction with	a nospital descri	bed in section .	170(D)(1)(A)(III). E	nter the hospital s
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive	, .			bed in section 170
6		A federal, s	tate, or local	government or	r governmental unit de	scribed in sectio	on 170(b)(1)(A	(v).	
7	\checkmark			mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust desci	ribed in section	n 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	o its exempt fur unrelated busin	(1) more than 331/39 actions—subject to cert tess taxable income (le complete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its su	
11		An organiza	ation 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 se	ction 509(a)(2). See section 509(a	
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		Type II. A manageme	supporting o nt of the sup	rganization sup	pervised or controlled in ation vested in the sar				
с					supporting organizatio ions) You must com i			, ,	ted with, its
d		functionally	integrated	The organizatio	d. A supporting organi n generally must satis rt IV, Sections A and	fy a distribution	requirement and	th its supported orgar an attentiveness req	nization(s) that is not uirement (see
e		Check this	box if the org	anization receiv	ved a written determir integrated supporting	ation from the I		ре I, Туре II, Туре II	I functionally
f	Enter	-	• •	lorganizations					
g				on about the su	pported organization(. '			
(i) Name of supported organization			(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anızatıon lısted ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No		
Tata									
Tota	I								l

Sch	edule A (Form 990 or 990-EZ) 2018							Page 2
Ρ	art II Support Schedule for	Organizations	Described in S	ections 170(b))(1)(A)(iv), 17	0(b)(1	L)(A)(vi)	, and 170
	(b)(1)(A)(ix)							
	(Complete only if you ch						to qualify	under Part
	III. If the organization fa	ails to qualify un	der the tests list	ed below, pleas	e complete Part	III.)		
S	ection A. Public Support							
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	2018	(f) Total
1	(or fiscal year beginning in) Gifts, grants, contributions, and							
-	membership fees received (Do not	892,167	961,612	1,499,019	1,495,726		1,822,049	6,670,573
	include any "unusual grant ")	,	,	, ,	, ,		<i>``</i>	
2	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	892,167	961,612	1,499,019	1,495,726		1,822,049	6,670,573
5	The portion of total contributions by	052,107	501,012	1,155,015	1,155,720		1,022,015	0,070,373
	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)							
-	Public current Subtract line 5 from							
6	Public support. Subtract line 5 from line 4							6,670,573
S	ection B. Total Support							
-	Calendar year	6 32014	(1)2015	()2016	(1)2017	() -		(OT)
	(or fiscal year beginning in) ►	(a)2014	(b) 2015	(c) 2016	(d)2017	(e)2	2018	(f)Total
7	Amounts from line 4	892,167	961,612	1,499,019	1,495,726		1,822,049	6,670,573
8	Gross income from interest,							
	dividends, payments received on	1	7	20	32		36	96
	securities loans, rents, royalties and	1	· · · · · · · · · · · · · · · · · · ·	20	52		50	50
_	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							6,670,669
	10		L I			_		
12	Gross receipts from related activities,	etc (see instructio	ons)			12	<u> </u>	
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501((c)(3) orgar	nization,
	check this box and stop here						🕨 🗌	
S	ection C. Computation of Public							
	Public support percentage for 2018 (lii			olumn (f))		14		100 000 %
	Public support percentage for 2017 Sc					15		100 000 %
				n line 12 and line	14 10 27 1/20/ 00		hool the h	
16a	33 1/3% support test—2018. If the				e 14 is 33 1/3% or	more, c	neck this be	
	and stop here. The organization quali							
b	33 1/3% support test—2017. If th	e organization did	not check a box o	n line 13 or 16a, a	nd line 15 is 33 1/	3% or m	ore, check	_
	box and stop here. The organization							
17a	10%-facts-and-circumstances test	t —2018. If the org	ganization did not (check a box on line	e 13, 16a, or 16b,	and line	9 1 4	
	is 10% or more, and if the organizatio							
	in Part VI how the organization meets	the "facts-and-cire	cumstances" test	The organization q	ualifies as a public	ly supp	orted	_
	organization							
b	10%-facts-and-circumstances tes						nd line	
	15 is 10% or more, and if the organiz							
	Explain in Part VI how the organization	on meets the "facts	s-and-circumstance	es test The organ	nization qualifies a	s a publi	сіу	_
	supported organization							

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

instructions

▶ 🗖

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

 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

54	ection A. Public Support	quality and cr		below, please ee		/	
	Calendar year						
	(or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) 🕨	(4) 2011	(0) 2020	(0) 2010	(4) 2017	(0) 2020	(1) 10101
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
~	Add lines 10a and 10b						
	Net income from unrelated business						
11	activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's first, second, tl	hird, fourth, or fift	h tax year as a se	ction 501(c)(3) oi	rganızatıon,
	check this box and stop here						▶□
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S		•			16	
-	ection D. Computation of Invest		-	luna 10. a-luuru (f			
17	Investment income percentage for 201	18 (line 10c, colur	nn (f) divided by	line 13, column (f))	17	
18	Investment income percentage from 2					18	
19a	331/3% support tests-2018. If the	organization did n	ot check the box	on line 14, and lin	ie 15 is more than	1 33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s						
b		-					3% and line 18 is
U	••	-					
	not more than 33 1/3%, check this box	and stop nere.	me organization	quaimes as a publ	iciy supported org	anization	·
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check			
	Schedule A (Form 990 or 990-F7) 2018						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination Зb Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported b organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections С 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (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, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 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 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as 9a defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Yes

Schedule A (Form 990 or 990-EZ) 2018

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ation B. Tona I Comparison Anna signations			

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a 🦳 The organization satisfied the Activities Test Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c 🕅 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

1

ē	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		
	substantially all of its activities	2a	
Ł	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.		
	involvement	2b	
	Devent of Supported Overspirations, Answer (a) and (b) helew		

- **3** Parent of Supported Organizations **Answer (a) and (b) below.**
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI**, the role played by the organization in this regard

Зa

Зb

Yes

No

Yes

1

2

No

Schedule A (Form 990 or 990-EZ) 2018

Page 6

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (continue	ed)
Section D - Distributions			Current Year
 Amounts paid to supported organizations to accomplish 	exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	ed)		
6 Other distributions (describe in Part VI) See instruction	ons		
7 Total annual distributions. Add lines 1 through 6			
 8 Distributions to attentive supported organizations to we details in Part VI) See instructions 	nich the organization is respon	sive (provide	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014. . <th< td=""><td></td><td></td><td></td></th<>			
d From 2016			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
 Carryover from 2013 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 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 2019. Add lines 31 and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
<u>c</u> Excess from 2016			
d Excess from 2017			
	I	í	í

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Software ID: Software Version: EIN: 20-2655876

Name: JESUS FOR ASIA INC

Schedule A (Form 990 or 990-EZ) 2018

Page 8

Part VISupplemental 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

		int - DO NOT PROCESS As Fi	led Data -		D		o 1545-0047
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemer	ntal Financial Statements				
		 Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 					2018 Open to Public Inspection
	ame of the organ				loyer id	entification	
JES	SUS FOR ASIA INC			20-2	655876		
P	art I Organi	zations Maintaining Donor Advi	sed Funds or Other Similar Funds				
	Comple	te if the organization answered "Ye	· · ·				
	Tabal music barrat		(a) Donor advised funds		(b)Fund	s and other	accounts
1	Total number at						
2 3		of contributions to (during year) of grants from (during year)					
4	Aggregate value						
5		•	L ors in writing that the assets held in donor a		unds are	the	
	organization's p	roperty, subject to the organization's ex	clusive legal control?				Yes 🗌 No
6		oses and not for the benefit of the donor	onor advisors in writing that grant funds ca r or donor advisor, or for any other purpose			rmissible	Yes 🗌 No
Pa			ne organization answered "Yes" on Fo	rm 9 <mark>90</mark>	, Part I∖	/, line 7.	
1		onservation easements held by the orga	、				
	Preservatio	on of land for public use (e g , recreatio	n or education) 🛛 Preservation of a	in histori	ically imp	ortant land	area
	Protection	of natural habitat	Preservation of a	certifie	d historic	structure	
	Preservation	on of open space					
2		2a through 2d if the organization held a e last day of the tax year	qualified conservation contribution in the f	orm of a		ation at the End o	of the Year
а	Total number of	conservation easements		2a			
b	Total acreage re	stricted by conservation easements		2 b			
С		ervation easements on a certified histor	. ,	2c			
d		ervation easements included in (c) acqu n the National Register	ired after 7/25/06, and not on a historic	2d			
3		-	ed, released, extinguished, or terminated b	y the org	ganizatioi	n during the	
4	Number of state	es where property subject to conservation					
4 5		, ,	he periodic monitoring, inspection, handling	n of viol-	-		
5	and enforcemen	t of the conservation easements it hold	5?			□ Yes	
6	▶		cting, handling of violations, and enforcing				
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of violations, and enforcing conse	ervation	easemen	ts during the	e year
8	Does each conse and section 170		above satisfy the requirements of section	170(h)(4	4)(B)(I)	🗌 Yes	
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the i's accounting for conservation easemer	servation easements in its revenue and exp e footnote to the organization's financial sta its	ense sta tements	tement, that des	and	
Pa	rt IIII Örgani	zations Maintaining Collections	of Art, Historical Treasures, or Ot	her Sir	nilar As	ssets.	
1a	If the organizati art, historical tre	easures, or other similar assets held for	15 OIT FORM 990, Part IV, IME 8. 16 (ASC 958), not to report in its revenue s public exhibition, education, or research in ncial statements that describes these items				
b	If the organızatı hıstorıcal treasu	on elected, as permitted under SFAS 11	L6 (ASC 958), to report in its revenue state lic exhibition, education, or research in furt				
	(i) Revenue includ	led on Form 990, Part VIII, line 1			▶\$		
((ii)Assets included	ın Form 990, Part X					
2	If the organizati		cal treasures, or other similar assets for fin 116 (ASC 958) relating to these items	ancial g			
а	Revenue include	ed on Form 990, Part VIII, line 1			▶\$		
b	Assets included	ın Form 990, Part X			▶ \$		
					· · · -		

Cat No 52283D Schedule D (Form 990) 2018

e Other

Sche	edule D (Form 990) 2018							Page 2
Par	t III Organizations Maintaining Co	ollections of Art, Histori	ical Trea	sures, o	r Other Similar A	ssets (cont	inued)	
3	Using the organization's acquisition, accessi- items (check all that apply)	on, and other records, check	any of the	following	that are a sıgnıfıcant	use of its col	lection	
а	Public exhibition	d	🗌 Lo	an or exch	ange programs			
b	Scholarly research	e	🗌 Ot	her				
С	Preservation for future generations							
4	Provide a description of the organization's co Part XIII	ollections and explain how the	ey further	the organi	zation's exempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than					🗌 Yes	□ No	,
Pa	rt IV Escrow and Custodial Arrang Complete if the organization ans X, line 21.), Part IV,	, line 9, o	r reported an amo	unt on Forr	n 990, F	'art
1 a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other intermediary for	· contributi	ons or oth	er assets not	🗌 Yes)
b	If "Yes," explain the arrangement in Part XI	II and complete the following	table			Amount		
с	Beginning balance				1c			•
d	Additions during the year				1d			
е	Distributions during the year				1e			_
f	Ending balance				1f			_
2a	Did the organization include an amount on F	Form 990, Part X, line 21, for	escrow or	custodial a	account liability?	Yes		
b						_		
Pa	art V Endowment Funds. Complete							
		(a)Current year (b)P	rıor year	(c)Two y	ears back (d)Three ye	ars back (e)	Four years	back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balance (line 1	g, column	(a)) held a	15			
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
с	Temporarily restricted endowment >							
	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posse organization by	ession of the organization tha	t are held	and admin	istered for the		Yes	No
	(i) unrelated organizations					3a(i)		110
	(ii) related organizations					3a(ii)		
b	If "Yes" on 3a(II), are the related organization	ons listed as required on Sche	edule R?			. 3b		
4	Describe in Part XIII the intended uses of th	-	funds					
Ра	rt VI Land, Buildings, and Equipme			luno 110		ort Vilupo 1	0	
	Complete if the organization ans Description of property (a) Cost or or (investing)	ther basis (b) Cost or other			cumulated depreciation		look value	
1-	Land		1.4 4	50		<u> </u>		14 450
	Land		14,4 307,7		20,072			14,450 287,685
			307,7		20,072			
	Leasehold improvements		85,7	80	60,115			25,665
u	Equipment		05,7	~~	55,115	1		-3,005

1,635

329,435

6,938

.

►

8,573

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

See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation Cost or end-of-year market (1) Financial derivatives	on et value
(1) Financial derivatives	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line	e 13.
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year marke	on
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, I (a) Description (line 15 (b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.	
See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value	
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

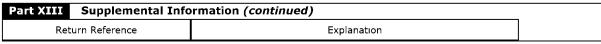
Pa	t XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par		Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par		r Return.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🔒 .	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Information			

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

Return Reference Explanation









efile GRAPHI	C print - DO NOT	PROCESS	As Filed Data ·	-	DLN:	93493319086369	
SCHEDULE F (Form 990)	- State	ement of <i>i</i>	Activities (ited States	OMB No 1545-0047		
(1 0111 000)	► Comp	plete if the organiz		Yes" to Form 990, Part IV, I to Form 990.	ıne 14b, 15, or 16.	2018	
Department of the Tre Internal Revenue Serv	asurv	► Go to www.irs.g	gov/Form990 for n	nstructions and the latest ii	nformation.	Open to Public Inspection	
Name of the orga JESUS FOR ASIA					Employer iden	tification number	
JESUS FOR ASIA	INC				20-2655876		
	neral Information m 990, Part IV, line		Outside the U	Jnited States. Comple	te if the organization a	nswered "Yes" to	
other assis	stance, the grantees'	eligibility for th		substantiate the amount stance, and the selection			
to award t	he grants or assistar	nce?				🗌 Yes 🗹 No	
	makers. Describe in e United States	Part V the orga	anızatıon's proce	dures for monitoring the	use of its grants and oth	er assistance	
3 Activites pe	er Region (The followi	ng Part I, line 3 t	table can be duplı	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		(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region	
(1) See Add'l D	Jata			2			
(2)							
(3)							
(4)							
(5)							
3a Sub-total						1,497,567	
b Total from c Part I	ontinuation sheets to					C	
c Totals (add	lines 3a and 3b)	(0			1,497,567	

Schedule F (Form 990) 2018	Sc	hedule	εF	(Form	990)	2018
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Page **2**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1) See Add'l Data								
2)								
3)								
4)								
5)							Schedule	F (Form 990) 2018
6)								
7)								
8)								
9)								
0)								
1)								
.2)								
3)								
.4)								
.5)								
6)								
exempt by the IR	S, or for which t	he grantee or cou		ection 501(c)(3) equi	he foreign country, r valency letter		↓	

Schedule F (Form 990) 2018

Schedule F (Form 330) 2018							Page 3
Part III Grants and Ot	her Assistance t	o Individuals	Outside the Unit	ed States. Complete if	the organization an	swered "Yes" to Form 9	90, Part IV, line 16.
Part III can be o	duplicated if additi	onal space is n	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2018

Page **3**

Schedule F (Form 990) 2018

Part IV Foreign Forms

- Page 4
- Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes, "the 1 organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreian Corporation (see C Yes No No Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be 2 required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) 1 Yes Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the 3 organization may be required to file Form 5471. Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471) □ Yes No No Was the organization a direct or indirect shareholder of a passive foreign investment company or a gualified electing 4 fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a No. Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) 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) 1 Yes 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 No. 5713, don't file with Form 990)

Schedule F (Form 990) 2018

Part V Supplemental Information

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

ReturnReference	Explanation
	Schedule F (Form 990) 2018

Additional Data

Software ID: Software Version: EIN: 20-2655876 Name: JESUS FOR ASIA INC

Form 990 Schedule F Part I - Activities Outside 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) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0		FOOD, SHELTER, CLOTHING, EDUCATION AND SPIRITUAL TRAINING	1,132,505
SOUTH ASIA	0	0		FOOD, SHELTER, CLOTHING, EDUCATION AND SPIRITUAL TRAINING	365,062

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EDUCATION	14,857	CASH			
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EDUCATION	25,015	WIRE TRANSFER			

Torm 990 Schedule 1 Part 11 - Grants of Entitles Outside The Onited States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)	
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	1,700	EFT				
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	268	DEBIT				

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

form 556 beneaule i Fuit II Grants of Entities outside the onited states								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			EVANGELISM AND EDUCATION		WIRE TRANSFER			
			EVANGELISM AND EDUCATION		WIRE TRANSFER			

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

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	EVANGELISM	297	EFT			
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	EVANGELISM	2,971	EFT			

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

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	EVANGELISM	700	CHECK			
			EVANGELISM AND EDUCATION		WIRE TRANSFER			

	cuarciilu	it II Grants Of		ac me ome	cu states			
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	6,499	WIRE TRANSFER			
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	EDUCATION	18,957	WIRE TRANSFER			

	cuarciiu	ICAL GIGING OF	Entraco outo		cu otutes			
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	EVANGELISM	4,918	CHECK			
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	EVANGELISM	553	EFT			

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	EDUCATION	2,126	EFT			
			EVANGELISM AND EDUCATION	64,223	СНЕСК			

() Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount 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) 14,395 EFT EAST ASIA AND **EVANGELISM** THE PACIFIC -AND EDUCATION AUSTRALIA, BRUNEL BURMA, CAMBODIA. EAST ASIA AND **MEDIA** 5.731 EFT THE PACIFIC -AUSTRALIA, BRUNEL BURMA. CAMBODIA.

	offit 350 Schedule F Full II - Grants of Entities Outside The Office States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	24,579	EFT					
			EVANGELISM AND EDUCATION	_ ,	EFT					

() Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount 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) 27,358 EFT EAST ASIA AND **EVANGELISM** THE PACIFIC -AND MEDIA AUSTRALIA, BRUNEL BURMA, CAMBODIA. EAST ASIA AND **EVANGELISM** 1.839 CASH THE PACIFIC -AUSTRALIA, BRUNEL BURMA. CAMBODIA.

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	139,263	WIRE TRANSFER			
			EVANGELISM AND EDUCATION		WIRE TRANSFER			

() Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount 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) LEAST ASIA AND **EVANGELISM** 6,133 WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEL BURMA, CAMBODIA. EAST ASIA AND **EVANGELISM** 3.772 EFT THE PACIFIC -AUSTRALIA, BRUNEL BURMA. CAMBODIA.

	offit 350 Schedule F Full II - Grants of Entities Outside The Office States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	89,495	EFT					
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	48,608	WIRE TRANSFER					

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	48,352	WIRE TRANSFER	279		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	HUMANITARIAN	59,661	EFT			

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
			EVANGELISM AND MEDIA	118,510	EFT			
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	6,480	EFT			

() Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount 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) LEAST ASIA AND **EVANGELISM** 1,199 WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEL BURMA, CAMBODIA. EAST ASIA AND **EVANGELISM** 47.725 WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEL BURMA, CAMBODIA.

() Method of (h) Description (b) IRS code (f) Manner of (q) Amount 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) EAST ASIA AND **EVANGELISM** 7,141 EFT THE PACIFIC -AUSTRALIA, BRUNEL BURMA, CAMBODIA. EAST ASIA AND **EVANGELISM** 16,100 EFT THE PACIFIC -AUSTRALIA, BRUNEL BURMA. CAMBODIA.

() Method of (h) Description (b) IRS code (f) Manner of (q) Amount 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) EFT LEAST ASIA AND **EVANGELISM** 2 THE PACIFIC -AUSTRALIA, BRUNEL BURMA, CAMBODIA. EAST ASIA AND **EVANGELISM** 33,486 WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEL BURMA. CAMBODIA.

orm 550 Schedule 1 Fait II - Grants of Entitles Outside The Onited States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)	
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	MEDIA	45,435	WIRE TRANSFER				
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	579	CHECK				

() Method of (h) Description (b) IRS code (f) Manner of (q) Amount 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) LEAST ASIA AND **EVANGELISM** 20,613 WIRE TRANSFER THE PACIFIC -AUSTRALIA, BRUNEL BURMA, CAMBODIA. EAST ASIA AND **EVANGELISM** 1.350 EFT THE PACIFIC -AUSTRALIA, BRUNEL BURMA. CAMBODIA.

() Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount 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) EAST ASIA AND **EVANGELISM** 303 EFT THE PACIFIC -AUSTRALIA, BRUNEL BURMA, CAMBODIA. EAST ASIA AND **EVANGELISM** 20,439 EFT THE PACIFIC -AUSTRALIA, BRUNEL BURMA. CAMBODIA.

orm 550 Schedule 1 Part II - Grants of Entitles Outside The Onited States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)	
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	12,910	EFT				
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	13,591	EFT				

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EVANGELISM	250	CASH			
			EVANGELISM AND HUMANITARIAN	2,322	WIRE TRANSFER			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dısbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	EDUCATION	5,200	СНЕСК			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -				DLN:	DLN: 93493319086369	
SCHEDULE O (Form 990 or 990- EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.		Z	OMB No 1545-0047		
Department of the Treasury				Open to Public Inspection		
Namel Betherofganization Employ			ver identi	fication number		
20-2655876			5876			

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JESUS FOR ASIA, INC IS A FAMILY RUN MINISTRY

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE PRESIDENT AND SECRETARY REVIEW THE 990 BEFORE SIGNING AND FILING THE RETURN

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS HAVE A DUTY TO DISCLOSE AND PROCEDURES ARE FOLLOWED ACCORDING TO THE CONFLICT OF INTEREST POLICY

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

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ROUNDING 2