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Form **990**

Return of Organization Exempt From Income Tax

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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Po Box 39255, Washington DC, 20016 If No, "attach a list (see instructions) J Websites www.icejusa.org If No, "attach a list (see instructions) Websites www.icejusa.org If No, "attach a list (see instructions) No, "attach a lis	A	For th	he 2009 ca	alendar	year, or tax year beginning , 2009, and ending			, 20	
Address change Name change	В (Check if	applicable		C Name of organization International Christian Embassy Jerusalem - US	SA, lı	Employe	r identification nur	mber
Name change Potential Programs Potential Pro	_		• •		Doing Business As		62	1279378	
Internate return Terminated return Amended return			_	print or	Number and street (or P O, box if mail is not delivered to street address) Room/suite	E	Telephon	e number	
Terminated Amenidated return Amenidated					PO Box 332974		(615)	895-9830	
Ammediate return Power P					City or town, state or country, and ZIP + 4				
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Website: Now vicejusa.org Nebsite: Now vicejusa.org Nebsite: Now vicejusa.org Nebsite: New vicejusa.org Nebsite:	ī	Tax-ex	empt status						
Briefly describe the organization's mission or most significant activities: See attached statement. Briefly describe the organization's mission or most significant activities: See attached statement. Briefly describe the organization's mission or most significant activities: See attached statement. Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 4 Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of employees (Part V, line 2a). 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. 7a b Net unrelated business taxable income from Form 990-T, line 34. Prior Year 8 Contributions and grants (Part VIII, line 1b). 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 13 Grants and similar amounts pand (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 1-3). 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Dotal fundraising eese (Part IX, column (D), lines 25). 15 Coloumn (A), line 25). 17 Other expenses (Part IX, column (D), lines 13-1 (Ine 25). 17 Other expenses (Part IX, column (D), lines 13-1 (Ine 25). 18 Total expenses. Add lines 13-17 (miss equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 20. 19 Revenue less expenses. Subtract line 18 from line 20. 19 Revenue less expenses. Subtract line 19 from line 20. 10 Total assets of rund balances. Subtract line 21 from line 20. 10 Total assets of concern and complete. Declaration of prepare (other than officer) is based on all information of which p	J	Webs	ite: ▶ wv						,
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 (Line) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block Under penalties of penury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is	۵	8	Contribut	tions ar	d grants (Part VIII, line 1h)	2,08	31,335	1,260,	504
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 (Line) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block Under penalties of penury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is	ž	9	Program	service	revenue (Part VIII, line 2g)	16	57,026	88,	038
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 (Line) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block Under penalties of penury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled and belief, it is	ěve	10	Investme	nt inco	me (Part VIII, column (A), lines 3, 4, and 7d)		2,331		<u>215</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	ш						-3,379		0
Beginning of Current Year Total assets (Part X, line 16) Total sasets (Part X, line 26) Total sasets (Part X, line 26) Total sasets of und balances. Subtract line 21 from		12	Total reve	enue-a	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)				
Total assets (Part X, line 16) Total flabilities (Part X, line 16) Total assets (Part X, line 16) Total liabilities (Part X, line 26) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20. Net assets or fund balances. Subtract line 21 from line 20. Signature of officer Signature of officer Susan Michael, USA Director Type or pant name and title		13	Grants ar	nd simil	ar amounts paid (Part IX, column (A), lines 1-3)	45	8,371	709,	<u>894</u>
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f). 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12	"	14	Benefits	paid to	or for members (Part IX, column (A), line 4)				0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f). 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12	Se	15	Salaries, o	other co	mpensation, employee benefits (Part IX, column (A), lines 5-10)	42	29,011	404,	<u>343</u>
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f). 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12	per	16a	Professio	nal fund	draising fees (Part IX, column (A), line 11e)	and industria	. •		0
18 Total expenses. Add lines 13–17 (must equal Part X column (A), line 25). 1,528,533 1,543,91 19 Revenue less expenses. Subtract line 18 from line 27 V	ũ	b	Total fund	draising	expenses (Part IX, column (D), line 25) ▶ 66,008				
19 Revenue less expenses. Subtract line 18 from Inc 2 VEU									
Total assets (Part X, line 16)		18	Total exp	enses.	Add lines 13-17 (must equal Part X, column (A), line 25)				
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Signature of officer Susan Michael, USA Director Type or print name and title	_ o	19	Revenue	less exp	(parameter amount ()				<u>161</u>
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Signature of officer Susan Michael, USA Director Type or print name and title	ts o								
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Signature of officer Susan Michael, USA Director Type or print name and title	Sse	20			t X, line 16) [6] . AU[:] 7 ZUIU . [6]				
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Signature of officer Susan Michael, USA Director Type or print name and title	et A	21							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Susan Michael, USA Director Type or print name and title						87	1,558	6/5,	768
and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Susan Michael, USA Director Type or print name and title	Le	rt III				Latatama	ata and to t	he heat of my know	
Signature of officer Susan Michael, USA Director Type or print name and title			and belief	f, it us true	e, correct, and complete. Declaration of preparer (other than officer) is based on all inform	nation of	which prep	arer has any knowle	edge
Signature of officer Susan Michael, USA Director Type or print name and title	Ci~	_	1 0	SIM	AUM WINGOOD	126	a/in		
Susan Michael, USA Director Type or print name and title	_		Signs	ature of o	fficer	Date	1110		
Type or print name and title	nei	е	1'			Date			
Date Check if December and the Check if			I 						
			 	<u> </u>	Date Check if	D.	reparer's idea	atifung number	
Preparer's signature self- (see instructions)	,				self-	(s			
Paid Hours - Kinner CA 8/c/acc	•		3.2.2.0		rest- furner CA 8/c/air employed				
Firm's name for yours & James B. Turner & Company B.C.	-		Firm's nai			<u> </u>			
Use Only if self-employed),	Use	Only	If self-emp	ployed),	baines it. Turner a company, r.o.			506-0109	
	May	/ the				10118 110	- 103		No
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions, /_/ Cat No 11282Y C. Form 990 (200						No 1120	27 6		

Fal	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: See attached statement.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	the prior Form 990 or 990-EZ?
_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 362,025 including grants of \$ 362,025) (Revenue \$ 22,643) General Aid to Israel Program
	To support the main work of the ICEJ in Israel, which carries out the many humanitarian projects and relief efforts of the organization throughout the land, touching every population group.
4b	(Code:) (Expenses \$ 311,565 including grants of \$ 21,409) (Revenue \$ 35,783) Educational Program
	Teaches Christians about the Jewish roots of their faith and the biblical significance of Israel. Achieves this
	through speaking tours, seminars, conferences and the production and distribution of teaching materials.
	Keeps all persons interested in the work of the International Christian Embassy informed and up-to-date
	about current programs and activities.
40	(Code:) (Expenses \$ 147,006 including grants of \$ 147,006) (Revenue \$ 141,421)
	Aliyah General Assistance Program
	Along with aiding Jewish immigrants in their return to their historic homeland in Israel, the ICEJ's Aliyah (immigrant)
	program provides clothing, household goods and medical care for new immigrants to Israel from around the world.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 295,538 including grants of \$ 179,454) (Revenue \$ 250,480)
4e	Total program service expenses ► 1,116,134

Pa	rt IV Checklist of Required Schedules		_	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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_		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12		/
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	13		
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	ļ	7
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	1	
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	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." complete Schedule G. Part III	19		/

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	1	✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 12	THE P. LEWIS CO.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	gaming (gambling) winnings to prize winners?	1c	✓	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	/	2 1787
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	3028.5	✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		+-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶		有数	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	,,,,,,,, .	5b	-	\vdash
	Prohibited Tax Shelter Transaction?	5c 6a		 ✓
ьа	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?	0a		+
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).	1000		
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		₹
b	, , , , , , , , , , , , , , , , , , , ,	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с	- S can our	√
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? N/A	7f 7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	171224	15000
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	in provide	و چيواراليديد
10	Section 501(c)(7) organizations. Enter:	遷		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders	45.4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	12a	Jan 1	
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year. 12b	注意		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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	\	
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		✓_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6_		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		数法	
	the year by the following:			
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b_	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		<u>✓</u>
	tion B. Policies (This Section B requests information about policies not required by the Internal Control of the Control of th	ernal		
Hev	enue Code.)		-	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u>✓</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	400		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	1	
444	form?			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120	•	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	1	
14	Does the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	100		
а	The organization's CEO, Executive Director, or top management official	15a	✓	
	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		***	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► AK,AZ,CA,CO,FL,KY,NC,ND,N			<u>A</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr)(3)s d	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	rest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization: ► Daryl Hedding, 1937 Barfield Rd., Murfreesboro, TN 37128. Tel. (615) 895-9830			• • • • • •

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 the organization did not c	(B)	<u> </u>			C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (•	•	that ap	(vlgc	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Dr George Giacumakis President, Director	2	1		1				0	0	0
Rev. Malcolm Hedding Vice-President, Director	2	/		√				0	0	0
Michael Utterback Treasurer, Director	2	1		1				0	0	0
Allen Jackson Director	2	1						, 0	0	0
Gary Bachman Director	2	1						0	0	0
Susan Michael Secretary, USA Director	40	1		1	1			60,280	0	0
Daryl Hedding USA Controller	40				1	V		76,386	0	0
Nancy Fager USA Administrator	40				1			55,000	0	0
										1, 4

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B) (C) (D) (E) Name and title Average Position (check all that apply) Reportable Reportable										(F) Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensa from rela organizat (W-2/1099-	ation ated aons	amount of other compensation from the organization and related organizations
				-							
	i										
								•			
1b Total							•	191,666		0	
 Total number of individuals (including but reportable compensation from the organiza Did the organization list any former office 	ation ► 0										Yes N
 employee on line 1a? If "Yes," complete So For any individual listed on line 1a, is the s the organization and related organizations of 	chedule J f um of repo	for su ortable	ch i e cc	<i>indi</i> omp	<i>ridu</i> ens	<i>al</i> . ation	anc	other compe	nsation fro	om	3 V
 individual	or accrue Yes." comp	 comp lete S	ens Sche	 satio	n f le J	 rom a for si	any ach	unrelated organization	anization f		5
Section B. Independent Contractors								<i>p</i>		•	<u> </u>
Complete this table for your five highest co- compensation from the organization.	mpensate	d inde	eper	nde	nt c	ontra	ctor	s that received	d more tha	n \$10	0,000 of
(A) Name and business add	ress							(B) Description of se	ervices	((C) Compensation
None.								-			
2 Total number of independent contractors (in											

Par	t VII	Statement of Revenue				1	Ī
10.4				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
υ υ	: - · · · ·	A CONTROL OF THE PARTY OF THE P	13 miles - 13 miles 1 1/2 miles		revenue	Tevenue	512, 513, or 514
ributions, gifts, grants other similar amounts		Federated campaigns	1a	三			
p S	1	Membership dues	1b				
gifts, ilar an		Fundraising events	1c				
ig ig		Related organizations	1d				
ons sir		Government grants (contributions).	1e				
돌	1	All other contributions, gifts, grants,	46 , 4 000 504				
e ii		and similar amounts not included above	1f 1,260,504				
Contributions, and other simi		Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	· \$	1,260,504			
	 "	Total. Add lines 1a-11	Business Code	1,200,304		STATE STATE OF THE	
2	_	Feast Income		The state of the s	10.00	in a devent a large and	72.000
96	2a	Conference Income	561920 561920	73,086 14,952	 	0	73,086
Program Service Revenue	b	Comerence income	301920	14,952	-		14,952
	C						
	a						
Jran	e	All other program service revenue					
Š	ı a			88,038			iatichecelules
	3	Investment income (including divid	ends, interest, and	215		0	215
	4	Income from investment of tax-exempt			,		
	5	Royalties	bond proceeds				
		(i) Real	(ii) Personal				
	62	Gross Rents					
	1	Less: rental expenses					
		Net rental income or (loss)		ار المراقع المستعدد المراقع المستعدد المراقع المستعدد المراقع المستعدد المراقع المستعدد المستعدد المستعدد			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	۱ ' "	assets other than inventory					
	h	Less: cost or other basis					
	-	and sales expenses .					
	c	Gain or (loss) .					
		Net gain or (loss)	. <u>.</u> >				
<u>o</u>	8a	Gross income from fundraising	, [140	
בו	, Oa	events (not including \$					
eve		of contributions reported on line 1c)					
R.		See Part IV, line 18	а				
Other Revenu		Less: direct expenses	b				
δ	С	Net income or (loss) from fundraising	ng e <u>vents</u> ▶				
	9a	Gross income from gaming activities	. [
		See Part IV, line 19				法中国建立	
		Less: direct expenses	b			學是是	
	С	Net income or (loss) from gaming a	ctivities				
	10a	Gross sales of inventory, less		Propriet Services	EN ANTENNA ME		
		returns and allowances					
		Less: cost of goods sold	b				
	С	Net income or (loss) from sales of inv					
ļ		Miscellaneous Revenue	Business Code			1	12 25 强星
	11a		.			· · · · · · · · ·	
	b						
	С	•••••					
	d	All other revenue	. L				
		Total. Add lines 11a-11d	.		in the second	Y + F / JA	11 上國際人口發展
	12	Total revenue. See instructions.	<u></u> ▶	1,348,757	0	0	88,253

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

All other organizations must complete column (A) but are not required to complete columns (B), (C),							
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	19,700	19,700				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	690,194 0	690,194 0				
4 5	Benefits paid to or for members	191,666	66,274		2,595		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0		
7	Other salaries and wages	147,934	62,160	80,608	5,166		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,190 33,493	1,761 14,073	2,283 18,250	146 1,170		
9	Other employee benefits	27,060	9,274	17,219	567		
10 11	Payroll taxes	21,000		,			
	Management	0	0	0	0		
	Legal	0	0	0	0		
	Accounting	1,200	0	1,200	0		
d	Lobbying	0	0	0	0		
е	Professional fundraising services. See Part IV, line 17	0 75			0		
f	Investment management fees	75	0	75	0		
. g	Other	82,064	60,402	853	20,809		
12 13	Advertising and promotion	111,474	11,932	66,149	33,393		
14	Information technology	52,517	41,005	11,512	0		
15	Royalties	400	400	0	0		
16	Occupancy	15,210	0	15,210	0		
17	Travel	23,069	22,588	481	0		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	0	0	0	0		
19	Conferences, conventions, and meetings .	116,371 349	116,371	0	0		
20	Interest	349	0	349	0		
21	Payments to affiliates	0	0	0	0		
22 23	Depreciation, depletion, and amortization . Insurance	4,790	0	4,790	- 0		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)						
	Registrations	2,162			0.460		
a	Property taxation	20,000		20,000	2,162		
b c	· roperty manner	20,000		20,000	<u> </u>		
d					 		
e							
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	1,543,918	1,116,134	361,776	66,008		
26	Joint costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0		

Cash—non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities Investments—other securities. See Part IV, line 11	0 5,113 0 0 0 0 9,741	2 3 4 5 6 7 8 9	(B) End of year 348,451 0 6,850 0 0 4,902
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 8,839 Investments—publicly traded securities Investments—other securities. See Part IV, line 11	0 5,113 0 0 0 0 0 9,741	2 3 4 5 6 7 8 9	0 6,850 0 0 0 0 4,902
Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities Investments—other securities. See Part IV, line 11	0 5,113 0 0 0 0 0 9,741	3 4 5 6 7 8 9	0 0 0 0 0 4,902
Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities Investments—other securities. See Part IV, line 11	5,113 0 0 0 0 0 9,741	4 5 6 7 8 9	0 0 0 0 0 4,902
Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities Investments—other securities. See Part IV, line 11	5,113 0 0 0 0 9,741	5 6 7 8 9	0 0 0 0 4,902
Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0 0 0 9,741	6 7 8 9	4,902
employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Less: accumulated depreciation Investments—publicly traded securities Investments—other securities. See Part IV, line 11	0 0 0 9,741	6 7 8 9	4,902
Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	9,741 0	7 8 9	4,902
Inventories for sale or use	9,741 0 0	8 9	4,902
Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	9,741	9	4,902
Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	0		
Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	0		
other basis. Complete Part VI of Schedule D Less: accumulated depreciation	0	Maria.	
Investments—publicly traded securities	4 40-	10c	
Investments—publicly traded securities	4 125		0
Investments-other securities. See Part IV, line 11	7,120	11	3,460
	0	12	0
Investments - program-related. See Part IV, line 11	0	13	0
Intangible assets	l .	14	0
Other assets. See Part IV, line 11		15	880,000
Total assets. Add lines 1 through 15 (must equal line 34)	993,125	16	1,243,663
Accounts payable and accrued expenses		17	98,425
Grants payable	0	18	0
Deferred revenue	0	19	0
		20	0
•	0	21	0
- · · · · · · · · · · · · · · · · · · ·			
	A 1 Grant From Bar Territor of 2 Teacher Sept. Territor Sept. Sept	CHAPTER ST	0
•			0
	0		0
			469,470
		_==	567.895
Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
Unrestricted net assets	770,581	27	596,836
	100,977	28	78,932
· · · · · ·	0	29	0
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
Capital stock or trust principal, or current funds	0,	30	0
	0	31	0
Paid-in of Capital Surplus, of land, building, of equipment tiling	0	32	0
	974 559	33	675,768
Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	[071,330]		1,243,663
TEPep SLOTICO LTPCa C	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Becured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrela	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified bersons. Complete Part II of Schedule L Escured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and disqualified Unsecured notes and disqualified Unsecured notes and disqualified Unsecured notes and disqualified Unsecured notes, key Unsecured notes and disqualified Unsecured notes and disqual	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified bersons. Complete Part II of Schedule L Escured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and disqualified Unsecured notes and di

Ра	Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	1500	182	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		\
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
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			
	Schedule O.	4.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	i 1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

200

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public

OMB No 1545-0047

		the organization	n .						Employ	er identifica	tion number
Inte	ern <u>a</u>	tional Christ	tian Embassy J	erusalem - USA, Inc					62		1279378
Pa	rt <u>l</u>	Reason	n for Public Cl	harity Status (All or	rganizat	ions mu	st comp	lete this	part.) S	ee instru	ctions.
The 1 2 3 4		A church, c A school de A hospital c A medical r	onvention of chus escribed in section of a cooperative	ndation because it is: urches, or association on 170(b)(1)(A)(ii). (At hospital service organation operated in contate:	of church tach Sch nization of ijunction	ches described with a ho	cribed in) I in section ospital de	section 1 on 170(b) escribed i	170(b)(1)()(1)(A)(iii) in section	A)(i). n 170(b)(1	i)(A)(iii). Enter the
5 6 7		A federal, st)(b)(1)(A)(iv). (Co tate, or local gov	r the benefit of a colle implete Part II.) vernment or governme y receives a substanti	ental unit	describe	ed in sec	tion 170(b)(1)(A)(v	·).	
, 8 9		described in A communit An organiza receipts from support from	n section 170(b) by trust described tion that normally a activities related by gross investor	(1)(A)(vi). (Complete for the discount of the	Part II.) ((A)(vi). ((an 33½ % tions—si elated bu	Complete 6 of its su ubject to siness ta	e Part II.) upport fro certain e exable ind	m contrib xceptions	outions, n s, and (2) ss section	nembersh no more	ip fees, and gross than 33%% of its
10 11		An organiza purposes of 509(a)(3). C a Type By checking	tion organized at one or more put heck the box that I b capt this box, I cer	and operated exclusive and operated exclusive blicly supported orgated describes the type. Type II country that the organization managers and other	vely for to nizations of support of the Type tion is not the terms of	he beneft describe orting orgone III-Fur ot contro	fit of, to ped in sect the section and the section ally alled directions.	perform to the perform to the performance of the pe	the functi)(1) or se aplete line d directly b	ions of, o ction 509(es 11e thr d y one or	(a)(2). See section ough 11h. Type III-Other more disqualified
f g		509(a)(1) or If the organ organization Since Augus following pe (i) A person and (ii) t (ii) A family	section 509(a)(2) ization received it, check this box st 17, 2006, has ersons? In who directly obelow, the governmember of a pe	a written determinate the organization accer r indirectly controls, ening body of the supperson described in (i) a	ion from epted any either alo ported or above?	the IRS y gift or conne or togranization	that it is contribute gether wi on? .	a Type on from a	I, Type II any of the	, or Type e bed in (ii)	Ill supporting Yes No 11g(i) 11g(ii)
h			-	of a person described							[11g(iii)]
<u>n</u>		e of supported anization	(ii) EIN	ation about the support (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the in col. (i) In governing	organization sted in your document?	(v) Did y the organ col (i)	you notify nization in of your port?	organizat (i) organi	Is the sion in column the S?	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
Tota	ı					和					

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1,547,861 1,533,792 1,473,134 2,081,335 1,260,504 7,896,626 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 0 organization without charge 1.547.861 1.533.792 1.473.134 2.081.335 1.260.504 7,896,626 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 833,994 shown on line 11, column (f) 7,062,632 Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2008 (e) 2009 (a) 2005 (b) 2006 (c) 2007 (f) Total Calendar year (or fiscal year beginning in) 1,533,792 1,473,134 2.081.335 1.260.504 7.896.626 1,547,861 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 306 709 1,667 631 215 3,528 sources Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets O 0 (Explain in Part IV.) 7.900.154 Total support. Add lines 7 through 10 . 11 1.513.874 Gross receipts from related activities, etc. (see instructions) 12 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 89.40 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 89.13 Public support percentage from 2008 Schedule A, Part II, line 14 33\% % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33\% % or more, check this box 33\% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% or more, check this 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the 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 >

Sche	dule A (Form 990 or 990-EZ) 2009						Page 🔇
Pa	rt III Support Schedule for Orga				a)(2)		,
800	(Complete only if you check ction A. Public Support	ed the box o	n line 9 of Pa	art I.)			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ĭ		(4) 2000	(2, 2000	(6) 2001	(1) 1000	(0) 2000	(1) 1014
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	and the latest and the second beauty to the	Appropriate and design	. and the state of	AND STREET OF THE STREET, STRE	利力分泌器型的现实主义等	
8	Public support (Subtract line 7c from line 6.)						
	etion B. Total Support	(a) 2005	(b) 2006	(a) 2007	(4) 2008	/-> 2000	(f) Total
_		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(i) Total
9 10a	Amounts from line 6						-
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 1	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
3	Total support. (Add lines 9, 10c, 11,						

	(
13	Total support. (Add lines 9, 10c, 11, and 12.)					
14	First five years. If the Form 990 is for the organization, check this box and stop here	anization's first, secon	nd, third, fourth	, or fifth tax	year as a s	section 501(c)(3) ▶ □
Sec	ction C. Computation of Public Support I					
15	Public support percentage for 2009 (line 8, col	lumn (f) divided by lir	ne 13, column (f))	15	%
16	Public support percentage from 2008 Schedul	e A, Part III, line 15	<u></u> .		16	%
Sec	ction D. Computation of Investment Inco	me Percentage				
17	Investment income percentage for 2009 (line 1	Oc, column (f) divide	d by line 13, co	olumn (f)) .	17	%
18	Investment income percentage from 2008 Sch	edule A, Part III, line	17		18	%_
19a	33% % support tests—2009. If the organization 17 is not more than 33% %, check this box and s					
b	33½% support tests—2008. If the organization of line 18 is not more than 33½%, check this box an					

Schedule A (F	orm 990 or 990-EZ) 20	09			_		Page 4
Part IV	Supplemental Part II, line 17a	Information. a or 17b; and	Complete this Part III, line 12	part to provide . Provide any o	e the explanati other additional	ons required be information. S	y Part II, line 10; ee instructions.
•	•						
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•••••				••••••			
	•••••						

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No. 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

	e of the organization rnational Christian Embassy Jerusalem -	USA. Inc	Employer identification number 62 : 1279378
		nor Advised Funds or Other Similar Fu	
	the organization answered "Yes	s" to Form 990, Part IV, line 6.	or recounter complete in
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5		donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, sub	ject to the organization's exclusive legal contro	ol? 🔲 Yes 🗍 No
6		onors, and donor advisors in writing that gran	
	purpose conferring impermissible private	for the benefit of the donor or donor advisor,	
Da		plete if the organization answered "Yes" to	Yes No
		·	1 Offit 590, 1 art 1V, line 7.
1	_	d by the organization (check all that apply).	f Salarrall Laborator
	Preservation of land for public use (e.g	·	f an historically important land area
	Protection of natural habitat	☐ Preservation (of a certified historic structure
_	Preservation of open space	zation held a qualified conservation contribution	in the form of a concentation
2	easement on the last day of the tax year.	ation held a qualified conservation contribution	i in the form of a conservation
	,,,,,		Held at the End of the Tax Year
2	Total number of conservation easements		4.5 45.5
b		asements	
C		pertified historic structure included in (a)	•
d		ed in (c) acquired after 8/17/06	·
_		ed, transferred, released, extinguished, or terr	
3	the tax year ►	ed, transferred, released, extinguished, or terr	ninated by the organization during
4	Number of states where property subject	to conservation easement is located ▶	·····
5	•	y regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conserva-		
6	Staff and volunteer hours devoted to mon	toring, inspecting, and enforcing conservation	easements during the year
7		g, inspecting, and enforcing conservation ease	ements during the year
•	►\$	g, mopodalig, and cinorollig conservation case	the year
8	Does each conservation easement reporte	d on line 2(d) above satisfy the requirements of	of section
9	In Part XIV, describe how the organization	reports conservation easements in its revenue	e and expense statement, and
		he text of the footnote to the organization's fir	nancial statements that describes
	the organization's accounting for conserva		
Pai		ections of Art, Historical Treasures, or Ot vered "Yes" to Form 990, Part IV, line 8.	ner Similar Assets.
	Complete if the organization and	vered res to roini 330, rait iv, line o.	
1a	If the organization elected, as permitted ur	nder SFAS 116, not to report in its revenue sta	tement and balance sheet works of
		ets held for public exhibition, education, or rese	
		e to its financial statements that describes the	
b	If the organization elected, as permitted ur	nder SFAS 116, to report in its revenue statem	ent and balance sheet works of art,
	provide the following amounts relating to t	held for public exhibition, education, or resea	rcn in furtherance of public service,
	(i) Revenues included in Form 990, Part V		> \$
^			
2	following amounts required to be reported		•
а		line 1	
þ	Assets included in Form 990, Part X		• \$

	^
Page	2

Par	rt III Organizations Maintair	ning Collections	of Art, H	istori	cal Treasure	es, or O	ther Similar	Assets	(contin	nued)
3	Using the organization's acquisitio collection items (check all that app	n, accession, and only):	other reco	ords, c	heck any of ti	he follow	ving that are a	a significa	ant use	of its
а	Public exhibition		d		Loan or excl					
b	Scholarly research		е		Other					
С	Preservation for future generation	ations								
4	Provide a description of the organ Part XIV.	ization's collection	s and exp	olain ho	ow they furthe	er the or	ganization's e	exempt p	ourpose	in
5	During the year, did the organization assets to be sold to raise funds rath	solicit or receive der than to be maint	onations o ained as p	f art, h art of t	nistorical treasi the organization	ures, or o	other similar ection?	. 🗀	Yes [No
Par	rt IV Escrow and Custodial IV, line 9, or reported an					answer	ed "Yes" to l	Form 99	0, Part	
								not _	Yes [] No
b	If "Yes," explain the arrangement i	n Part XIV and cor	nplete the	follov	ving table:					
							 	Amount		
С						· 1c	 			
d	Additions during the year					. 1d	ļ			
е	Distributions during the year					. <u>1e</u>	-			
f	· ·					. <u>1f</u>	<u> </u>			
	Did the organization include an an If "Yes," explain the arrangement i	n Part XIV.	· · · · · · · · · · · · · · · · · · ·				· · · ·	. U	Yes L	J No
Par	rt V Endowment Funds. C									
		(a) Current year	(b) Pric	or year	(c) Two yea		(d) Three years b		our years	
1a	Beginning of year balance					A STATE OF THE STA				
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	******	<u> </u>							
е	Other expenditures for facilities									
	and programs		<u> </u>							
f g	Administrative expenses End of year balance									
2	Provide the estimated percentage	of the year end ba	lance held	d as:						
а	Board designated or quasi-endowi	ment ▶	%							
b	Permanent endowment ▶	%								
С	Term endowment ▶	%								
За	Are there endowment funds not in t	he possession of th	ne organiza	ation t	hat are held a	nd admi	nistered for th	ie		
	organization by:							_	Yes	No
	(i) unrelated organizations							. 3a	(i)	
	(ii) related organizations							3a	(ii)	
b	(ii) related organizations If "Yes" to 3a(ii), are the related organizations							. <u>3</u> t	<u> </u>	L
4	Describe in Part XIV the intended u									
Par	rt VI Investments—Land, B	uildings, and Eq	<u>juipm</u> ent	: See	Form 990, F	Part X, I	ne 10.			
	Description of investment	(a) Cost or ot (investment)			Cost or other asis (other)	de	ocumulated preciation	(d) B	Book value	e
1a	Land						THE REPORT			
	Buildings									
	Leasehold improvements									
	Equipment				8,839		8,839			0
е	Other									
Total	i. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X,	colum	n (B), line 10(c).)	•			0

Schedule D (Form 590) 2009			- rage C
Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation irket value
Financial derivatives			
Closely-held equity interests	i 		
Other			
	·		
,		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Related	J. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation irket value
		· · · · · · · · · · · · · · · · · · ·	
			
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Par	t X. line 15.	- All Street as it is the property divide to be undered it from the many and	Carlotte and the sales and sales and sales are sales
	(a) Description		(b) Book value
Residential real estate	<u>· · · · · · · · · · · · · · · · · · · </u>		880,000
			
Total. (Column (b) must equal Form 990, Part X, col. (<u> </u>	880,000
Part X Other Liabilities. See Form 990,	Part X, line 25.		WATER TO SERVICE THE PROPERTY OF THE PROPERTY
1. (a) Description of liability	(b) Amount		
Federal income taxes			The second secon
Deposits held for purchase of real estate	469,470		
	· · · · · · · · · · · · · · · · · · ·	The second secon	
		The state of the s	
		The state of the s	
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		Table Tab	A STATE OF THE STA
		· · · · · · · · · · · · · · · · · · ·	
			A STATE OF THE PARTY OF THE PAR
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	469,470	The same of the same of the same	<u>-1.1 水色 4.6.6-1</u>

Pa	t XI Reconciliation of Change in Net Assets from Form 990			nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses		P = 1	
7	Prior period adjustments			
8	Other (Describe in Part XIV.)		· · · · - 	
9	Total adjustments (net). Add lines 4 through 8		9 and 9 10	
10 •ਣਾ	t XII Reconciliation of Revenue per Audited Financial Sta	temente V		Poturn
			vitti neveriue per	neturii
1	Total revenue, gains, and other support per audited financial statemer	nts	12 Jy	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		H.
a	Net unrealized gains on investments	2b		
b	Donated services and use of facilities	2c		
d d	Recoveries of prior year grants	2d		
e			2e	
3			3	
ა 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · · ·	1.5	<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
b	Other (Describe in Part XIV.)	4b	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>a.</u>
c	A 3 3 10 10 10 10 10 10 10 10 10 10 10 10 10			-
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Pai	t XIII Reconciliation of Expenses per Audited Financial St	atements '	With Expenses p	er 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:		14.00 14.00 14.00 14.00 14.00	元=
а	Donated services and use of facilities	2a	[Page 1987]	7.3. 6. M. 4. 3. 4. 3. 7. 3.
b	Prior year adjustments	2b	14 h 2 h	
C	Other losses	2c	1.5 million 1.5 mi	度 2
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		<u>2e</u>	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1.026 x 12 x 1.02 x 1.02 x 1.0 x 1.03 x 1.00 x 1.03 x 1.00	
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	1. (24 m) 1. (24 m) 1. (24 m) 1. (24 m)	
b	Other (Describe in Part XIV.)	4b		- -[
с 5	Add lines 4a and 4b			
	t XIV Supplemental Information	, IIIIe 16.)		<u> </u>
Com and this	plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information	; and Part X		Also complete
Unr	ealized loss on value of publicly traded common stock			-\$ 629
Tot	al Other Changes in Net Assets			-\$ 629

Schedule D (Fo	orm 990) 2009	Page 3
Part XIV		
•	•	
		• •
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Schedule F (Form 990)

Totals

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions. Name of the organization

Employer identification number

	illational official Embas					12/93/8
Pa	rt I General Informa "Yes" to Form 990	ation on Active, Part IV, line 1	vities Outsid 4b.	e the United States	. Complete if the organ	ization answered
1	For grantmakers. Does assistance, the grants or assistance?	eligibility for th				
2	For grantmakers. Descrit United States.	be in Part IV th	e organization	's procedures for monit	toring the use of grant	funds outside the
3_	Activities per Region. (Use	Schedule F-1	(Form 990) if	additional space is nee	ded.)	
	(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
	· · · ·					
			· · · · · · · · · · · · · · · · · · ·			
				-		
					The state of the s	
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Page 2

Schedule F (Form 990) 2009

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. □ □ □ Use Schedule F-1 (Form 990) if additional space is needed.

(a) Name of organization section and EIN (if applicable)	Europe Middle East Sub-Saharan Africa	(d) Purpose of grant	(e) Amount of cash grant	cash disbursement	(g) Amount of non-cash assistance	(n) Description of non-cash assistance	(i) Method of valuation (book FMV
	Europe Middle East Sub-Saharan Africa					_	appraisal,
	Middle East Sub-Saharan Africa	General	25 942	Wire Trf	O CO		(Jama)
	Sub-Saharan Africa	General	619,144	Wire Trf.	e e e e e e e e e e e e e e e e e e e		
		General Support	1,900	Wire Trf.	None		

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

Enter total number of other organizations or entities . . .

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, apprasal,	dano									
(g) Description of non-cash assistance										
(f) Amount of non-cash assistance	None									
(e) Manner of cash disbursement	Check				İ					
(d) Amount of cash grant	43,208									
(c) Number of recipients	80									
e of grant or assistance (b) Region (c) Number or recipients	Middle East									
(a) Type of grant or assistance	Food, shelter and clothing									

Schedule F (Form 990) 2009

Page	4

Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.
•	
•	
	······································

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service
Name of the organization

ts and Other Assistance to Organizations,	d Individuals in the United States
Other /	and In
Grants and (Governments,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No. 1545-0047

Open to Publi Inspection

Employer identification number

유	n - USA, In	S				62	1279378
Fair General Information on Grants and Assistance	ts and As	sistance					
1 Does the organization maintain records to substantiate the am	s to substan	itiate the amou	nt of the grants or as	sistance, the grantee	ount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ants or assistance, a	P.
ဟ ပ၊	grants or a rocedures f	issistance? or monitoring tl	he use of grant funds	in the United States.			. 🗹 Yes 🗆 No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form, 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	to Gover any recipie	nments and ent that receiv	Organizations in the ded more than \$5,00	he United States. (00. Check this box	d Organizations in the United States. Complete if the organization answered "Yes" to eived more than \$5,000. Check this box if no one recipient received more than \$5,000.	unization answered received more than	"Yes" to \$5,000, Use
Part IV and Schedule I-1 (Form 990) if additional space is needed	n 990) if ac	ditional spac	e is needed		-		△
1 (a) Name and address of organization (b) EIN or government		(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organization3 Enter total number of other organizations	d governmer IS	nt organizations					
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	Notice, see t		s for Form 990.	O	Cat. No. 50055P	Ň	Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Eligible families must provide proof that permanent residency has been granted in Israel, and only eligible expenses such as flight costs are covered. The grant funds used for "Assistance for immigration to Israel" are only supplied to eligible individuals and then only for eligible immigration costs. (e) Method of valuation (book, FMV, appraisal, other) None (d) Amount of non-cash assistance 19,700 (c) Amount of cash grant (b) Number of recipients 38 Assistance for immigration (Aliyah) to israel (a) Type of grant or assistance Part III

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization							Employ	er iden	tificati	on nun	nber		
International Christian Embassy Jerus	salem - US	A, Inc				l	62 :		12	7937	В		
			(3) and section 501(c)(4) organizations only). rm 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.										
4										(c) Corrected?			
1 (a) Name of disqualified person		(b) Description of transaction							Yes No				
												<u> </u>	
												ļ	
											-		
			 										
2 Enter the amount of tax imposed of under section 49583 Enter the amount of tax, if any, on							_	year	► \$ ► \$		·		
Part II Loans to and/or From Inte			on Form 99	90 Part I	V line 26	or Forr	n 990-F	7 Pa	rt V I	ine 3	 Ba		
(a) Name of interested person and purpose	(b) Loan	to or from	(c) Onginal		(d) Balance due			(e) in default?		proved ard or nittee?	(g) W	(g) Wntten agreement?	
	То	From			<u> </u>		Yes	No	Yes	No	Yes	No	
		<u></u>					_						
			<u> </u>				_						
T-A-1							700000	de participa de la constanta d La constanta de la constanta d	Territoria.				
Total	fiting Into			. ▶ \$			100	が一部				12.6	
Complete if the organization	-			90, Part I\	/, line 27.								
(a) Name of interested person		(b) Relationship between interested person and the organization					(c) Amount and type of assistance						
						-							
													
	-												
Part IV Business Transactions Invo	-			0. Part I	/. line 28a.		or 28c.						
(a) Name of interested person	(b) Re	elationship	between	between (c) Amount of transaction		(d) Description of transaction			on	(e) Sharing organization revenues?			
											Yes	No	
Daryl Hedding	Son of	M. He	dding, Dir		76,387	Emple	oyment					✓_	
						 							

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Schedule O (Form 990) 2009

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

International Christian Embassy Jerusalem - USA, Inc	62	1279378						
Part III, Statement of Program Service Accomplishments								
Line 4d Other program expenses								
(Expenses \$123,808 including grants of \$123,808) (Revenue \$125,290)								
ICEJ-AID General Assistance Program								
Social assistance program touching the lives of all people in Israel by contributing	ng to projects in e	very sector						
of society across the nation. We fulfill our calling to comfort God's people by me	eting the needs o	f children,						
elderly, disabled, lone soldiers, new immigrants and needy families.								
(Expenses \$73,983 including grants of \$0) (Revenue \$73,086)	•••••							
Feast of Tabernacles Program								
Annually the single largest tourist event in Jerusalem drawing in approximately 5	5,000 pilgrims fro	n 80 different						
nations. The purpose is to instruct American and other Christians about the biblical foundations of their faith								
and to celebrate the faithfulness of God. The management and staff is voluntary.	•••••							
(Expenses \$70,436 including grants of \$48,048) (Revenue \$29,268)								
General use - ICEJ Jerusalem								
For providing transportation and supervision needs in order to accomplish work	in Israel.							
(Expenses \$18,536 including grants of \$0) (Revenue \$15,120)								
Special Conferences Program								
For the organization of educational meetings relating to the Biblical significance	of Israel and the I	numanitarian						
needs of the Middle East in various locations.								
(Expenses \$7,598 including grants of \$7,598) (Revenue \$7,716)								
Operation Hope Assistance Program								
Provides shelter and rehabilitation for Sudanese refugees who have fled to Israel For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	to escape religio	us persecution. Schedule O (Form 990) 2009						

Attachment - Part I, Line 1 & Part III, Line 1 - Form 990 - 2009 Statement of Program Service Accomplishments

Organization's Mission

The International Christian Embassy Jerusalem (ICEJ) was founded in 1980 as an act of comfort and solidarity with Israel and the Jewish people in their claim to Jerusalem.

Today, the ICEJ stands at the forefront of a growing mainstream movement of Christians worldwide who share a love and concern for Israel and an understanding of the biblical significance of the modern ingathering of the Jews to the land of their forefathers.

From our headquarters in Jerusalem, through our branches and representatives in over 80 nations, we seek to challenge the Church to take up its scriptural responsibilities towards the Jewish people, to remind Israel of the wonderful promises made to her in the Bible and to be a source of practical assistance to all the people of the land of Israel.

Attachment - Part I, Line 1 & Part III, Line 1 - Form 990 - 2009 **Statement of Program Service Accomplishments**

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